HIDE and SEEK

A Grounded Theory Study of Psychotherapists' Experience of Needing and Asking for Help

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Abstract

Asking for help is an important aspect of a psychotherapist's professional experience. This constructivist grounded theory research study explores psychotherapists' experiences of needing and asking for help inside the profession, a helping profession. The purpose was to gain a better understanding of the core processes that underlie asking for help as a psychotherapist.

Face-to-face, semi-structured interviews were conducted with ten senior psychotherapists from different modalities. These were transcribed and analysed using grounded theory to facilitate an inducted conceptualisation of asking for help.

The analysis yielded eight categories and twelve subcategories within three main clusters. Each cluster represented psychotherapists' efforts to resolve the dilemmas arising from their experience of needing and asking, or not asking, for help. A core category was identified and the model of Hide and Seek was proposed encompassing the clusters of Hiding, Seeking and Managing Vulnerability. This was derived and clarified in response to feedback from participants and two focus groups.

This research suggests that asking for help is experienced as an act of courage to reach out, predicated on self-awareness of need(s) together with enough trust that the request will be met with dignity. The proposed model of Hide and Seek is a visual and dynamic grounded theory model that indicates and organises the significant factors relevant to acknowledging need and asking for help. The implications of psychotherapists' struggle to ask for help are considered. These

findings will be of interest for the training and supervision of psychotherapists. They

may also have implications to the wider helping professions.

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Glossary of terms

Abbreviation	Full term
AAI	Adult Attachment Interview
BACP	British Association of Counselling and Psychotherapy
BBC	British Broadcasting Commission
BPH	Becoming a Professional Helper
BPS	British Psychological Society
CCG	Clinical Commissioning Group
DID	Dissociative Identity Disorder
EATA	European Association of Transactional Analysis
GP	General Practitioner (Dr.)
GT	Grounded Theory
IPA	Interpretative Phenomenological Analysis
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LHN	Learning to Hide Needs
LI	Leaning In
MAXQDA	MAX Qualitative Data Analysis software programme
MBTI	Myers Briggs Types Indicators
MU(s)	Meaning Unit(s)
NHS	National Health Service
P	Participant
PEP	Pilot Evaluation Project

PHP	Practitioner Health Programme
RO	Reaching Out
TA	Transactional Analysis
TED Talks	Technology, Entertainment and Design Talks
TSTA (P)	Teaching and Supervising Transactional Analyst (Psychotherapy)
UKCP	United Kingdom Council for Psychotherapy

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Key to colour coding in MAXQDA Maps

This key relates to MAXQDA maps in Figures 5, 6, 7, 9, 12,16 and shows the colour codes for participants. Note: This became a way of mapping codes and was not planned specifically as a colour coded presentation, hence the replication of colours blue and purple. See Appendix IV for cross-referencing.

Participant	Colour Code
1	Red
2	Green
3	Purple
4	Purple
5	Orange
6	Blue
7	Brown
8	Pink
9	Blue
10	Dark blue

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1.0 Introduction

Ten experienced psychotherapists were interviewed for this research study, investigating their experiences of asking for help in order to learn more about the phenomenology and psychodynamics of asking for help from within this helping profession. Grounded theory methodology was used to structure and analyse the data and describe a model that contributes to the professions' further understanding of asking for help as a psychotherapist.

To introduce this research I begin by giving a brief summary of myself, the researcher, and of this thesis. Next I tell the story of developing this research question. I continue by exploring the meaning of the term 'help' and describe my personal and professional relationship to helping and being helped. Following this, I outline my understanding of psychotherapy as a helping profession and the role of asking for help within it. Finally, I clarify my rationale for this research and its potential implications.

1.1 Becoming a researcher

I have been a relational transactional analyst psychotherapist, supervisor and trainer for nearly twenty years. I have a private practice and am a tutor at Metanoia Institute, teaching on the MSc in Transactional Analysis psychotherapy. I also teach at other institutes in the UK and abroad. I have written several articles and chapters, presented at conferences and been active in my professional community in various roles.

My first degree was in biology where I was steeped in scientific methodology. My Master's degree was in Women's Studies where my dissertation was a heuristic study on the impact of gender assumptions within psychotherapy. I thought a doctoral study would offer me the support and challenge to learn and explore at depth within my practice as a psychotherapist. I wanted to immerse myself in some new research methodologies and I had a strong sense of wanting to 'play'; to experiment with new approaches to learning and professional writing.

I started with excitement and curiosity and have enjoyed this sense of 'play' throughout. There have also been times of frustration and struggle that accompany any transformative learning process. I have wrestled with a few thorny bushes along the way. Overall, I have loved the experience of learning within the discipline of doctoring and am delighted to find myself now writing about a topic that I had not imagined at the beginning of this process.

This doctorate has also been a form of pilgrimage; a long search into the question of how people ask for help. I see, now, that it is part of a life pilgrimage and I am sure it will not end in the writing of the thesis and viva. It seems closer to the Hindu understanding of pilgrimage as a process of acquiring knowledge, in the sense defined by Hegel: "the aim of knowledge is to divest the objective world that stands opposed to us of its strangeness, and, as the phrase is, to find ourselves at home in it" (2015, p. 216). In many ways I think I am in search of feeling more at home. I have spent many years investing in serving others in various ways, answering their calls for help. This research has been a way to investigate help from a different perspective: the experience of *asking*, rather than the experience of answering.

1.2 Thesis Outline

This thesis addresses the research question: What is the psychotherapist's experience of needing and asking for help? Using a grounded theory methodology I interviewed ten psychotherapists to learn about what works, and does not work, regarding asking for help, and to develop a theory that will help practitioners reflect on their capacity to ask for and use help as a professional helper.

I begin with an introduction and overview of the research study to locate the research in a personal and professional context and explicate the rationale behind it.

The literature review explains my overarching strategy in relation to using a grounded theory methodology. The literature reviewed in this section explores the nature of help-seeking and shows how under-researched this area is. The majority of existing research focuses on help-giving. Help-seeking is often poorly defined and the literature makes no distinction between help-seeking and asking for help. The two are not necessarily the same. The *experience* of people *asking* for help and particularly psychotherapists has not been examined in the research literature and this is a significant omission in our understanding that I believe my research makes some contribution to addressing.

I then elaborate on the methodology of this research, why I chose grounded theory and how I went about the design and execution of the interviews and data analysis. I discuss the ethical tensions I encountered along the way.

The next chapter outlines my findings and the results of my analysis. I explain and explore the three clusters: HIDING, SEEKING and MANAGING VULNERABILITY. Each cluster has a collection of categories and subcategories related to it. I describe each one and its relationship to the cluster. I then explore the relationship between the clusters to make a core category and draw these together into a dynamic model to help understand the experience of asking for help.

In the Discussion chapter I make a theoretical integration of the findings and reflect on my experience of being a researcher and my learning from this process. I detail some of the products that have been developed, for instance workshops and keynote presentations. These have given me the opportunity to talk with practitioners from many different countries and cultures which has further enriched my thinking of the experience of asking for help and the contribution this model might make, both within the psychotherapy profession and linked to the wider helping professions.

1.3 Developing the research question

At the start of this doctorate I was interested in enactments (Mann & Cunningham, 2009) and the ethics of working with enactments as a methodology in psychotherapy (Eusden, 2011). For my pilot research project, using interpretative phenomenological analysis (IPA), I interviewed four senior psychotherapists both individually and then together as a focus group. My research question was "How does a therapist experience, manage and make therapeutic use of being in an enactment with a client?"

My findings suggested that enactments are a phenomenon involving affective and impactful experiences that are challenging for therapists to navigate. The data showed how, in enactments, the therapist's personal and professional selves are intertwined. Therapists' frameworks of theory, supervision and therapy were crucial to them in managing, yet challenging for them to always use them effectively in the heat of an enactment. The struggle to fully bring the intensity of the enactment to supervision may have limited the therapeutic work and also have implications for supervisory practice.

This pilot research project suggests that there is a cost to the therapist of working at an affective edge, with consequences for self-care as well as therapeutic potency. When I started my interviews I was anticipating stories with transformative resolutions of enactments between therapist and client. Instead, I heard how experienced practitioners became lost in the enactments and how they still carried these unresolved stories with them, each with a theme of struggling to get the help they needed, still weighted with some guilt and shame. I had inadvertently gathered stories of their struggles to ask for help. This project really taught me how being available for surprise is at the heart of researching.

This IPA study informed me going forward with a clear question about the psychotherapist's experience of needing and asking for help. My intention was to learn about the meanings that therapists associate with these experiences; to explore commonalities and differences and postulate a theory about the significant internal and external factors that make a difference between asking for help, or not, as a psychotherapist. I was also interested to see if there might be any potential links with other helping professions.

1.4 Defining terms and meanings

As I identified my research question and began to discuss this with colleagues I was surprised to meet a resistance to the word 'help'. Many people did not like it and this was borne out in my data findings too. People associated asking for help with refugees, those in vulnerable positions, 'the needy', beggars, claimants. Not professionals, and certainly not professional psychotherapists. I had some debates as to whether supervision was asking for help. Some very seasoned colleagues were clear that, from their frame of reference, supervision was *not* asking for help. They preferred the idea of it being consultation or dialogue but the idea of them asking for help was seemingly abhorrent. This piqued my interest further. Having previously felt tentative about my research question I felt fired up with curiosity. What was the problem with asking for help? Why was asking for help linked with those below the poverty line, financially and emotionally, rather than an ordinary act of a human being? Why is this word and this action so loaded in our society and our profession where helping is the fundamental unit of exchange? Why do psychotherapists easily identify with helping others, but not with asking for help for themselves?

The word 'help' is used as both a verb and a noun (Help, 2019). As a noun it describes a source of assistance, a helper or supporter. As a verb it means to save, rescue, to make easier, to contribute, assist, aide or facilitate. It is also commonly used as a cry, "Help!", calling for someone to come quickly. These definitions range from emergency responses of rescuing to supportive facilitation. It is a word that covers a lot of ground. Perhaps this hints at the range of reactions to it. It seems that

each person can have their own relationship and associations to the word 'help',

linked with their personal experiences.

Recently mental health services have become more focussed on pointing to ways of

asking for help, identifying this as a problem for people in coming forward for help.

The mental health charity, Mind, currently headline their campaign with "It's OK to

ask for help. But we know it can be a tough step to take" (https://mind.org.uk). They

are encouraging those suffering with mental health problems to seek help. This

targeted permission suggests that asking is a hurdle to accessing help.

Nadler conceptualises help as a "negotiation between the fundamental

psychological needs for belongingness and independence" (2015, p.309). This

points to a more nuanced definition of help as a tension of needs, and perhaps

further addresses the different responses people have to the word and associations

to the act of asking for something. Does it reveal something of their own relationship

between belonging and independence?

1.5 Why is asking for help important?

I believe that asking for help is a crucial developmental capacity that is part of how

we attach to our caregivers and is a basis for good mental health. I understand

asking for help as originating in our earliest cries to elicit a caretaker's response,

rooted in our survival needs and captured so well by Bowlby (1969; 1990) and other

theorists (for example: Sullivan, 1953; Klein, 1959; Freud, 1965; Bion, 1962;

Winnicott 1965; Stern, 1985) and writers elaborating attachment theory (for

example: Bretherton, 1987; Sroufe, 1988; 1996; Crittenden, 1990; Main 1991; 1995;

Holmes, 2001; Fonagy, 2001; Wallin, 2015). How our caretakers respond to our

cries will determine how we adapt to those around us and grow in relationships. This forms the basis of our relationship to asking for help.

Being able to ask is an important way of negotiating what we need individually, with others and in communities. It is a form of social glue that bonds people and communities together, for better or worse.

It is clear from the emerging statistics from the mental health sector that people are increasingly struggling to ask and find the help they need. This is partly due to a political situation in the UK of services being cut back, closed and undermined through a promotion of private health service providers and the reduction of public services. However, I think it is also due to a struggle to speak out and a stigma attached to asking for help.

In the UK there has been a recent spate of young people committing suicide at University. The most up-to-date statistics from Universities UK show that 146 students killed themselves in 2016. The number of first year students arriving at university with a mental health condition is now five times the number it was ten years ago ('Uni suicides prompt parent health alerts', 2018). These statistics show a gap between young peoples' distress and getting help. It is not a straightforward solution to provide more services as many of these young people had not tried to access any help. They were not connected with the student counselling services or mental health services. They had not reached out for professional help. These statistics raise some interesting and difficult questions:

- Who needs help? - How do we identify those in need, especially if they don't come forward?

- Who asks for help? - What is the role of public workers (health, education, social services) to identify those who can't, or won't, identify their struggles and ask for help for themselves?
- Is the help available? - How can service provision bridge gaps to help people who seek help and those who are reluctant?

In the UK Princes William and Harry have recently spoken to the press about their own experiences of struggling with their mental health. Harry, the more vocal of the two, has spoken of his struggle to seek help following periods of anxiety and anger relating to the loss of his mother (Khaleeli & Dowling, 2017). They are hoping to open the way for more conversations about mental health and the destigmatisation of seeking help. Their stated intention is to be role models as men and also challenge the cultural identity of the British 'stiff upper lip', encouraging people to show their emotions more openly and seek help. Interviewed by the Guardian newspaper, psychologist Linda Blair says UK patients are "much more likely to be ashamed or defensive about seeking help and saw it as 'bother'" (as cited in Khaleeli & Dowling, 2017).

The leading premise in such articles in the public domain is 'how can services and practitioners help more?' There is a common agreement that there are people who need help and that services have to be more flexible in responding. However, there is little to address the struggle of *how to ask* which, to me, seems a primary question. If I cannot, or will not, ask for help, it does not matter that there are services out there to help me. I will not present. If I am too lost in the difficulty of a case, as a professional, I may not ask for help in the way I need. It does not matter

that I am in supervision, if I do not use it to get the help I need. Being in a helping

relationship does not mean I will ask for the help I need.

1.6 Assumptions, agency and the political landscape

Through the process of this research I came to realise that my view of asking for

help was strongly influenced by two sets of beliefs in particular. Firstly, that of

agency and early attachment and secondly, my political frame.

I believe that the relationship to help-seeking is rooted in our early relationships and

attachments. Actively asking for help is a measure of good emotional and mental

health. The assumption embedded in this perspective is that not asking for help is

problematic. A second, more personal assumption, is that not asking for help is

equivalent to not *being able* to ask.

The question, "why don't people ask for help?" is a complex one to understand and I

have felt challenged to expand my frame to consider personal agency rather than

personal pathology. I have regularly found myself falling back into asking "why can't

people ask for help?" rather than "what happens such that they ask, or don't ask for

help?"

My frame of reference was buried deep in the division of helper and helped. My

theoretical models mostly locate need in someone called 'a client' or 'patient' and

the literature is mainly focussed on how to help others, depending on role, diagnosis

and capacity. My assumptions about not asking for help were rooted in incapacity

and powerlessness.

Catching these assumptions has helped me to keep seeing the data in different ways and make a deeper inquiry in interviews and data analysis. There has also been a parallel process perhaps, in relation to seeing peoples' agency more wholly and finding my own too.

I have also realised, particularly in locating my research through the literature strategy and review, how asking for help is not politically neutral.

My political frame is rooted in my left-wing, feminist views of social justice and power and how I believe the last forty years in the UK have seen a chronic downturn in the social help made available to people. Political policies determine who qualifies for help and who doesn't. Poverty levels have risen and benefits have been eroded from the most vulnerable in our society. The use of food banks is on the rise, many people are being denied access to essential support and there is a rise in racism, homophobia and hate crime against refugees and immigrants. Watching the prevailing political landscape marginalise peoples' rights, scapegoat those who need help, stigmatise those who are vulnerable and paint them as a threat or a parasite has been disturbing for me. This is the backdrop, as I see it, of the complex factors around needing and asking for help in the current culture in the UK.

So, I see needing and asking for help as a dynamic and complex mix of personal agency and political power. My own experiences and learning here have also been a powerful steer into this research question. I have attempted to be as transparent as possible about my assumptions and beliefs as they will inevitably be woven through the research.

1.7 Personal context

Through writing my Review of Personal and Professional Learning for this doctorate programme I realise that I have been re-searching how to get help all of my life, culminating in a career as a psychotherapist and now as a researcher.

Growing up I learned that help was something you gave to other people. Asking could be done on behalf of others, but not for yourself.

My early years were turbulent as the adults in my life moved around, dealing with their own difficulties. I sheltered from the storms surrounding me by withdrawing into a reliable and wonderful world of stories and books. I was encouraged and loved by grandparents who helped me structure life but were not able to help me with my internal distress. I learned to keep my head down and my nose in a book.

As a young girl I was taught that you must not ask directly for what you need. Alongside cooking, sewing and cleaning I was given lessons in passivity. It is better to say, "I've run out of milk" than to ask someone to fetch milk for you. Placing your need in front of someone gives them the opportunity to solve your problem and hence show their care for you. This Victim - Rescuer (Karpman, 1968) dynamic switched quickly to a Persecutor - Victim dynamic if you had to then tell someone what you want. This meant they clearly didn't care about you and you let them know! This was my early education in asking for help.

Such a confusing start meant my early attempts to seek help fell short. I remember being so terrified and exposed in my first therapy session, aged eighteen, that I never returned. Instead I entered the helping profession, working with people with learning difficulties initially and then with young homeless people. I got busy helping

others and became good at advocating and listening. At twenty-four I did a two-year psychodynamic counselling training. This involved a weekly experiential group in which I barely spoke. I was mainly paralysed with fear, marvelling at how others could just open their mouths and hearts. I preferred to keep mine closed, in line with my early training and decisions.

I joined a psychotherapy training when I was twenty-six. Being involved over many years with the same trainer and group helped me learn to trust others. At the same time, I had both my children and the love I felt for them and the support I had at that time softened my defences and I started to take more risks in getting help. I entered psychoanalytic therapy and the mix of being 'on the couch' and being with another was a great cocktail for me to explore my experience of relationships and expand my capacity to use help.

1.8 Professional context

In my professional life the theme of power has been of interest to me. As a therapist I have been interested in the ethics of working with the unconscious and enactments in psychotherapy. This was rooted in my own personal history as well as my development as a psychotherapist.

Early on in my career I joined my association's ethics committee. There I learned about boundary violations and misuse of power and privilege. I witnessed therapists defend poor, or sometimes abusive, practices and use theory, ethics and practice guidelines to justify mistreatment of clients.

Some ethics complaints were dealt with in a straightforward way. This was when the therapist reflected and engaged in dialogue with the committee, openly interested in the client's experience and what had 'gone wrong'. They felt threatened but maintained a caring approach to the confrontation. I saw how, if managed well, an ethics complaint process could be healing for all involved.

However, some cases got deeper into difficulty the further they went on, with counter complaints and attacks to the ethics committee, rather than curiosity and thoughtfulness. I witnessed how enactments, when unresolved, can lead to acting out and painful repeats of abuser/abused dynamics. Here I witnessed how often the therapist involved had not used supervision. They had considered themselves beyond it, as they were 'very qualified' and often supervisors themselves. They frequently objectified their client, defining them by diagnosis and attacked anything or anyone who asked them to account for their work. They had stopped learning from their practice and taken up defending it.

I realised the power and responsibility of being in charge of a complaints process as the Chair of the committee. I also became overwhelmed by the objectification involved in the process. In order to manage the complexity and intensity I sought external supervision from an ethics expert outside of the association. My act of seeking help in this way enabled me to navigate difficulty with curiosity, rather than collapse into the parallel processes of attack and defence.

My interest in ethics and enactment led me to write a paper, Minding the Gap (Eusden, 2011), about the importance of therapists paying attention to both their *intention* in their actions as well as the *impact* on the other. Intending to help

someone is not enough, therapists need to be aware of the impact of their help and allow for the subjectivity of the person they are in relationship with. The ethics of helping people are intricate. Helping can potentially be an objectifying process. The therapist, by nature of their role, needs to be available in the transferential enactment to be both "doer" and "done-to" (Benjamin, 2004) and able to reflect on these power dynamics inherent in working at depth with people who are distressed and disturbed. Most importantly, when working in this way, I believe that therapists need help to see what they are caught in and pay attention to their own internal states. For this they need external help and active supervision.

My own personal history was intertwined with this professional work and being able to write and clarify the problem with the power dynamics that had shaped me was very healing. I was making a different kind of home for myself, both personally and professionally, where power could be explored and blame and shame might be part of a process, but they were not the end product.

I have had to actively *learn* to extend invitations to others for support and resourcing. Learning that I could not do my job as a therapist on my own has been pivotal in my opening to trust others and my own capacity to tolerate and thrive through vulnerability. I am aware that whilst this may be one of my enduring vulnerabilities (Gottman, 2011), this research has broadened my understanding of why asking for help is so complex. I appreciate this is a common struggle, and that I am not alone.

1.9 Asking for help in the helping professions

Atul Gawande is an American surgeon, writer, and public health researcher who has influenced practice through his studies on reducing deaths in surgery globally. In his TED talk "Want to get good at something? Get a coach" he asks a fundamental question: "how do professionals get better at what they do?" (Gawande, 2017). He explores two views, one pedagogical; you study, you graduate, and you go out in the world and practice. The second, from the sporting world, where you are always under a coach and where your training is never over. He makes important contrasts between these two approaches to learning and practicing. He argues that the health care field is located in the pedagogical view and how both the field and patient care suffer from this. He observed his own practice levelling out and decided to get a coach. He found the process of submitting to another's scrutiny painful but his surgical performance improved and his patient complications dropped further. He researched this coaching model in a health care system he was involved in, working on the problems of global childbirth. He ran a trial in 120 birth centres in India. Half of the centres were just observed and half got visits from coaches. His results showed conclusively that in the centres where the staff were coached the practices improved markedly, leading to significant, life-saving improvements in care for mothers and babies. His argument is directly aimed at health care practitioners at all levels. In order to get better at your work, you need to get help. Being able to ask and accept help is crucial to improving healthcare standards and being better at your work.

I understand psychotherapy as a profession involved in helping people and linked to other helping professions. Many people come into training from backgrounds in

nursing, social work, teaching, mental health or medicine. It is a particular form of a helping relationship and I see supervision as a helping relationship about helping relationships.

Clients come to see a psychotherapist because they want some help with an aspect of their life. Sometimes they are clear about the help they want and sometimes not. Some people come with one story and it can take time to identify the help they need rather than the help they ask for. One example of this most recently in my practice was young woman who called saying she wanted help for her fear of flying. I suggested this was not my forte and I could refer her, however she was insistent that she wanted to see me. We made an appointment, and when she came she explained that this was the story she was telling her parents about why she needed therapy (they were paying). In fact, she wanted help to explore her sexual relationship with her boyfriend.

An interesting feature of psychotherapy as a helping profession, is the requirement for undergoing personal therapy and supervision during training and after training, as required and advised in post-qualifying guidelines. This makes therapists particularly interesting subjects to research.

1.10 Rationale for research

Psychotherapy is a 'helping' profession based on binary roles of therapist and client, and supervisor and supervisee. The 'helper' is identified as the therapist or supervisor and the person coming for help is called the client or supervisee.

Counselling and psychotherapy are rooted in a model of not having to do it alone and that having your own therapy and supervision (regardless of modality) is critical. Contemporary models of psychotherapy are challenging this binary nature of one person being the helper and the other the seeker of help. Recent writings inside relational psychotherapy are questioning the motivation of therapists as helpers and the research and personal writings of professionals are offering us a more complex picture of the helping relationship (Benjamin, 2004; 2017). This is opening the way to understand more deeply the power dynamics at the root of asking for, and offering, help. Psychotherapy and counselling, in contrast to many other professions, have often stressed the importance of being able to get effective support in order to be able to provide it to others. However, my literature search reveals that investigation into the therapist's experience is significantly weighted towards the provision of care rather than the seeking of help in the service of the work. Hence my research is directed towards a phenomenological enquiry of help-*seeking* rather than help-giving. The unit of analysis is asking for help.

1.11 Implications

The implications for this research are far reaching. An increased understanding of the experience of asking for help and a model with explanatory power has the potential to support practitioners and teach them how to be active in seeking help, in order to be better resourced and to model positive help-seeking in the profession.

If practitioners can improve the help they get in their practice this might lead to increased professionalism in their work with clients, increased feelings of support in

their own professional selves and even a potential decrease in practitioner burnout and ethical complaints from clients.

This has implications for their use of supervision and also for supervisors and how they invite supervisees to use their help in the supervisory relationship.

By researching how to create the best practice model for how to get help as a psychotherapist I hope I can contribute learning to the profession and potentially expand the learning on help-seeking generally within the helping professions. The findings might also speak to those outside of the professions who struggle to ask for help. Hence it has a potentially wide application to any and all who are struggling to ask for help.

2.0 Literature strategy and review

"How will you go about finding that thing the nature of which is totally unknown to you" (Plato, 2018, p. 14).

2.1 Introduction

The focus of my research is on the experience of asking for help as a psychotherapist, using grounded theory. I interviewed ten psychotherapists and ran two focus groups to examine this phenomenon.

Plato's challenge formed a useful lens for how to approach the literature around asking for help. As a researcher using grounded theory I had to put aside what I knew already in order to go about finding out about the nature of asking for help. I needed a literature strategy to frame my research and know my question was worthy of pursuit. I also needed to make my assumptions explicit from what I knew already after twenty years working as a psychotherapist. Finally, I needed to bracket my knowledge to be able to learn from the data and find the "thing the nature of which is totally unknown …". Only then would I search the literature to be able to ground any theory from my data back in the professional domain.

Here I explain my strategy and then proceed to a review of the literature that contextualises my research and explores its potential to add to the literature and to the profession of psychotherapy.

2.2 Literature strategy

A formal review of the literature is delayed in grounded theory to prevent the
researcher imposing existing theories or knowledge on the study processes and
outcomes. Glaser and Strauss (1967) acknowledge, however, that no researcher
enters the field as a blank slate. Strauss and Corbin (1990) reiterated this position
but did not clarify their position and this was followed by Glaser (1992) voraciously
reaffirming the importance of avoiding reading in the substantive area completely.
He did, however, advocate engaging with the literature from the very beginning of a
study, but outside the topic area to avoid contamination and constraining the
analysis of the data with extant codes and concepts.

My literature strategy was to organise an initial literature search to frame (rather
than answer) the research question to ensure my research added to the literature
and profession. Exploring the territory already mapped was crucial, alongside not
defining the terrain, so that any theory could emerge *from* the data. My aim was to
keep me, the researcher, as free and open as possible to discovery from the data.

I read voraciously in the wider substantive areas as advised by Glaser (1998). I
looked at the research on help-seeking in the wider context, help-seeking in the
professional context and help-seeking as a psychotherapist. I have not addressed
the literature on attachment theory, therapist subjectivity, trust, power, vulnerability,
shame etc, as it seemed that this is where I might read further following my data.
This seemed like ground to leave unploughed in order for the data to do its work of
seeding and fertilising the research to see what could be harvested. This in-depth
literature search and review was post data analysis in order to discover how the

data and any new theory fitted with existing theories and be woven in as more data for constant comparison. Hence the major literature review will be part of the theoretical coding integrated into the chapters on Findings and the Discussion.

I was challenged to liberate myself from my preconceptions and name them as assumptions. This opened my mind and heart to the meetings that I had, to really learn from the encounters in interviewing participants and is rooted in a deep respect for what they contributed. It means, in the hierarchy of knowledge, that I, as researcher, do not know more than my participants. My job, as researcher, was to study the data given and make sense of it through as clear a lens as I could honestly muster, away from my ego and into the heart of the inquiry. I make transparent my own assumptions, theoretical persuasions and beliefs about asking for help as part of reviewing the ground on which I stand. This way any discoveries can be checked for my own influences and biases, which are inevitable and unavoidable. The best I can do is be rooted in the ethic of transparency.

In this chapter I will review the literature on help-seeking behaviours to explore how these are defined and understood. I then go on to review help-seeking in different contexts; within the help-seeking professions and then specifically the psychotherapy profession. My aim is to demonstrate where my research question sits and identify gaps in the research on asking for help. In doing so I will also assess the potential my research has to both add to the literature on help-seeking and to the profession of psychotherapy.

2.3 Introductory literature review

Why people help others has been a philosophical question debated for centuries: Rousseau and Maslow arguing that it is because humans are innately good, whilst Hobbes and Freud holding that humans are more self-centred and it is social pressure that compels us to help each other. Other philosophers, such as Locke and Skinner, hold a more morally neutral position, that humans learn to be either generous or selfish (de Waal, 2009).

The study of helping has been an independent area within social psychology since the 1960s. The majority of this research has been concerned with the question of help-giving and has sought to specify the variables that predict and explain people's readiness to help others in need (Nadler, 2015). Since Darley and Latané's (1968) pioneering work on bystander interventions much research has addressed *why* and *when* people help others. Most has focussed on the helper, examining evolutionary, motivational, situational, personal, and interpersonal factors that predict whether a potential helper would assist a person in need (e.g., Dovidio, Piliavin, Schroeder, & Penner, 2006; Keltner, Kogan, Piff & Saturn, 2014; Nadler, 2012).

When forming my research question I did a literature search on 'asking for help'. I found one book, *The Art of Asking for Help*, by Amanda Palmer with a foreword by Brene Brown (Palmer & Brown, 2015). Palmer is a radical musician whose personal story centred around her quest to ask for help. She spent her early career earning money by being a performance artist, dressed as a statue of a bride. She writes about people dropping a dollar in her hat and she would suddenly move and present them with a flower. She describes this as an act of exchange rather than begging.

"Asking is an act of intimacy and trust. Begging is a function of fear, desperation, or weakness. Those who must beg demand our help; those who ask have faith in our capacity for love and in our desire to share with one another" (Palmer and Brown, 2015, p. 52).

Her adventures in street performance, engaging her audiences as a musician and relating to her fans led her to become one of the world's first musicians to be successfully crowd-funded via a Kickstarter campaign. Through her developing the "art of asking for help" she is now funded directly by over fifteen thousand people through a web-based service called Patreon (https://www.patreon.com).

Her writing is in contrast to the research literature and brings a personal and positive perspective to the experience of asking for help.

> "Asking is, in itself, the fundamental building block of any relationship. Constantly and usually indirectly, often wordlessly, we ask each other — our bosses, our spouses, our friends, our employees — in order to build and maintain our relationships with one another." (Palmer and Brown, 2015, p. 3)

Her perspective of asking for help as relationship building rather than dependency promoting or threatening highlights a potential difference between how asking for help is viewed by service providers, professionals and researchers. Palmer provides an insider view to asking for help that is mostly absent in the literature I have reviewed. I have used quotes from her writing to link with the research literature to link the personal with the academic.

The research literature is focussed on 'helping', 'care-giving' and 'prosocial behaviours' (for a recent review see Schroeder & Graziano, 2015), rather than actively 'asking for help'. The study of 'helping' is not the focus of this research. I learned that what I was looking to understand was commonly referred to as 'help-seeking'.

2.4 'Help-seeking' - what is it and how is it understood?

"Asking makes you vulnerable" (Palmer, 2013).

Help-seeking is a common term used in the research literature where there is considerable literature relating to many professional fields (e.g. medical, nursing, education, asylum-seeking, job-hunting). A database search revealed a very high level of research activity in the field, and restriction to the terms 'help', 'seek' and 'mental health' was required to generate a manageable review. I focussed on the field of mental health as pertinent to the practice of psychotherapy. This generated 316 articles which were systematically reviewed. Almost half the publications originated from the USA, 8% originated from the UK. Publications ranged back to 1971 but there has been a surge in interest since 2005. My review confirmed that there is no commonly referred to definition of help-seeking and that most articles did not explicitly define the term but took its definition to be self-evident. Nevertheless, in the mental health context, help-seeking has been characterised primarily as an adaptive coping response to mental health problems that comprises a search for assistance from external sources. Help-seeking is viewed primarily as a conscious behaviour rather than an internal motivation or experience. The unconscious aspects of help-seeking are not explored in the research literature.

Most of the professional literature seeks to answer the question of 'how to help' and how to increase help-seeking behaviours in vulnerable populations (patients, clients etc.) in order to improve access to services, or knowledge and skills of clients, through information sharing and empowerment. Help-seekers are mainly viewed as *recipients of services*, to be encouraged and engaged with where they are reluctant. There is an absence of enquiry in the literature about the *experience* of 'asking for help' or an exploration of the psychodynamics of such an undertaking. This shows a gap in the research relating to firstly the *phenomenology and psychodynamics* of asking for help and secondly the experience of *professionals* asking for help, rather than patients/clients/customers/service users.

2.4.1 Helping styles - autonomy-oriented vs. dependency-orientated

Within the 'helping' literature an important distinction is made between autonomy- and dependency-oriented help (Nadler, 1997). This is about the type of help offered or provided, rather than sought but is relevant to this review as it highlights how help-seeking is framed and perhaps polarised.

Autonomy-oriented help provides one with the appropriate tools and knowledge to independently solve problems. Dependency-oriented help provides the recipients with the full solution to the problem at hand, but it will not teach them how to solve similar future problems on their own (Jackson & Esses, 2000; Nadler, 1997; 2002). Related literature on help-giving indicates that individuals tend to provide more dependency- than autonomy-oriented help to maintain status inequality (Nadler, 2002), to maintain economic and power inequality (Jackson & Esses, 2000), and to demonstrate the helper's knowledge and enhance the helper's reputation (van Leeuwen & Tauber, 2009). These authors argue that dependency-oriented help

serves to fulfil these motives because it emphasises the recipients' inferiority and dependence on the helper and does not allow recipients to improve their status or to learn new skills.

This binary frame of the type of help offered, whilst simplistic, is an interesting contribution to consider the characters involved in asking for help. The role of helper and the helper's frame are important aspects to the plot. The research above begins to bring forth aspects of the relational dynamics of power and status involved in asking for help. Those seeking help are divided into dependency-seeking or autonomy-seeking with potential judgements about the type of help a person might seek at any one time. This polarisation also fits within social systems where power and politics tends to describe and define those in need of help and proscribe what help is on offer at a systemic level. Help-giving is often a political and powerful act. This means help-seeking sits within the same frame and the act of asking for help is directed to another, whether that is a friend, a professional, a service or a spiritual guide. To understand asking for help it is important to understand the relational dynamics help-seeking is set in. It is not a neutral activity.

2.4.2 Help-seeking - a relational dynamic

"Asking is, at its core, a collaboration" (Palmer and Brown, 2015, p. 47).

Palmer's perspective on asking for help as a collaborative event is a positive view on the relational dynamics of help-seeking. It brings an aspirational quality perhaps, that is not supported or found in the research literature.

Nadler (1997; 2012; 2015) is one of the few researchers to shift the limelight of scientific research and theory from the helper and their readiness to help others to the recipient and his or her readiness to seek and receive help. His shift of focus represents a change from viewing helping as agentic behaviour (asking when people offer help to others in need), to casting helping as a relational dynamic between a person in need of help and a help giver. This focus on the recipient considers how the characteristics of the helper, the recipient, the relationship between them, and the help given affect (a) the readiness to seek help and (b) the reactions to receiving it. This is perhaps the basis of the collaboration to which Palmer and Brown refer. However, his language still views the person asking for help as a 'recipient' rather than a 'seeker' or 'stimulator of an opportunity'. In this way Nadler is within a system that sees help-seekers as *receivers*. This is a dominant paradigm across the literature but one worth reflecting on as it potentially keeps the help-seeker in a frame of 'one down'. This is, perhaps, challenged within the contemporary educational and learning communities, where those who ask for help through asking questions can be seen as stimulators of learning for both students and teachers (Freire, 1970/1972; Mezirow, 1998; 2000; Barrow & Newton, 2016; Barrow, 2018). Some of the literature in this sector places more emphasis on the bi-directional influence of help-giving and help-seeking, which levels the power dynamics, not privileging one over the other, but seeing the vitality between the two.

2.4.3 Relational motivations - belongingness and independence

Nadler (2012; 2015) conceptualises the decision to seek help as an outcome of a negotiation between two of our fundamental psychological needs: *belongingness*

and *independence.* He argues that the interplay between these needs determines the diverse goals, beliefs about and perceived consequences of helping. "When the need for independence outweighs belongingness-related motivations, people prefer self-reliance at the cost of continued hardships and the risk of eventual failure. When shared belongingness with the helper outweighs self-reliance concerns, people readily and gratefully accept help" (Nadler, 2015, p. 14).

The experience of belongingness is part of the social glue that holds us together in groups and communities. It is part of knowing we are important and connected in the world and hence mutual concern for others brings a help-seeker to rely on a helper in times of need. Belongingness means asking for help, even if dependency is demonstrated. On the other hand, the desire for independence can inhibit the willingness to seek and receive assistance. Hence the dichotomy of seeking versus not seeking help, formulated here as the difference between autonomy-orientated and dependency-orientated requests for help (Nadler, 1997; 2012).

Komissarouk & Nadler (2008; 2009; 2013) argue that in performance settings, such as work, it seems that people prefer autonomy-orientated help, yet in everyday interactions, there seems to exist a consistent preference of some people for autonomy-orientated, and for others, dependency-orientated help. "Contrary to the popular counsel, "teach a man to fish and you feed him for a lifetime", some people may prefer receiving the proverbial fish expertly cleaned and cooked whenever they are hungry" (Komissaouk, Harpaz & Nadler, 2017, p. 103). This also suggests preference for help-seeking may alter depending on environment and the expectations from others. This points to the issue and dynamics of power again (see 2.5.1).

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2.4.4 Help-seeking styles - autonomy-orientated vs. dependency-orientated

Building on Nadler's (1997) description of autonomy and dependency-orientated helping styles, Komissarouk & Nadler (2014) outline two typical approaches to *requesting help*: autonomy-orientated help-seeking (asking in order to learn how to fix a problem) versus dependency-orientated help-seeking (asking the helper to fix it).

Their research looked to integrate these two different help-seeking preferences with how people see themselves: independent or interdependent (Markus & Kitayama, 1991) and their capacity for motivational regulation: promotion or prevention (Higgins, 1997). They made a series of five experiments to cross-compare these factors in determining the kind of help requested. The studies were undertaken with undergraduate psychology students solving maths and verbal tests and using online surveys to measure their Self-Construal Scale (Singelis, 1994) and Regulatory Focus Scale (Higgins *et al*., 2001). The average age of the participant was 27 or less and they aimed to assess help-seeking behaviour in an experimental setting.

Their assumption is that the interdependent self is concerned with harmony and stability, and is motivated to prevent negative consequences (i.e., failure, threats to the status quo), which leads to readiness to be fully reliant on others, expressed in stable personal preference for dependency-oriented help. On the other hand, the independent self is motivated to promote self-mastery, which results in a stable personal preference for autonomy-oriented assistance.

They concluded that people with an independent self-view and a promotion focus prefer autonomy-orientated help, whereas people with an interdependent self-view and a prevention focus seek dependency-orientated help.

This line of research is rooted in social psychology models. The research confirms that help-seeking is linked to how we define ourselves (independent or interdependent) and our capacity to self-regulate (Higgins, 1997). However, it does not elucidate on the 'how' of help-seeking, nor the experience of it. The research is based in experimental situations with students who were asked hypothetical questions as to what form of help they would seek to solve problems. It is more focussed on the TYPE of help they hypothetically prefer, rather than their *ways of seeking* help, their *experiences of doing so* and what might help or hinder them doing so.

The results are interesting to apply to the psychotherapy profession and models of autonomy vs dependency-oriented help and help-seeking within psychotherapy as a helping profession, and within the models and practice of supervision, as a helping of those in the helping professions. It raised questions for me as to whether psychotherapy, as a profession, promotes independent or interdependent mindsets. Although most models of psychotherapy explicitly promote autonomy in their ethical frameworks, many have critiqued the practice of psychotherapy as promoting dependency by long-term working and models of transference that can infantilise the client. Also, supervision, as an ongoing professional expectation, may serve to promote dependency rather than autonomy (Nye, 2007). There is, again, an implied privileging of autonomy over dependency in this polarised model, without a reflection of the meaning of either pole. How is autonomy described and how is it differentiated from a narcissistic self-reliance, self-promotion or denial of need? How

is dependency defined and the limits of it? The research and model are binary based and do not describe the complexity of a person's emotional and psychological experience of conscious and unconscious dynamics. Also, in psychotherapy the help-giver must be a help-seeker as part of their training and continue to seek help in learning and supervision post-qualification.

2.5 Receiving help - gratitude, indebtedness and self-esteem

Asking for help is one side of an exchange and involves the experience of receiving help, being refused or being offered something different to what was asked for. Generally, when people ask for help there is some sense of how the request might be received, a sense of anticipation or perhaps a predication as to how the exchange will unfold.

Receiving help can be experienced as an expression of meaningful belongingness shared with the helper, eliciting positive self-perceptions and gratitude. However, it can also feel like a barrier to independence, eliciting a sense of indebtedness (Greenberg, 1980) and loss of freedom, inducing an aversive state of inefficacy where the recipient is dependent on the more resourceful helper (Nadler, 2015). Gratefulness and indebtedness are not the same. Gratitude is a positive emotion associated with a desire for social closeness with the helper, while indebtedness is associated with uneasiness toward the benefactor. Supporting this distinction, Tsang's (2006) research shows that feeling grateful is a function of the helper's perceived benevolence, whereas feeling indebted is not.

Much of the research on the negative consequences of receiving help has been conducted within the framework of the threat-to-self-esteem model, which demonstrates that under certain conditions, being dependent on others poses a threat to people's self-esteem and they avoid seeking or receiving much needed help (Fisher, Nadler, & Whitcher-Alagna, 1982; Nadler & Fisher, 1986; Shell & Eisenberg, 1992). This model posits that the characteristics of the helper, the recipient and the help jointly determine whether a particular helping interaction will be self-supporting or self-threatening for the help-seeker.

Regarding *helper's characteristics*, because similar peers serve as frames of reference for self-judgments (Festinger, 1954) people expect to be as self-reliant as their peers when pursuing goals and are relatively unwilling to seek or receive help from a similar peer (Nadler & Fisher, 1986; Nadler, 1991). It seems it is hard to accept help from those most similar to us. This has potential implications for the model of peer supervision in psychotherapy and would be an interesting piece of research to explore further.

When, however, the helper is a close other with whom one has communal relations e.g., family member or a close friend (Clark & Mills, 2012), the expectation for self-reliance that characterises peer relationships is replaced by the expectation that people rely on each other in times of need. This translates to relatively high readiness to seek and receive help from others with whom one is in communal relationships. The finding that, at times of difficulty, people first approach family members and close friends for help supports this rationale (Wills, 1991).
Alvarez & van Leeuwen (2011) researched the consequences of receiving help from experts and peers.

"Even though sometimes help is given with the best intentions, if helpers provide a type of help that is not according to their role (i.e. peers providing autonomy-oriented help), help recipients can mistrust the helper's intentions, with detrimental effects for future interactions between the two parties."

(Alvarez & van Leeuwen, 2011, p. 402)

They found that peoples' experience of receiving autonomy-orientated help from peers, although it increased their competence, led them to feel angrier and have less respect and trust for the peer.

2.5.1 Social differences in receiving help

Social research studies social advantage and status (Jackman, 1994; Leach, Snider & Iyer, 2002; Tajfel & Turner, 2004; Jost & van den Toorn, 2012), power and identity (Nadler *et al*, 2009) and experiences of inequality (Schneider *et al*, 1996; Nadler & Halabi, 2006; Halabi, Dovidio, & Nadler, 2012) in relation to giving and *receiving* help. They show that receiving help can be a marker of social inequality and linked with the status of a group or individual. Hence a person, or group's, willingness to receive help will be dependent on factors of power, identity, status and the nature of inter-group relations and whether gratitude is experienced rather than defensive reactions.

These studies are interesting in relation to this research, but they might be more pertinent to consider in further depth after looking at the data. For the purposes of this review, however, they do not differentiate between receiving help and asking for it. There is a difference to being receptive to help and asking for it; between being

passive and active in seeking help. I wanted to keep this distinction clear in order to keep my unit of analysis, the *experience of asking*, in clear sight and see whether this would show in my data.

There is also a gap in the consideration of anticipation of how a request for help will be received. Power, identity, status and self-esteem are, I believe, experiences rooted in our internal and external identity. The research has a wide gap around the phenomenology of asking for help and how our social and cultural perception influence our capacity to seek help.

Age, culture, gender, and personality all affect the degree of self-threat in receiving help. Young children do not devalue themselves for being dependent on help, since their dependence on more knowledgeable others is expected by both themselves and others (Shell & Eisenberg, 1992). At the other extreme of the age continuum, older people whose independence is threatened by frailty of body or mind are particularly concerned about their need for assistance from others (Langer & Rodin, 1976). One of the most robust findings on recipient characteristics is that given the same level of difficulty men seek less help than women, whether the challenge is material or psychological (Galdas, Cheater, & Marshall, 2005). Nadler & Fisher (1986) found that women who were motivated to present themselves positively when interacting with an attractive man consistently displayed dependency, while men interacting with an attractive woman displayed independence. These findings seem to reflect traditional stereotypes that need deconstructing in the light of current feminist and LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and Intersex) understandings of gender roles. Indeed, Nadler, Maler, & Friedman (1984) suggest it is the adherence of men and women to respective stereotypical gender roles,

rather than the biological fact of being a man or a woman, which predicts willingness to depend on others.

2.6 Assumptions on help-seeking

Drawing on the research reviewed here on help-seeking affirms my belief that our capacity to ask for help is determined by our developmental experience and our family culture, and that this is organised by an internal motivational system which is partly conscious and partly unconscious. I believe that help-seeking behaviours result from internal motivations and are a mixture of effective and ineffective strategies for relating. I also believe that helping is a relational event and essential to good healthy living and interdependence (Winnicott, 1965; Gottman, 2011; Music, 2014). I will see how this literature may be introduced following my data.

A distinction in my research is that I am researching help-seeking with a professional expectation, rooted in the culture of psychotherapy, to seek professional help to do a professional job. Therefore, in searching the literature, I have also included research and literature which pertains to help-seeking as a professional. There is also considerable literature that investigates help-seeking behaviour in learners from the educational fields and from the aspect of those who are ill (depressed, suffering with psychical problems, asylum seeking, job hunting etc). I have excluded these from my literature search in order to keep the focus on seeking help as a professional. It may be that I return to these after I have done my data analysis to see if there is any universality or links to this wider literature.

2.7 Help-seeking in the helping professions

Many people take on caring roles for partners or relatives, finding themselves in such a position through necessity but not necessarily choice. These are mainly unpaid and unrecognised roles and a significant amount of caring is done in the UK through this informal social system. The *2011 Census Analysis: Unpaid Care in England and Wales* (White, 2013) found 5.8 million people in England and Wales who provide unpaid care for a friend or family member. This represented just under ten percent of the population and unpaid care has increased at a faster pace than population growth between 2001 and 2011. 84 percent of carers surveyed for The State of Caring 2013 survey said that caring has had a negative impact on their health, up from 74 percent in 2011-12.

Such a caring help-force is differentiated from 'professional' carers who are paid and have had some form of training to take on their roles and perhaps chosen this as a work or career choice. Usually the training also leads to some form of accreditation, qualification or professional recognition and membership of a professional body. Nursing, teaching, medicine, social work, foster care, psychology and psychotherapy are such professions. All have professionalised the helping relationship. Each of these professions have professional practice codes and ethical frameworks within which standards of helping are proscribed, monitored and through which complaints can be made if practitioners are not meeting the standards.

The gap between the caring help-force and the helping professions is bridged by those who cross camps: foster carers, support staff, volunteers, and a growing number of organisations and associations who support those who are caring for others. These organisations have generally sprouted from the grass roots of need in communities; from individuals or groups banding together to recognise needs and try to offer recognition and support to those who are depleted by caring for others. These have managed to garner precious funding to provide services offering support, respite, counselling and care for carers and can be vital lifelines for the informal help-force in the UK.

Brown, Biegel and Tracy (2011) researched caregivers' likelihood of asking for help and support with their caregiving role to family members in substance abuse treatment centres. Their findings, from a sample of 82 women, showed that almost half of caregivers were unlikely to ask for help. Using multiple regression analysis, they found two need variables were statistically significant predictors of caregivers' likelihood of asking for help. These were a higher burden of worry, and those who provided more assistance with daily living. They recommended case managers ask about caregivers' worries, as this might provide more motivation to ask for help or to participate in help when it is offered to them. The distinction between asking for help and participating in help being offered is interesting and lacks further clarification in the literature. This distinction between actively seeking help and accepting help that is offered is worthy of further research.

The literature suggests that being in the role of helper, within both the formal and informal systems, does not make it any easier to ask for help and perhaps makes asking for help more problematic. It seems that understanding how to help others

does not mean a better understanding of how to get help for yourself. It is within this puzzle that this research sits. Is this true for experienced psychotherapists? What is their experience of asking for help and how might their experiences of therapy and supervision have changed their experience? This research question seeks to investigate this phenomenon further.

2.7.1 Assumptions on the helping professions

I believe seeking help is crucial to being a helper, for both informal and professional helpers, and it is good practice to use support, supervision or consultation regularly in order to manage the impact of the role and to reflect on the work. I also believe that our personal motivations for being helpers are useful to understand and that there is a link between being a helper and managing our own vulnerability as people. I find the concept of the 'wounded healer' (Jung, 1959, p. 254) useful and relevant here.

The myth of the invulnerable helper has been both debunked and defended. Debunked by an increasing amount of literature arguing the case for better care for the carers and the need for action to prevent burn out (Rothschild, 2006). More professionals are writing about their personal struggles of being a helping professional (Gwande, 2008; Marsh, 2014; 2018; Kay, 2018; Watson, 2019; Elton, 2018). Many of these books are topping the best seller lists. Clearly, they touch a wide interest and people want to read about the person behind the professional.

The myth is defended through the practice and professional culture perpetuating on the next generation the stress and distress of helping others, without reasonable

adjustment for self-care and a duty of care to care for those who help others. In nursing and medicine, the practice of relentless working hours, lack of reflective time and chronic understaffing contribute to demanding and difficult working environments. The cultures of medicine and nursing are vulnerable to the wider culture of professional accountability and responsibility without sufficient support and resources. The profession of helping others is a political arena where funding is tight and this places pressure on all, leaving fewer resources and less time to attend to the stress and strain of those in the helping role.

Consultant Michael Buist, at a conference in New Zealand of Emergency Nurses spoke of his experience of witnessing situations, as a clinician and as a patient, where timely interventions could have saved lives. He asked: "Why didn't someone call for help sooner?" and commented:

"The culture in which doctors and nurses operate can mean they do not feel able to ask for help, due to a perceived sense of failure or fear, with the unintended consequence of leading patients into danger" (cited in Comeskey, 2015).

2.8 The stigma of asking for help

"Here's the crux of the struggle: I want to experience your vulnerability, but I don't want to be vulnerable. Vulnerability is courage in you and inadequacy in me. I'm drawn to your vulnerability but repelled by mine" (Brown, 2015, p. 41).

The literature suggests that health care professionals do not ask for help due to stigmatisation of vulnerability and the polarisation of the professional expert who is healthy and patient who is needy or sick.

In a 1988 survey which canvassed 719 psychologists, psychiatrists and clinical social workers, 13 percent of those surveyed indicated they had suffered depression since qualifying and for which they had sought therapy (Norcross, Strausser-Kirtland, & Missar, 1988). Twenty years later, the survey was replicated and extended to monitor changes within the psychological community (Bike, Norcross, & Schatz, 2009). In this survey nothing had changed, with 13 percent again reporting suffering depression. In both these studies women were more likely to seek help than their male counterparts. Gilroy and her colleagues took this finding further in their exclusive study of women psychotherapists and the effect of depression on their clinical work (Gilroy, Carroll, & Murra, 2001). Their study suggests that gender and stigmatisation around asking for help might be significant.

"Many clinicians related examples of negative consequences including being unable to maintain their focus with clients, memory problems, fatigue, and lack of energy and motivation for therapeutic work" (Gilroy *et al.*, 2001, p. 25).
They went on to say:

> "Of particular concern to us however, was the experience by numerous respondents of negative reactions from their colleagues once their depression became known; others cited a perception that their colleagues had begun to question their professional competence; and some expressed a sense of disappointment when they learned that colleagues whom they considered friends were no longer friends. In effect, respondents clearly felt the negative stigma attached to being a professional in distress. Many

respondents indicated a sense that colleagues made no effort to listen or understand and that many colleagues became disinterested and intolerant of their depressive symptoms." (Gilroy *et al.*, 2001, p. 27)

This burden weighs heavily. Pope, Tabachnick, & Keith-Spiegel (1988) found that 85 per cent of Division 29 (Psychotherapy) American Psychological Association members surveyed believed working when too distressed to be effective is unethical. Despite this finding, this study also revealed that 60 per cent had done so. Pope and Tabachnick (1994) found that psychologists frequently withhold important clinical information from their own therapists, and one would assume from colleagues as well.

Others have suggested that psychologists see "wellness and impairment in dangerous dualities" (Good, Khairallah, & Mintz, 2009, p. 21). By this they mean that there is often a divide between 'us', the psychologists, and 'them', the clients – and that this can lead to a form of denial about the state of the psychologist's mental health, and indeed the mental health of colleagues. Smith and Moss (2009) argued that psychologists often provide care for others whilst they deny their own wants and needs; they are often at the forefront of others' torment, and connect with their depression and despair; much of their work may be performed in isolation where, because of pressures on services, they may have limited time with others and few individuals who thoroughly help them make sense of the difficult experiences of their clients, as well as their own. However, Good *et al*. (2009) argued the first barrier may be to overcome the potentially taboo nature of psychologist suicide, and to try and not see wellness and impairment as an 'us' and 'them' issue, but rather an issue of 'us and when'.

Writing about psychologist suicide, Larsson (2012) suggests that this can be a delicate area to examine when considering the image the profession wishes to project. As many psychologists work with vulnerable individuals who may feel suicidal themselves, the notion that professionals are also vulnerable may be difficult to reconcile (Kleespies, *et al.*, 2011). One of the most common reasons for psychologists and therapists to not admit to depression or suicidal thoughts is a fear of professional censure (Deutsch, 1985; O'Connor, 2001).

2.9 Research on the consequences of not asking for help

A 2017 survey by researchers at Manchester University found that of more than 900 GPs in England, a third reported a "considerable or high likelihood" that they would quit direct patient care within five years (cited in Elton, 2019). This is the highest level since the first national GP Worklife Survey in 2005. Concerns about the wellbeing of doctors have been raised regularly for at least 30 years (Firth-Cozens, 1987; Mavroforou, Giannoukas & Michalodimitrakis, 2006; Shanafelt *et al.*, 2012).

Caroline Elton, a psychologist who specialises in helping doctors and the author of a recent book *Also human: The inner lives of doctors* (2018) argues that physician burnout is a global phenomenon: "Like the binary alternatives zero and one, the culture within medicine often positions patient and doctor as mutually exclusive categories. You can be one, or the other – but never both together" (Elton, 2018, p. 44).

Writing in the *British Medical Journal* she critiques the current care levels for GPs: "What models of patient centred, and even to some extent relationship centred, care seem to have overlooked is that good patient care is predicated on good care of the carer" (Elton, 2019, p. 2).

Getting help as medical professionals in the UK is recognised to be problematic. Figures from the Office for National Statistics, covering England, showed that between 2011 and 2015, 430 health professionals took their own lives. The NHS Practitioner Health Programme (PHP), is the only confidential service that offers doctors a range of assessments, treatment and case-management for all mental health problems. However, doctors can only self-refer to the PHP, without the need to tell their Clinical Commissioning Group (CCG), if they work in London. Others can access the service but lose their anonymity in doing so. The PHP has helped more than 5,000 doctors in ten years, of whom slightly over two-thirds were women. The average age has dropped from 51.6 years to 38.9 (Hemmings, 2018).

The medical director of PHP, Dr. Clare Gerada, interviewed by the BBC (*Victoria Derbyshire*, 2018), said that doctors' mental health was the "last taboo in the NHS", arguing that one of the biggest issues is the effect on doctors of complaints from the public, which can shatter their sense of self.

In a systematic review of the prevalence and associated factors of burnout and psychiatric morbidity among doctors in the UK, Imo (2017) found the prevalence of psychiatric disorders to range from 17% to 52% and that GPs and consultants had the highest rates. Furthermore, Imo found that low job satisfaction, overload, and increased hours worked to be significantly associated with increased prevalence of

burnout and psychiatric morbidity. Similarly, Soler *et al.*, (2008) conducted a pan-European study of family doctors across 12 European Union countries. They found that GPs in the UK had high rates of burnout and the only other countries where GPs had higher burnout rates were Turkey, Italy, Bulgaria, and Greece.

Writing in the British Journal of General Practice (2019), George & Gerada argue psychological wellbeing of GPs is especially important in the delivery of good quality care to patients in the NHS, as GPs are at the forefront of the bulk of healthcare delivery in the UK. They write: "Doctors are reluctant help seekers, and stigma and lack of self-awareness/ recognition of the signs of stress are important barriers to seeking timely and appropriate help" (p.116).

They suggest raising awareness of "how to seek help", starting early in doctors' careers with regular booster sessions. They add "when to seek help, what help is available and where" (p. 16) with an emphasis on anonymity as crucial to breaking down barriers to help-seeking.

What is interesting in reading the literature from the medical profession about burnout and the need for help-seeking, is that it is imbued with an assumption that professionals will have the ability, if the way is open. It does not account for a deeper possibility that people may have entered the profession in order to move away from their own vulnerability. The dominant thrust of solving these professional difficulties is to encourage professionals to find a better work-life balance, and use mindfulness, exercise and stress management techniques. This sails over the wounded healer research about peoples' deeper motivations for entering these professions and ducks the issue of whether people know *how* to ask for help for themselves. This question does not get asked. As Good *et al.* (2009) points out,

knowledge and experience about the assessment and treatment of health and mental health difficulties in others does not necessarily lead to immunity from your own mental health problems, or the ability to address them.

2.10 Help-seeking as a psychotherapist

I now move to review help-seeking by psychotherapists and consider any links and differences to other helping professions.

2.10.1 What is unique about psychotherapy?

There is a clear direction in the psychotherapy profession that seeking therapy and supervision are essential parts of the work. This focus is unique to the psychotherapy profession and not emphasised in quite the same way in other helping professions. Psychologists use a supervisory professional practice structure but are not necessarily expected to undergo personal psychotherapy. Medics and nurses are expected to engage in reflective practice, but post-qualification this need not necessarily involve a supervisor and is more of a professional self-accountability practice.

2.10.2 Training requirements

Supervision and personal therapy are part of the majority of psychotherapy training and post-qualification expectation. For example, within the Humanistic and Integrative College of the United Kingdom Council for Psychotherapy (UKCP) students of psychotherapy are expected to complete 40 hours per year for a

minimum of four years in order to qualify. They must also undertake supervision on a ratio of 1 hour for every 4 client hours in the beginning stage of their clinical work. This changes to a 1:6 ratio as they settle into a rhythm of working. Hence seeking personal and professional help are embedded in the training standards of the profession. This is alongside a four-year training where the student's ability to use the teaching and engage in the learning process is assessed, alongside their theoretical and clinical development.

2.10.3 Why is help-seeking so emphasised in psychotherapy?

The psychological health and well-being of psychotherapists is an important issue, not only from an occupational health perspective, but also because of the potential impact of therapists' psychological health on the process and outcome of psychotherapy. Indeed, clients prefer to work with a psychotherapist whom they perceive as being psychologically healthy, wise, and satisfied with life (Williams & Chambless, 1990; Wogan & Norcross, 1985). Recognition of the importance of good mental health among psychotherapists is reflected in longstanding recommendations and professional requirements that they undertake psychotherapy before becoming therapists (e.g. Freud, 1937/1964; Norcross, 2005), allowing psychotherapists to better isolate their own personal conflicts from those of their clients, as well as to better resolve their own personal difficulties (Fromm-Reichmann, 1949). Despite such recognition, the psychological wellbeing of psychotherapists has, surprisingly, drawn limited empirical attention.

Psychotherapists' unique work circumstances may contribute to the risk of compromised psychological health. The provision of care to those experiencing

profound suffering may induce feelings of undue responsibility, guilt, and exhaustion. Clients may present with a variety of clinical manifestations that can potentially evoke challenging emotional reactions from therapists, such as frustration and self-doubt, requiring careful management (Betan, Heim, Conklin, & Westen, 2005; Colli, Tazilli, Dimaggio, & Lingiardi, 2014). When extensively exposed to clients with a history of traumatisation or intense suffering, therapists may develop vicarious traumatisation (McCann & Pearlman, 1990) or secondary traumatic stress disorder (Figley, 1995). Reviews and meta-analyses have found that psychotherapists' personal histories of traumatic experiences, as well as some workplace characteristics (e.g., workload, number of traumatised clients and availability of support), put them at risk for vicarious traumatisation or secondary traumatic stress (Baird & Kracen, 2006; Hensel, Ruiz, Finney, & Dewa, 2015; Turgoose & Maddox, 2017). While the risks of such outcomes are generally well-known among psychotherapists (Baker, 2003; Norcross & Guy, 2007), little is known about the level of psychological distress experienced by psychotherapists at any given time.

Psychotherapists' mental health difficulties may have several undesirable consequences. For organisations employing psychotherapists to provide mental health care, psychological services may be disrupted by absenteeism, psychotherapists' intentions to leave their jobs, and job turnover (Garcia, McGeary, McGeary, Finley, & Peterson, 2014; Maslach & Leiter, 2008; Paris & Hoge, 2010). Studies have found that psychotherapists' mental health difficulties may lead to emotional disengagement (Thériault & Gazzola, 2006), early termination (Piselli, Halgin, & MacEwan, 2011), and reduced ability to form a strong therapeutic alliance (Enochs & Etzbach, 2004; Renjilian, Baum, & Landry, 1998), thereby negatively affecting the process and outcome of psychotherapy (Holmqvist & Jeanneau, 2006).

One study even suggested that psychotherapists' distress may not only prevent

clients' growth but may also induce negative changes (Wiggins & Giles, 1984).

Moreover, a comprehensive review reported statistically significant associations

between psychotherapists' levels of psychological adjustment and better outcomes

for clients (Beutler *et al*., 2004). Collectively, these findings support the need for

further research on psychotherapists' mental health.

There is no requirement, post-qualification, to continue in personal therapy.

However, there are clear professional practice guidelines around self-care and

practitioners are expected to ensure they are fit to practice. As a majority of

therapists practice privately this is primarily left to each persons' own assessment.

Laverdiere, Kealy, Ogrodniczuk & Morin (2018), in a survey of 240 Canadian

qualified psychotherapists, found that 20% of psychotherapists were emotionally

exhausted and 10% were in a state of significant psychological distress. Their

results were consistent with previous research on correlates of burnout among

psychotherapists (Ackerley, Burnell, Holdet, & Kurdek, 1988; Lim, Kim, Kim, Yang, &

Lee, 2010; Rosenberg & Pace, 2006; Rupert & Morgan, 2005; Vredenburgh,

Carlozzi, & Stein, 1999). Other aspects of the psychotherapeutic process are also

likely to be affected when services are provided by psychotherapists who are

experiencing psychological difficulties and distress, such as weaker therapeutic

relationships and poor outcomes (Enochs & Etzbach, 2004; Piselli, Halgin, &

MacEwan, 2011; Renjilian, Baum, & Landry, 1998; Thériault & Gazzola, 2006).

These findings raise troubling questions. Were these psychotherapists adequately

prepared to help clients? Why were they persevering under such distress? The

research does not comment on the reasons but paints a clear picture that significant numbers of psychotherapists are working with reduced emotional capacity and that burn out is a real risk factor in a profession where seeking help in the work is considered essential. In this regard, the profession of psychotherapy is similar to other helping professions, suggesting that all the personal therapy and supervision required during training might not make a significant difference to levels of self-care in the profession.

2.10.4 Supervision

Psychotherapy involves paying attention to unconscious patterns of relating and therapists need to pay equal attention to how these forces can be used to help in the clinical work. My research for my PEP suggests that experienced therapists, in the midst of complex enactments, struggled to get the help they needed. Whilst they met their professional standards, their supervision did not help and the enactments they described ended without resolution.

> "Clinical supervision is a critical component in the work we do. It is, for many of us, an insurance policy if you like, ensuring that we maintain our integrity as psychotherapists and the ethical boundaries which provide our patients and clients with containment within the clinical setting." (Adams, 2011, p. 164)

Lasky (2005) argues that most boundary violations occur when there is a crisis in the therapist's own life that revives his latent conflicts and that this primes the therapist to be vulnerable to an acting out/enactment of extreme kind. This links with Adams' thesis:

"As I have pointed out elsewhere (Adams, 2008), what invites the complaint

may not, in fact, be a breach of ethical behaviour but a powerful coalition

between unresolved issues within each of the participants, recreating in its

way, an enactment of both the therapist's and the patient's histories. These

are unconscious processes, not always available to the therapist in the

moment, or even until long after the damage has been done." (Adams, 2011,

p. 38)

UKCP give some direction as to a post-qualification attendance in supervision and

an ongoing expectation that a professional will seek the help they need, clinically

and personally. So, systemically, help-seeking within the profession is expected and

normalised. However, UKCP, training institutes and policies can't force

psychotherapists to ask for help, only offer opportunities:

"How effective supervision is for any therapist depends on what they bring,

what they reveal of themselves through their counter-transferential

responses to their clients and patients, or what they reveal concerning the

state of their personal lives and psychological state at the moment. The

supervisor, too, must be in a good state of psychological health to ensure

good supervision." (Adams, 2011, p. 165)

From my own practice as a tutor within psychotherapy trainings for nearly 20 years I

have witnessed some students flourish under these guidelines and others

superficially comply with requirements rather than engage with them. Those who

internalise good practice will probably continue after qualifying. Those who fight with

the requirements, as if they are tyrannical impositions, will usually reduce their

supervision after qualifying and experience independence from a training institute as

if freed from shackles. McQuaid (2015) researched the experiences of students training in psychotherapy across the UK and USA. She found that one of the reported reasons why students left training was a resentment about attending supervision.

There is considerable literature and research on being a supervisor, but considerably less on being a supervisee. Understanding more about the psychodynamics of asking for help as a professional may contribute to an improved understanding and/or use of the supervisory relationship.

2.10.5 Stigmatisation

"Why is it that so many therapists feel personal shame at revealing their vulnerabilities once they are past qualifying?" (Adams, 2015, p. 140).

Geller, Norcross and Orlinsky (2005) directly researched therapists' distress. They studied the meaning of personal therapy in psychotherapists' lives across the modalities. They conclude, "...it is easier to be wise and mature for others than for ourselves." Considering psychotherapists' struggle in personal therapy, the authors go on to point out that: "...therapists who cling to a sense of strength and mastery are threatened by the dilemma of 'needing help'. This is one of the identity conflicts and narcissistic wounds with which psychotherapists are likely to struggle in personal treatment" (Geller *et al*., 2005, p. 6).

Adams suggests that if we are threatened by this dilemma of 'needing help' then: "we place ourselves above our clients, a narcissistic position that splices us from the common humanity of those we seek to treat" (Adams, 2011, p. 148). She asks: "who

are the therapists who take time out or seek help from others while practising, and who does not and why?" (Adams, 2011, p. 20). In her research Adams asks the question in relation to times of difficulty in a therapist's life. Her research suggests that psychotherapists are vulnerable to a similar sense of stigmatisation in relation to asking for help. My interest is related and different. I am interested in the daily, weekly and monthly act of asking for help that supports the working life of reflexivity, which is core to a psychotherapist's practice. My research aims to investigate this through questioning psychotherapists' *experiences* of asking for help. This will potentially add to the literature and possibly help to identify how therapists manage this.

Again, the literature focusses on psychotherapists who are struggling with their own mental health and their likelihood (or not) of seeking help for themselves and the complication of being more identified with being a helper, rather than a seeker of help. However, my review identifies a gap in the exploration of how help-seeking enhances and/or interrupts our capacity to do our work as clinicians. How does a difficult case shape our capacity to ask for help? We know from the literature that therapists are human and struggle with their own mental health, histories and life crises. What we don't know about is the experience of asking for help and how a better understanding of this might assist us to improve our clinical capacity and use of supervision, and to feel better resourced in our work and ourselves.

2.10.6 Assumptions on psychotherapists asking for help

My belief, as a psychotherapist, is that supervision is essential for psychotherapists as part of their professional practice. Working with unconscious processes demands

a level of reflexivity that cannot be achieved alone but requires the mind(s) of others to help bring what is hidden (unconscious or dissociated) into view. This is part of working at depth with enactments, which are both inevitable and desirable in transformational psychotherapy. I believe that, where psychotherapists do not get the help they need, this can lead to unsuccessful clinical endings, objectification of clients (and self) and potentially to ethical complaints (Gabbard and Lester, 1995; Safran & Muran, 2000; Kearns, 2010).

2.11 Reflections on the timing and scope of this initial literature review

I undertook this systemic review of the help-seeking literature in order to begin a grounded theory study of psychotherapist's experience of needing and asking for help. At this stage I adhered to the dictum that a GT study involves suspending a review of the literature until the data analysis stage. In discussion with my Academic Adviser I devised a literature strategy whereby I would research the area of help-seeking as a broad field, which would keep me away from my areas of knowledge and take me wider afield, in order to contextualise my study. Glaser (1978) suggested that while initially avoiding the literature on specific theories related to the areas of enquiry, researchers should explore the wider literature to become familiar with a variety of theoretical codes to support their developing knowledge on theory building.

The advantages of proceeding in this way was to open my mind and knowledge base, beyond psychotherapy theories. I explored the literature on 'help-seeking' and then limited the scope of the search to help-seeking in the helping professions and then further to help-seeking as a psychotherapist. I discovered different fields of consideration (medicine, nursing, social psychology etc.) and identified gaps in the literature where my research might contribute. I included reflections on my assumptions as I reviewed the texts. This acknowledged my belief that it is not really possible to suspend knowledge or bracket it off and my commitment to be as transparent as possible throughout by claiming my influences, knowledge and assumptions.

The timing and scope of my initial literature review prepared the ground on which I would meet my participants and informed my research questions by lifting me out of my knowledge and theoretical base to form generic questions that aimed to invite the participants to articulate their own experiences and opened my mind beyond some of my presumptions.

The disadvantages to setting out in this way was that I did not explicitly identify my knowledge base and preconceptions and this might have made tracking my own subjectivity clearer to see the researcher influences. This would also have been more in line with my own philosophy and epistemology. As I developed and refined my understanding of GT and located my methodology towards the constructivist approach (Charmaz, 2006) I was already steeped in data collection and analysis.

Charmaz (2014) made the point that it is unrealistic to expect that researchers will start their research without holding particular perspectives and knowledge about its

focus. She argued that the stricture to delay the literature review implies that researchers are uncritical in their reading and are easily persuaded by it. Rather she argued that researcher's ability to develop theoretical sensitivity is predicated on his or her familiarity with relevant literature. She suggested that the argument of when to conduct a literature review tends to miss the crucial and most important point that the researcher should tailor the final version of their literature review to fit their particular project and its findings. This perspective is shared by Glaser (1978, 1998) and both scholars emphasized the importance of properly integrating the emergent theory within the existing literature (Charmaz, 2014; Glaser, 1978, 1998). While it is recommended that the timing of the literature review is delayed until the theory has been generated, there is an acknowledgment by Classic grounded theorists that there are practical reasons why a researcher must demonstrate some familiarity with the literature in the initial stages of their research, such as in supporting their research proposal (Glaser, 1998, Holton and Walsh, 2016). Nonetheless, they stressed that a literature review conducted after the identification of the core category is more efficient and relevant.

On reflection, although it has been asserted that the researcher is least biased by avoiding an in-depth foray into the literature prior to investigating (Glaser & Strauss, 1967), I would argue that investigators always believe something about the phenomenon in question and that a greater grounding in the literature militates against bias by expanding the researcher's understanding of multiple ways of viewing the phenomenon. I do not consider that my research has suffered as a result of not doing a through literature search at the beginning of the process as I have been reading and writing the whole way through and found a way of accounting for my bias (as far as is possible) through memos and journalling. I also

did a thorough literature integration with my findings, categories and model. However, I do consider that the process of researcher bias might have been more transparent.

2.12 Summary

The literature on help-seeking demonstrates that it is primarily researched as a behaviour and there is little research on the deeper complexity of the phenomenology of asking for help and what helps and hinders us in seeking the help of another.

Within the helping professions it seems that asking for help is complicated for practitioners due to a lack of time, resources and a stigmatisation of vulnerability. The polarised roles of 'professional' and 'patient' is a powerful cultural frame that inhibits practitioners from acknowledging and resolving their vulnerabilities whilst maintaining a power structure in the profession. The consequences of professionals not asking for help are potentially harmful for patients and also both career and health threatening for practitioners.

Although psychotherapists' training and profession normalise help-seeking, they may still struggle to ask for help, both personally and professionally, for similar reasons to other health professionals. This introductory literature review offers some reasons as to why this struggle exists. It also points to a gap in the research of inquiry into the phenomenology of asking for help as a professional psychotherapist.

Therefore, this research will specifically investigate the experience of asking for help as part of psychotherapy practice and use this to build some theoretical framework(s) which may help therapists understand and manage this struggle better. The premise is that improving practitioners' capacity to ask for help will enhance the quality and satisfaction of their work and will therefore enhance the profession. The research findings here may also be relevant to other helping professionals and the informal help-force of unpaid carers.

3.0 Methodology

This research was undertaken using grounded theory (GT) as the core methodology. I will outline why I choose this and how I designed and carried out the research drawing on the principles and methods of constructivist GT (Charmaz, 2014).

Grounded theory analysis (Glaser & Strauss, 1967) is a rigorous method that utilises inductive analysis to explore subjective experiences (e.g. Fassinger, 2005; Rennie, 2000) through close engagement with interview transcripts and a repetitive cycle of checking between data and emerging theory. This study aims to develop trustworthy hypotheses regarding understanding the experience of asking for help in the psychotherapy profession.

3.1 Rationale - Why grounded theory?

In year two of the doctoral programme I completed an Interpretative Phenomenological Analysis (IPA) study of four psychotherapists' experience of being in an enactment. This helped me understand the methodological implications of phenomenology and was also influential in me identifying the research question for this study (see Introduction). However, I wanted to do more than understand the phenomenology of asking for help. I wanted to generate theory that could inform practice. I had learned from the IPA study how *not* asking for help in supervision had effectively impacted practitioners' work and had the potential to impact the clients' experience of therapy. IPA had been a useful lens to highlight the struggles

psychotherapists had to navigate, and the problems that arise when they don't get

the help they need, however, it did not point to a way to address this. My

interpretation of the findings from the IPA was that they might have some wider

relevance. I knew from my own supervision practice and teaching that students and

beginning practitioners struggle to ask for help and that the supervisory relationship

needs to build robustness over time. However, the IPA study showed how this is an

ongoing struggle that does not disappear with time, i.e. professional maturity, and

becomes more relevant when working with a model of depth and unconscious

processes. I thought that further research was needed to explore this phenomenon

and consider what might help and hinder this process. I hoped that a GT about

asking for help might support students, psychotherapists and supervisors to become

more conscious of their struggles and give them a useful map. The need to move

the analytical process beyond description through exploration is critical.

GT differs from other approaches to research in that it serves to *explain the*

phenomenon being studied. The strategies used in data collections and analysis

result in the generation of theory that explicates a phenomenon from the perspective

and in the context of those who experience it. Theory, as the product of the

investigative processes, is the hallmark of grounded theory research. This theory is

directly abstracted from, or grounded in, data generated and collected by the

researcher.

I wanted to be able to conceptualise asking for help and explain the

psychodynamics involved and to develop a theoretical framework about asking for

help within the profession. My literature searches had shown there was little theory

to explain the experience or psychodynamics of asking for help. Any learning that

comes from this research needs to be able to have a direct impact on the profession to improve the services to clients and practitioners. There is also a potential for any results to have universal application, so using a well verified method to draw out theoretical possibilities may open the door for further research on whether this theory has wider application.

The essential comparative difference between traditional methods of qualitative research and GT research is conceptualisation (Glaser, 2001). "Grounded theory exists on a conceptual level and is composed of integrated hypotheses and [traditional qualitative methods] produce description with or without conceptual description mixed in" (Glaser, 2001, p. 2). Conceptualisation and its resultant explanatory power allow the theory's application across the helping professions.

GT methods have been advanced in psychological research as a way to explore subjective experience (e.g., Rennie, 2000). It is an inductive process in which a researcher is guided by the analysis of data to facilitate the development of theory of phenomena grounded in empirical observation. This approach allows investigators to identify patterns within reports of complex experiences, such as psychotherapy, and to develop new understandings without constraint by a priori hypotheses.

Charmaz's argument about constructivism also helped me clarify my choice of GT over IPA: "A constructivist approach means more than looking at how individuals view their situations. It not only theorises the interpretative work that research participants do, but also acknowledges that the resulting theory is an integration" (Charmaz, 2006, p. 130).

I considered Collaborative Inquiry or Action Research (Reason and Bradbury, 2008), however there have been no successfully published studies in my area of interest using this approach and my concern was to stay, for the purposes of this doctorate, inside 'safer' (McLeod, 2011, p. 219) methods. The amount of data generated by such a study would be overwhelming for me with my limited resources. However, I do think that this line of research might be an exciting future possibility, potentially inside psychotherapy training groups. I can envisage this being a fertile research project focussing on a Master's level psychotherapy training group.

I did consider using Rotter's Interpersonal Trust Scale (1967) to introduce a quantise measure, and also looked at other rating scales that might support the research. However, I concluded that this tool might become more relevant following the results of the data, rather than preceding them in line with the methodology of GT.

GT was developed by clinical sociologists Barney Glaser and Anselm Strauss and introduced in their book, *The Discovery of Grounded Theory* (1967). Glaser's approach to research was primarily influenced by quantitative methods and qualitative math taught by Paul Lazarsfeld, theory construction taught by Robert Merton at Columbia University and *explication de texte* which he studied at the University of Paris (Glaser, 1998). Strauss, who trained at the University of Chicago, studied symbolic interactionism under Herbert Blumer, and qualitative research under Everett Hughes.

Contrary to the traditional positivist research being conducted at the time, Glaser and Strauss argued that generating theory involves a "process of research" and both the theory and process, including hypotheses and concepts, should come from the

data, and be systematically worked out in relation to the data during the course of the research. Based on that idea, grounded theory is defined as the systematic generation of theory from data that is systematically obtained from social research (Glaser & Strauss, 1967).

They questioned the climate of the supremacy of quantitative based research and set up paths for researchers to systematically collect and analyse data and develop theories grounded in the data rather than using the scientific methods associated with qualitative research. Thus, Glaser and Strauss offered "a method that could claim equivalent stars to the quantitative work of the time … and … data that could generate more than numerical data" (Bryant & Charmaz, 2007a, p. 33). It "rapidly became the most widely used and popular qualitative method across a wide range of disciplines" (Bryant & Charmaz, 2007b, p. 1).

According to Glaser, GT accounts for 'the action' in a substantive area (1998). To generate a GT, the researcher chooses a substantive area of interest and participants whom s/he can access. To develop a theory about the substantive area, the researcher must understand the main concerns of the participants and how they 'continually resolve' their concerns. The participants' methods for resolving their main concerns becomes the core category. The emergent core category becomes the foundation for theory development.

Generating this understanding of the methodology, I decided that the purpose of this study is to generate a theory, grounded in data, that explains the process by which psychotherapists define and resolve their main concerns regarding asking for help.

The technique that forces investigators to stay close to their data, and which constitutes the systematisation of the approach, is the constant comparison method. In Glaser and Strauss's approach the constant comparative method is where investigators systematically categorise data and limit theorising until patterns in the data emerge from the process. This method involves data collection, open coding, memoing, moving towards parsimony through the determination of a core category, sorting of memos, and the write up of the theory in terms of the picture arrived at through the last step (Glaser, 1978).

In summary GT strengths are that it is a systematic approach to data analysis, it provides for data depth and richness and has the potential to conceptualise and generate theory.

GT has also been critiqued for its epistemological naivety (Emerson, 1983; Katz, 2015). However, Bryant and Charmaz (2007a) argue that these criticisms are based on an outdated epistemological stance especially as the theory has evolved and developed over time. This is evidenced by Glaser and Strauss's own individuation, each following different paths as their ideas differed. However, this leads to another critique of GT, the multiple approaches encompassed within it that resulted in confusion among scholars (Hussein, Hirst, Salyers & Osuji, 2014).

Having decided GT was the best methodology to proceed with, for the above reasons, there then came the question of whose approach would best suit me, as researcher, and for this study.

3.1.1 Grounded theory - classical to constructivism

I read researchers who had drawn on a variety of GT practices. I have been very influenced by Brene Brown and the products of her research (2010; 2015; 2016; 2018). In reviewing her thesis (2002) I saw how she was committed to Glaserian GT as a rigorous methodology. However, Glaserian methods do not account for the subjectivity of the researcher. Brown draws heavily on her subjectivity in her best-selling books and talks but does not make them transparent in her data gathering, memoing and findings. She stays close to the interview data with limited self-reflexivity included in her thesis (2002). Her use of Glaserian GT shows how it is rooted in a one-person psychological model where participants are seen as sources of data, rather than the subjects of stories.

Heidi Levitt, who has published many research papers using GT (Levitt, 2015; Levitt, Pomerville, & Surace, 2016; Levitt & Piazza-Bonin, 2016), draws on a method described by Rennie, Phillips, & Quartaro (1988). Levitt's research impressed me too in its thorough approach and clearly outlined methodology. She includes her personal beliefs and assumptions in her analysis. However, I found Levitt's core categories and cluster names verbose and distancing in the way they were languaged. Charmaz states "The choice of words is crucial. Clear evocative words have much more carrying capacity than vague, bland terms" (2014, p. 247). My sense was to create strong captive phrases/terms. This seemed part of the skill and challenge of creating theory that was accessible. It was important to me to hold this stance as I wanted to create a grounded theory that was immediately and easily meaningful to a potentially wider audience than just senior professionals. I wanted it

to make sense to trainees and also beyond the professional field of psychotherapy, to other helping professions, and potentially broader.

Whichever approach is used, there is broad agreement within GT researchers on the essential characteristics of a GT study. These agreed procedures include simultaneous data collection, coding and memo writing, the use of the constant comparative method, theoretical coding, theoretical sampling, theoretical saturation and the importance of theoretical sensitivity (Hood, 2007; O'Reilly, Paper, & Marx, 2012; Urquhart, 2013; Wiener, 2007). However, several distinct differences between Classic GT and Constructivist GT exist on a range of other processes within extant literature including the role of the researcher, procedures for use of literature, research questions, interview techniques and how the final GT is viewed

.

I considered the differences between the classical and constructivist approaches (see Table 1).

Table 1. Summative outline of broad differences between classical GT and constructivist GT (based on reviews from Glaser, 1978; Evans, 2013; O'Connor, Netting, & Thomas, 2008; Charmaz, 2014; O'Connor, Carpenter, & Coughlan, 2018).		
	Classic GT	**Constructivist GT**
Epistemology	Based on positivist, objectivist assumptions.	Based on interpretivist, subjectivist assumptions.
Role of researcher	The aim is to minimize the impact of the researcher's preconceptions on the final theory through the application of essential GT analytic processes.	The researcher is viewed as an active co-constructor of the final theory.

Role of participant	The participant is seen as the source of data.	Participant and researcher co-construct data.
Role of literature	The starting point is a desire to explore a substantive area with no predetermined research questions prior to the study; it does not begin with a literature review.	Can begin with a literature review as a means to establish what is known and has been studied in the substantive area.
Research questions	The researcher does not develop a prior set of research questions; rather the researcher seeks to approach the substantive area with a broader question that facilitates the participants to speak about their experiences (Glaser, 1998). As the research progresses through the stages of coding, the researcher may ask more direct questions relating to the already-generated categories. It is argued that by approaching the substantive area in this manner, the researcher remains more open to the emerging patterns from that data and avoids the risk of steering participants down certain routes too early in the research process, thereby forcing the data.	The researcher develops a set of research questions prior to data collection. These questions are based on the literature review and direct the choice of data collection methods and development of interview guides. These questions may change during the research as the researcher discovers more significant or relevant questions.
Interview techniques	Initially, the interviewer is merely receptive; it is only later in the process, when theoretical sampling dictates more focused interview questions, that the researcher's input becomes more targeted. This more active interviewing is guided by analysis of data as opposed to the biases or experiences of the researcher.	Charmaz (2014) recommended that new researchers develop a detailed interview guide to enable them to gain clarity on the type of information they seek to address their research questions. The purpose of the guide is also to avoid the use of "awkward, poorly judged questions potentially based on unexamined preconceptions" (Charmaz, 2014, p. 63).

Research product	The grounded theory is defined as "the systematic generating of theory from data, that itself is systematically obtained from social research" (Glaser, 1978, p. 2).	The grounded theory is the result of a process of data collection and analysis as created by shared experiences and relationships between the participants and the researcher, and is a conceptual description of this process.

I was drawn to constructivist GT (Charmaz, 2006; 2014) as there was a strong epistemological fit with myself as researcher.

Epistemology: Charmaz (2003) takes a middle ground between postmodernism and positivism. Her method values the inductive creativity of the classical methodology and takes a strong epistemological stance with constructivism. She proposes a version of grounded theory that "assumes the relativism of multiple social realities, recognises the multi creation of knowledge by the viewer and viewed, and aims towards an interpretive understanding of the subjects' meanings" (2003, p. 85).

Roles of researcher and participant: One of the main critiques of classical GT is the lack of inclusion of the researcher's role. Charmaz (2003; 2006) addressed this by developing her constructivist version, which allows for the researcher's interaction with the data whilst retaining objectivity and still recognising that the researcher can never be totally objective: "We are not passive receptacles into which data is poured" (Charmaz, 2006, p. 15). Charmaz's constructivist GT approach offers a reconciliation of the Husserlian and hermeneutic phenomenology, especially with the acknowledgement of the researcher's participatory role and the emphasis on the researcher-participant relationship.

Glaser (2012) argued that the elevation of the researcher's role to that of co-constructor of the data has the potential of placing more value on the researcher's interpretation than the participants, thereby creating a situation in which the data is forced.

While both approaches agree on the centrality of properly representing the participant's voice, both claim that the other does not adequately ensure the participant's voice is reflected in the research product. Glaser (2012) asserted that by elevating the researcher's role in the construction of the theory, there is a danger of placing as much or more value on his or her interpretation than that of the participants. He argued that the focus on mutual understanding and joint interpretations in the constructivist approach leads to a need to create agreement between the participant and researcher on the emergent knowledge; in other words, a drive towards accuracy and description. He argued that in this quest for accuracy, the latent patterns underlying multiple, often seemingly disparate participant perspectives may be lost (Glaser, 2012).

I found this critique of constructivist GT useful and held it in mind throughout the study with an eye to the ethics of researcher power and exploitation of participants. I considered his critique to be central to the ethical principles of research than the direction of a methodology.

Role of literature: I started my research with a dictum that the literature in a GT study comes after the data analysis. I did not realise the contrasting view of constructivist GT that would have encouraged me to do a full literature review at the beginning, allowing me to be more explicit about my knowledge and assumptions.

My clarity about approach within GT emerged as I progressed further with the design, data collection and analysis. I decided to keep making my knowledge explicit in my memos and journalling, rather than returning to do a full literature review at this later stage. I had found taking the more classical route to look at the literature surrounding my study useful, as it provided me with an orientation for my research, rather than filling me with content. I found an opening in my own thinking that prepared me for meeting participants and being deeply curious about their experiences, without being full of my own thoughts and theories. I did experience it as creating space in my mind for theory to emerge, less a form of bracketing and more a clearing of space on a metaphorical research table. This meant I could track my own preferences in terms of theories through journalling as a way of knowing what is 'on the table', but also keep creating space on the table for participants' voices, codes and categories. The straddling of classical and constructivist in this way challenged me to stay actively reflexive.

Research questions and interview techniques: I considered the need for clarity as a relatively novice research interviewer and developed a set of research questions that served as a prompt in the dialogues with participants. This helped me to have a core framework from which I could watch any risk of forcing the data by steering participants down routes I might identify as important, whilst aiming for the framework to be loose enough that it did not itself steer participants. The challenge was in navigating the tension between wanting to maximise seeking the best data possible without forcing or steering it.

Research product: Constructivist GT has been critiqued as potentially downgrading and eroding the GT goal of conceptual theory (Glaser & Holton, 2004). The

constructivist frame with the inclusion of researcher as a source of data, as well as a collector and analyst, leads to a shift in the meaning attributed to the theory that is generated. There is debate about the kind of knowledge that is produced. Hallberg (2006) argues that the GT is sometimes presented as a hypothesis to be further tested (Glaser, 1978), in the form of narratives (Strauss & Corbin, 1990) or even through stories that identify categories and relationships (Charmaz, 2006).

Psychotherapists have diverse and heterogenous perspectives and therefore potentially different constructions of realities. The main focus of the study was to "make meaning" of their experiences of asking for help, the constructivist approach is suited because it requires the creation of a sense of reciprocity in the process of interaction between participants and the researcher when co-constructing meaning. The constructivist approach also requires the establishment of relationships with participants that explicates power imbalances and attempts to modify these imbalances (Van Maanen, 1991). From my epistemological base I could not exclude myself from the frame, but could work to locate, understand and critique myself. My aim was to develop a substantive theory that is grounded in the participants' and researchers' experiences.

3.1.2 Process

The concept of 'process' is often described as a characteristic feature of GT. Some debate exists as to the significance of process in GT and how this concept can be defined. While Glaser (1978) discusses the specific concept of the basic social process at length, he notes that process is a possible, although not necessarily essential, element of GT. Charmaz (2006), however, believes that process is central

to GT and advocates the use of 'gerunds' (the noun form of a verb) to emphasise action in the employ of essential grounded theory methods. Emphasising process during analysis forces you to identify relationships evident in your study area (Charmaz, 2006). The value of adopting process as central to GT is enhanced when we broaden our conception of what we mean by the term itself. Corbin and Strauss define process as an "ongoing action/interaction/emotion taken in response to situations, or problems" (2008, p. 96). Process, therefore, need not be limited to conceptions of time, phases or stages, but can be seen as occurring in all aspects of the natural dynamic nature of life. This seems in line with the fundamental principles of psychotherapy, that attention is always paid to 'process'. Charmaz's emphasis on use of process seems in keeping with psychotherapy's methodology too and hence seems to provide a good fit for purpose from an ontological and epistemological stance.

3.2 Personal reflexivity and limits

"Conducting and writing research are not neutral acts" (Charmaz, 2014, p. 240).

I chose a methodology with which I had an epistemological alignment. I was also interested to learn this way of researching, although I was unprepared for the variation in method and the subsequent challenges that this threw in my path. I found asking for help a challenge in relation to methodological guidance and often felt like I was doing 'cookbook' research during the data analysis phases, with my manual open by my side for months as I learned the experiential way. My academic

consultant offered a steadying hand at times, and helped me find my way from novice to a form of conscious competence.

My skill base and ontological beliefs are based on the efficacy of psychotherapy and rooted in humanistic philosophy. I used my psychotherapeutic knowledge and skills to offer participants an opportunity to reflect on their experiences in a safe situation. The interviews were research interviews, not therapy sessions and I learned to maintain my stance as a researcher, whilst using my psychotherapeutic skills to inquire and listen at depth to "elicit complete, honest, rich or authentic responses" (McLeod, 2001, p. 197). McLeod describes the semi-structured interview conducted in such a way as having the potential to "capture live experiences and provide a knowledge of the other" (McLeod, 2001, p. 3). In addition, as a "wounded healer" (Jung, 1959, p. 254) I used my own experience of struggling to ask for help to bring a different quality of compassion and curiosity. My experience of interviewing and running focus groups from my IPA study also supported my skill set.

Creswell (2007) advises that qualitative researchers should be aware of and attempt to make explicit their philosophical assumptions, paradigms and interpretative frameworks. This reflexivity 'positions' researchers within the framework of their study. My reflexive journalling and writing as a psychotherapist helped me to be rigorous in this and feel confident in my capacity to capture data in this format. My challenge was learning how to order this into a researchable format. The practice of memoing was a useful discipline to develop. As an insider researcher, being constantly reflexive is fundamental. My previous study gave me some experience here. I also used supervision and peer networks to challenge me to be honest to my data and maintain a high degree of transparency.

3.3 Research Design

There were two distinct stages to the research. The first stage was conducting individual interviews with experienced psychotherapists about their experience of asking for help, analysing the data and generating clusters and categories from the analysis. The second stage was to present the data and findings to two focus groups of 6-8 psychotherapists, who had not been involved in the individual interviews. I recorded these and took notes, rather than transcribing, with the aim of integrating the data into the research. The purpose of the second stage was to thicken the data and bring triangulation to the research by testing out the findings with approximately twelve other therapists.

3.3.1. Stage One - Individual Interviews

3.3.1.1 Sampling

I decided to sample a maximum of twelve psychotherapists for individual interviews. This fitted with other GT studies and was suitable for GT analysis as the data illuminates the properties of categories and the relation between the categories. Given my time, skill base and financial constraints, I realised I needed to limit the study to a small sample and ensure it was robust and adhering to the principles in the methodology by providing a sample size that was enough to reach saturation of the data.

Participants were recruited from professional networks across the UK. I wrote, using snowballing sampling, to twenty colleagues from across different modalities of

psychotherapy, outlining my research proposal and asked them to pass on my details to anyone they thought might be interested. Snowballing sampling involves locating a few individuals in my population of interest and asking them to identify other people in the same group (Tenzek, 2017).

This led to eight responses within a few weeks and I organised to interview one person per fortnight. This seemed a good pace to allow digestion in between data collection and set the interview process over a period of six months. I planned to take a short break after eight responses so I could see what the data had produced before recruiting further. A further four participants were recruited from the same networking drive. The data was not pointing towards any need to adjust the sampling. Out of the ten formal interviews I conducted I sampled six women and four men, from different geographical locations in the UK. All were experienced psychotherapists with areas of specialisms of their own, from different modalities within psychotherapy. All were over 40 years of age with a mix of heritages.

It was interesting that some people wrote back to me saying they did not think they would be very good for my research as "they were not very good at asking for help". So, it seems that some people de-selected themselves as potential participants on their assumption that I was seeking people who were 'good at asking for help'. My response to them that I was "interested in their experiences, rather than how good/bad they were at it", did not elicit them coming forward. It gave me a hint that this was an evocative subject and made me curious about who comes forward for research interviews and why. I included this data in my memoing.

3.3.1.2 Questionnaire design

I devised open-ended questions with the intention of allowing the interviewees space, yet keeping a focus on the topic, and being mindful of questions to avoid bias in line with grounded theory principles.

I devised a long list of questions that interested me and then took them to my supervision group. There I was challenged to reduce the number and reminded of the importance of this being a guide to dialogue rather than a question and answer session. This led me to rename it a 'prompt sheet' so the purpose of the questions was clearer. This helped me to think deeply about what information/data I was seeking and how best to elicit it. I then took the revised list of questions to a group of colleagues and they took time to use the questions for their own discussions and reflections. I recorded and reflected on their feedback and used this to reduce my 'prompt sheet' to ten questions (see Fig. 1). The idea of a 'prompt sheet' (Appendix III) is more in keeping with grounded theory methods. After each interview I reflected on them and included my thoughts in memos.

Each participant was sent the questions in advance of the interview to allow transparency. Each participant expressed appreciation of this and that it had started them reflecting. For each participant interviewed, the first question often raised was: 'is it asking for help personally or professionally you are wanting to know about?'

3.3.1.3 Pilot interviews

I organised the first two interviews as pilot experiences. One I knew as a colleague and the second I had not met before. They consented to be interviewed, but not for their data to be included in the study. This allowed me to practice the semi-

structured interview process, assess the usefulness of my questions and build

confidence and maximise the benefit for both parties. It also allowed me to have the

different experiences of interviewing someone unknown, as well as known. I

recorded and reflected on both these interviews and asked for feedback from the

participants. This way I gained familiarity with my process and technique of

recording, opening the dialogue and deepening the purpose of the conversation. I

also adjusted my set of questions. I shortened them and changed the order,

encouraged by feedback from the pilots that it was good to move boldly into the

deeper questions, rather than leave them until later in the interview. I adjusted the

questions about participants' history of asking for help to much higher up the list.

I also gained the confidence and skill to know my questions well, having done these

pilots. So, as I continued to the interviews 'proper' I had the questions inside of me,

and had no need to use the schedule. This helped the conversation to flow better

and for me to remain with the participant. I believe this helped me get richer data

and that my ongoing experience of interviewing kept improving my capacity to do

this. I was encouraged by the positive feedback from both participants about how

they had found the conversation enriching and thought-provoking. I was finding my

feet as a researcher and was excited about my research question.

Prompt Sheet:

1. What has been your experience of wanting or needing help as a therapist?

2. What are your positive and negative fantasies around receiving help?

3. What influences whether and how you ask for help? Who do you go to and how do you choose?

4. Can you tell me something about your personal history of asking for help? Are there similarities / differences between your professional self and personal self when asking for help?

5. What promotes you asking for help? Can you give an example of asking for help and it going well?

6. When do you avoid asking for help? Are there times/people you don't ask? What might get in your way?

7. When has it been hardest to ask for help? What are the circumstances around you asking for help and it not going well?

8. How does your relationship to asking for help influence you as a helper?

9. In relation to asking for help, how does your perception and experience shift from the therapist's chair to the supervisees chair?

10. Regarding asking for help, has your experience changed over time? In what way? Any significant events/people? How has that impacted, or not, your work?

Figure 1. Finalised prompt sheet used to guide interview conversations.

3.3.1.4 Participants

I did not reject any offers received through the snowballing or use any further selection process for the first eight participants. I was pleased that this number comprised of four men and four women from all over the UK. They also represented a range of modalities, from humanistic, relationally psychodynamic, eco-psychology, Jungian and systemic in orientation.

I have been professionally active in the UK for twenty-five years and have been involved in many committees, taught in different institutes and attended many conferences. My professional network is wide and varied. I knew four of the ten participants previously. I decided to accept the known colleagues as they approached me, interested to be interviewed. One participant helped me understand this further when I arrived to interview him. He talked of how he had realised through considering meeting me how burned out he was. On reading the research information I had sent him ahead of meeting he had taken some time off sick and reconnected with his old therapist. He could see how he had felt backed into a corner at work and was not asking for the help he needed. Agreeing to be interviewed was, perhaps, his unconscious wisdom motivating him towards seeking the help he needed.

I did turn down offers from close colleagues. I wanted a range of people wider than my own network. I was also influenced by the experience of my IPA study, where I had interviewed close colleagues and found some aspects of the ethics of this collection of data to be problematic (see 3.3.1.7). Hence, I wanted to build on my learning and interview people with whom I also had no very close or previous connections. I also wanted to learn from people I had not met, from different

perspectives, and so the other six participants were totally unknown to me. Table 2 shows a breakdown of the participants interviewed.

	Gender	Ethnicity	Age	Modality
Individual participants 10	6 women 4 men	6 White British 1 Black British 1 White Jewish 2 White Other	Range 40-62 Mean 54	2 Integrative 2 Systemic 4 Relational 1 Psychodynamic 1 Jungian

Table 2. Breakdown of participant sample.

This mixture of insider and outsider researcher interviews meant my data gathering was rich. With those I knew there was a rapid co-investigation into the research area. I found participants were able to share at a depth with comfort and honestly. I believe this made for good interviews. When meeting people for the first time I could also see an advantage in anonymity. As a stranger to them, with no ongoing relationship, they were able to tell me stories they might not have shared with someone who knew them. This way I believe I captured the best of both aspects of the researcher position.

Other potential participants I turned down were from the same workplace. I decided that to keep my participants from as broad a base as possible was more in keeping with what and how I was seeking to gather my data. I was looking at asking for help across the spectrum, rather than inside one agency or modality.

3.3.1.5 Interviews

 "… to elicit the participant's definitions of terms, situations and events and try to tap his or her assumptions, implicit meanings and tacit rules" (Charmaz, 2006, p. 32).

Each interview was conducted face to face, was approximately 60 minutes long and took place in a confidential space chosen by the participant. Participants were informed that they could stop the interview at any time. All information was sent to participants two weeks ahead of the meeting. The limits of confidentiality were outlined in the information sheet and consent form (Appendix II). All participants signed the consent form at the start of the interview.

I recorded each interview, making them easily accessible for coding, scrutiny and available for validity checks. I used a professional transcriber to transcribe the interviews and each participant received a copy for their verification.

I decided to use a professional transcription service to get good quality verbatim transcripts and maximise my time to immerse myself in both the intensive interviewing process and data analysis. I had organised interviews at fortnightly intervals and in order to be building on those I wanted the transcripts completed in good time for data analysis to proceed.

The critiques of using such a service are firstly that some of the nuances, paraverbals and behavioural observations can be omitted from the transcription. Secondly the researcher misses the opportunity to experience immersion in the data that may occur through the process of doing the transcription.

I decided I would prefer to engage a professional service to do the backbone of the transcribing to get good quality transcripts and then build on these by listening repeatedly and adding in nuances myself to ensure the data was as rich and thick as possible. This way I believe I got the support I needed without losing the immersion necessary for good data collection and analysis.

As I built confidence in using grounded theory I learned it is common to use note taking as a method rather than recording and transcribing. This knowledge led me do my own version of transcribing for the focus groups. I felt confident enough by that stage that my own notes of the groups would be good enough.

3.3.1.6 What is data?

GT makes a distinction between data generation and data collection (Birks & Mills, 2011). When generating data, the researcher is actively involved in the production of material that will be analysed, e.g. interviews, focus groups, field notes or memos. Conversely the researcher has limited influence on the data source in the process of data collection. My aim was to gather rich, substantial and relevant quality data; according to Charmaz, data has to be useful for developing core categories, suitable and sufficient: "The credibility of your study is determined by the relevance, substance, scope and depth of your data" (Charmaz, 2006, p. 9).

At a research conference I attended at Metanoia in June 2017, Georgia Lepper and Tirril Harris suggested a variety of forms of data generation and collection from direct observations, video recordings, interviews and focus groups. They also spoke of textual data both naturally occurring (e.g. newspapers) and those gathered for the purposes of the research. This led me to consider my data collection more widely

and, whilst the structural aspects of the data gathering aimed to be through individual interviews and focus groups, I also began collecting textual data and data from direct observations. These sources were included in memos to show where they came into the research and the impact and influence, they had. I believe this layering of data captures a range of contexts, perspectives and timeframes. It also helped me to consider the value of the data for the purposes of comparison and category development. The use of multiple data sources was exciting and consistent with the principles of GT. The use of reflexivity also lent a transparency to the research process, which contributed to the robustness of the findings (see 3.3.5.4 Reflexivity).

The distinction between collecting and generating did throw up some ethical questions for me regarding the impartiality of the researcher and the limits of researcher influence in data generation. This is rooted in old arguments of objectivity vs subjectivity, and no doubt my own science background held sway. How do I stay true to the data and follow this using theoretical sampling, but not influence/force the research?

Field notes also included observations made from my own psychotherapy practice. As I was completing my Draft Learning Agreement for this study, a new client arrived, presenting with being in professional and personal trouble and had not asked for help. I noticed how my research was organising how I assessed and enquired into his experience and how we worked together. I was also interested to note his struggles and dilemmas and how they fitted with data generated from the first two interviews.

Memoing is fundamental to the development of GT (Lempert, 2007) and came easily using MAXQDA logbook. Every memo was date and time logged and searchable. This really worked for encouraging me to write freely, without worrying how I was going to find/recover my thoughts.

In GT, literature is viewed as data rather than a revered source. I went to the literature when my theoretical sampling directed me. My movement between participant interviews and the literature was directed by the principles of theoretical sampling. I also drew from newspapers, magazines, policy documents, biographies, novels, non-fiction books, personal diaries, journals, logbooks and letters and some non-traditional data sources included visual media, artwork, film and music.

3.3.1.7 Ethics

I have read and abide by the research ethics of Metanoia Institute, the Data Protection Act (1998), UKCP's and the European Association of Transactional Analysis' professional ethics. Ethical approval for this research was agreed via Metanoia Research Ethics Committee (Appendix I).

A primary concern in a study of this kind is the duty of care to participants and mitigating any risks. Participants, if experiencing any distress that felt beyond the containment of the interview, could stop the interview at any time. They could withdraw from the research either verbally or in writing. I was available after the interview or group for them to be in contact if they experienced distress as a result of the research. If distress continued, I would have made arrangements for them to see a supervisor (see Appendices II and V). I used my skills and experience in compassion, empathy, acceptance and curiosity in interviewing and drew on my experience working clinically and discussing ethical practice with supervisees and

trainees. This involved mixing my professional ethics (UKCP) with research ethics (Shaw, 2008).

If there was a pre-existing relationship, I acknowledged this and included it as part of the contracting process. Insider researchers need to have a particular sensitivity to colleagues, and I drew on my learning from my IPA study here. A good research alliance can mitigate against unhelpful power dynamics (Gabriel & Casemore, 2009).

Informed consent to participate was ensured through provision of a Participant information Sheet and Consent Form (Appendix II). Eisner states (1991) that we do not always know what is going to emerge in research and so cannot give completely informed consent. I kept consent as a live process at each stage of the inquiry.

The limits of confidentiality were explained at the outset of each interview (Appendices II and V). Confidentiality was protected in a number of ways. Participants were allocated a pseudonym in order to protect their anonymity. Names of clients, colleagues and places are anonymised. A copy of the transcript was sent so that the participant could either approve the document for analysis or request changes be made. Several participants commented that they had read the transcript and enjoyed revisiting the interview.

One participant commented, reflecting on the transcript, that I had not disclosed my relationship with a supervisor she had talked about in depth, until towards the end of the interview. She wrote, offering "constructive feedback", saying she would have preferred that I had disclosed my relationship with him earlier in the interview. I thought about my reluctance to disclose. My therapeutic stance of neutrality and

confidentiality was a more familiar position, and perhaps this was part of me learning how to take a different, more transparent stance as a researcher. I wondered about the impact for her and whether she had felt exposed in some way and found it hard to trust me and my confidentiality. I responded to her assuring her of my boundaries, stating that my relationship with this person was fairly new to me at the time of interview (I had recently joined a peer group that he is a member of), and sharing my reflections with her of learning to be more transparent as a researcher than as a therapist. I appreciated her feedback and offered for her to stay in contact with me if she wanted to explore this further.

I used a professional transcriber whom I corresponded with by email only. All documents were shared in a password protected way and were only identified by number. She also signed a confidentiality document and was vigilant to delete all material when I had it safely saved. All my data is stored in a combination of lockable units and password protected computers.

3.3.2 Data Analysis

Data collection and analysis happened concurrently. Stage one of the research design seemed simple. As the first set of data came in and the process took hold, I sensed a descent into a rabbit hole and was not sure where or when I might emerge. My desire to do it right was foreground and I had not embarked on a grounded theory study before.

I wanted a reliable and portable data analysis system. I decided to use a data management tool, MAXQDA, to help me collect, organise, analyse and visualise my data, so all my resources would be in one single place.

MAXQDA is a qualitative data analysis software programme that facilitates storing, indexing and retrieving data. A significant advantage was MAXQDA would allow me to develop a clear audit trail for my project. I decided that this would be a good way to track my own experiences, thoughts and biases alongside my analysis of the data, hence creating a form of parallel tracking that could prompt and promote my reflexivity and transparency.

I also considered another commonly used software programme called NVivo. My comparative research on researchgate.net and other user sites suggested they were equitable for the kind of data I would be inputting. I am a Mac user and reports showed poorer compatibility with Mac software. NVivo was also more expensive and I was on a tight budget.

One disadvantage of using MAXQDA was having to learn a new programme at a busy and exciting time in the research. I had my first transcripts to upload and had to learn the software before I could analyse them.

The analytic process proceeded in these stages:
1. Reading and immersion in the transcripts (1-3)
   i) Initial coding
   ii) Focussed coding
   iii) Clustering of the three data sets

iv) Coding for themes/ category identification

2. Concurrent data generation and collection by interviewing three more participants (3-6)

    i) Reading and immersion in transcripts (3-6)

    ii) Initial coding of 3-6, followed by focussed coding and clustering

    iii) Coding for themes/ category identification (1-6)

3. Concurrent data generation and collection by interviewing 3 more participants (7-9)

    i) Reading and immersion in transcripts (7-9)

    ii) Initial coding of 7-9, followed by focussed coding and clustering

    iii) Coding for themes/category identification (1-9)

4. Concurrent data generation and collection by interviewing 1 more participant (10)

    i) Reading and immersion in transcript (10)

    ii) Initial coding of 10, followed by focussed coding and clustering

    iii) Coding for themes/category identification (1-10)

5. Across all data sets

    i) Reflections of the researcher and theoretical sampling and sensitivity

    ii) Intermediate coding/selecting core categories/ identifying core category

    iii) Checking for data saturation and theoretical saturation

Birks and Mills (2011) suggest inventing the use of definitional statements for making codes and categories clear. They also write an encouraging statement that helped me trust in the method and take the first steps: "Any concept that is relevant will persist, and any that is not will eventually self-extinguish" (2011, p. 184). This faith and experience supported me going forward.

3.3.2.1 Reading and immersion in the transcripts

The transcripts were read several times, alongside listening to the recording. This enabled me to check their accuracy, make corrections and add details about tone, paraverbals and emphasis that are not conveyed by a blank transcription. This re-entry into the original interview also allowed me to sink into the data and begin to listen to the nuances, the impacts on me and also reflect on the strengths and weaknesses of my interviewing. I could see how my inquiries could be improved to invite a sharper focus on the unit of analysis.

An extract from my memoing about this early process reads:

"I wonder, as I am coding the first interview, whether I have spoken too much and need to ask more questions and leave more space for the participant? Have I asked enough about asking for help, what is it like, how does it feel? how does it feel when it goes well/badly? I think these are improvements I can make in my next interviews" (Memo, 16.12.17).

3.3.2.2 Coding

I drew on Birks and Mills (2011) advice that states there are two rules in GT data analysis. Firstly, that everything is a concept. Holloway (2008) defines a concept as "a descriptive or explanatory idea, its meaning embedded in a word, label or symbol" (p. 43). Secondly, that data analysis needs to proceed in relation to the research question, aims and unit of analysis planned for in the research design. I kept my research question foreground as I coded.

I understood codes as a form of shorthand that researchers repeatedly use to identify conceptual reoccurrences and similarities in the patterns of participants'

experiences. Groups of codes representing a higher-level concept form a category. Quite often the label assigned to a code is elevated to become the name of a category because it has inherent conceptual grab (Glaser & Strauss, 1967) for the researcher.

Chamaz (2006) argues for the use of gerunds (verbs used as nouns that always finish with 'ing') when coding as a way to identify processes in the data as well as focussing on the participants' experience as a source of conceptual analysis. I decided to use gerunds in my initial coding to understand the processes involved in asking for help. I found this clear direction and structuring useful. I also used *in vivo* codes when important words, or groups of words stood out (Holloway, 2008).

3.3.2.3 Initial Coding

The purpose of initial coding in GT is to fracture the data (Glaser & Strauss, 1967) so as to compare incident with incident, name apparent phenomena or beginning patterns and begin the process of comparison between codes applied: "With initial coding the researcher moves swiftly to open up the data by identifying conceptual possibilities" (Birks, Chapman, & Francis, 2008, p. 95).

Glaser (1978) poses three questions to be asked of the data, with Charmaz (2006, p. 47) adding a fourth:

1. What is this data a study of?
2. What category does this incident indicate?
3. What is actually happening in the data?
4. From whose point of view?

First, data were examined line by line, using the MAXQDA programme, to capture a descriptive picture of each participant and start developing an understanding of the experience of asking for help. The aim was to identify important words, or groups of words, in the data and then label them accordingly.

Charmaz (2014) recommends that the initial coding phase remains true to the data but also supports setting up interpretational codes which are part of including and accounting the researcher's knowledge, skills and intuitions.

In the first transcript, approximately 119 initial codes were generated. In the second, 132 codes and the third, 147 codes. I did not know at this point whether this difference was because I was improving with time, perhaps speaking less in later interviews and therefore generating more data. I wondered whether I was making more links by building on previous codes, or whether I had not been so thorough in the first transcript. I reflected on this when I returned to the first transcript to do the focus coding and found there were some further codes I might have identified but these had subsequently been coded in the next two transcripts. I started to gain confidence in the method.

3.3.2.4 Focussed coding

I found it challenging to move from initial coding to focussed coding in the first transcript. I decided to re-read and re-listen to it and write a focussed story/report, as if to the participant, drawing on as many of their key words and phrases, focussing on the unit of analysis, the experience of needing and wanting help. I used this story writing for each participant, to help me get inside their experience. I wrote these stories in the first person as I found this the most potent way and useful to

develop the focussed codes. 119 initial codes were condensed into 21 focussed codes in this process for the first transcript. I made a conscious effort to retain participants' words, but also felt free to make interpretative codes to capture what was being expressed (for example, 'Leaking rather than speaking' and 'Beware the calm sea'). This was interesting as I could begin to see and memo about theoretical influences creeping in. 'Leaking' was a term used by Margot Sunderland in a neuroscience workshop I had attended over a decade previously and had stayed with me as a good expression of how the unconscious can 'leak' out in dreams, parapraxis, symptoms etc. I had made a link between how this participant was describing her early tears, crying helplessly for her parents and increasing the volume and the sense of her describing her needs leaking out, but she was not able to ask for comfort directly. Hence the code 'Leaking rather than speaking' to capture the wetness, passivity and felt powerlessness of the experience.

Initially, I anticipated that focussed coding would result in a linear narrowing down of the initial codes. However, the process of focussing 'in' resulted in making key lateral connections. Charmaz (1995) warns against seeing focussed coding as being linear, since "some respondents or events will make explicit what was implicit in earlier statements of events" (p.38).

3.3.2.5 Concurrent data generation, collection and analysis

Fundamental to a GT research design is the process of concurrent data generation, collection and analysis. I generated data with an initially purposive sample through interviews at fortnightly intervals. This allowed me to code and analyse data after each interview, before more data was collected. This is congruent with the principle of theoretical sampling, to allow enough time between each data collection to

consider the meaning of that data and consider the analysis and what direction might be suggested. However, it also challenged me to let go of control of booking in my participants. The security of knowing how I would be undertaking my data collection, when and with whom was reassuring as a beginner on a tight budget and time frame. However, the method challenged me to let go of such forcing and to begin to allow the data to dictate the direction of the project.

When three transcripts were completed and three sets of focus codes had been generated, I then compared and collated these codes as a way of managing data. I did this again when 6 had been done, and then when 9 had been completed. I used MAXQDA mapping for this to create a visual display of codes and begin to make links between common/similar codes and different codes. This laddering of the data analysis helped to build the categories and clusters and allowed the tenth data set to see that saturation had been reached as no new codes were generated. At each stage the focus codes and mapping were shared with a peer researcher for reviewing, transparency and validity checking.

3.3.2.6 Writing memos

Clarke refers to memos as "intellectual capital in the bank" (2005, p. 85). I used memos as written records of my thinking during the process of undertaking the study. I used Birks and Mills' (2011) mnemonic to guide me in the process:

Mapping research activities

Extracting meaning from the data

Maintaining momentum

Opening communication

I wrote memos in the form of journals from the beginning of the doctorate (Fig. 2 for sample). Writing was a daily activity throughout to capture my thoughts, feelings, insights and ideas. MAXQDA supported a range of memoing. Line-by-line memos could be captured as could coding memos, and also a logbook that ran alongside allowing constant memoing. The software enabled the timeline of memos to be accurate and this enhanced the transparency of the development of thinking from the very beginning of data analysis to completion.

The first three transcripts took a long time. My learning curve is steep with a new methodology. I read several books on GT and felt like I was learning to cook again, with recipe books in front of me and my ingredients (data) around me. I was slow and unsure. Taking the first three sets of data analyses to my consultant was reassuring. I needed to know if I was doing it right! I was affirmed, not quite in the way I was wanting, but supported to be clear about what and how I was doing the analysis. This helped with my confidence to continue. He also added a useful idea: as I begin to ladder my first three interviews/data, I take care not to condense too much, to keep what is distinctive in each data set, as well as the overlaps. This was timely advice and helped me to see the differences as well as the similarities and to value those distinctions rather than diminish them.

What an intricate process - listening and reading the transcripts, then fracturing the data into initial codes, then reforming the data into a story; then fracturing the data into focus codes, then re-forming the data into coherent stories about each code to ensure the data really represented what the code said. This reminded me of starting to work with clay - it needs breaking up and working to ensure it has strength of structure that will withstand the high heats of the kiln, the tests of whether this will last, stand up, survive.

An example of this was during the analysis of P3. I had started with some focus codes of Cracking open/Finding a new family/Developing trusting relationships and Learning a new language as four of 19 focus codes. In re-searching these data sets I explored their difference as they seemed to be closely related. I had to ask what was unique about each code and why. I revisited each piece of data I had included in each data set. I read it aloud to a critical friend, asking for their associations, questions, sense of congruence. In dialogue with them I became clear that they did deserve four codes and what the unique characteristics of each code was. I also renamed each code to get closer to the data set. It was helpful to get more insight into how these codes also worked together and I began to really feel the power of GT for the first time. I could see and feel how the data was starting to push me/organise me (as the texts suggested). I felt a mixture of understanding, relief and excitement. I had a true sense of those wheels turning. The data was telling me what to do with it, to seek the connection between these data sets and how the literature might add here. Methodology in action!

Figure 2. Example of memo extracted from MAXQDA logbook - 20.3.18

3.3.2.7 Theoretical sampling and sensitivity

This is the value of the method to keep close to the participant experience to answer the research question. It is so easy to insert and impose your own frames, often without awareness. Returning to the data in a committed and relentless way kept me in check. Having a strong sense of being true to my data and participants I then felt freer to add interpretation and add literature to the data.

I used theoretical sampling to focus and feed my constant comparative analysis of my data. During this iterative process it became apparent that more information was needed to saturate categories under development. The GT literature suggests this often occurs when you want to find out more about the properties of a category, conditions that a particular category may exist under, the dimensions of a category or the relationship between categories (Strauss & Corbin, 1998). To sample theoretically I had to make strategic decisions about what, or who would provide the most information-rich source of data to meet my analytic needs. Memoing was vital here to map out possible sources and create an audit trail of the decision-making process for later use.

A researcher's level of theoretical sensitivity is deeply personal and secondly reflects their intellectual history (Glaser and Strauss,1967). As I immersed myself in the data, my level of theoretical sensitivity to analytical possibilities increased. I frequently wrote about my conundrum between theoretical sensitivity and forcing the data. I kept memoing to provide transparency and clarity, so this really was a grounded theory study.

Birks and Mills define theoretical sensitivity as "the ability to recognise and extract from the data elements that have relevance for your emerging theory" (2011, p. 59). My experience of this aspect of the research was to continue to read and write about my links between codes and theory. I also asked myself the question "where do I go to find out if the concerns of therapists are the same concerns experienced by other helping professionals?" I started researching the concerns of medics as the profession is starting to be more open about the challenges to individuals and the expectation of being experts. I could see there were similarities between the concerns of my participants and other helping professionals. I decided to include this literature in my theoretical sampling as it was useful and immediately relevant to my coding, but also, I had to stay focussed on my research question and hold the potential for expanding it as a post-doctoral possibility.

3.3.2.8 Constant comparative analysis

In GT research, constant comparative analysis is always used to collect, code and analyse data. This involved the constant comparison of incident to incident, incident to codes, codes to codes, codes to categories, and categories to categories.

Induction of theory was achieved through successive comparative analyses. Abductive reasoning occurred through all stages of analysis, but particularly so in constant comparative analysis of categories to categories, leading to theoretical integration.

I used the constant comparison method to code transcripts (P1-3) and reviewed the focus codes. As I coded, I developed memos about the concepts and patterns emerging in the data.

I am developing the following ideas:

1. The core concern for the participants was that asking for help was a vulnerable making process.

2. A basic problem was the therapist's early relational patterns were a significant feature of their expectations and in asking for help.

3. A relationship of trust was required to build new patterns of being able to ask for help in therapy and supervision

Clearly there were some strong patterns emerging in the participants' main concern (being vulnerable) and their process for resolving it (building trusting relationships, resolving past patterns).

Figure 3. Extract from Memo in MAXQDA Logbook - Date 4.4.18

The final outcome of this constant comparative process was a grounded theory - a theory that emerged from the data. Glaser, (2001) argues it must be a theory that fits, works with and is relevant in the explanation of how a main concern is continually resolved. It was only through deep dwelling in this practice that I came to understand the complexity of it and what it really meant. This was an intense immersion, clarifying, frustrating and I found it deeply rewarding.

3.3.2.9 Moving from description to conceptualisation - identifying clusters and a core category

This is the second major stage of data analysis following on from initial coding and is what distinguishes GT from other qualitative data analysis methods (Glaser, 2004).

I developed fully individual categories by connecting sub-categories, and fully developing the range of properties and their dimensions; and secondly, linked categories together. "Initial coding is often said to fracture the data, whereas intermediate coding reconnects the data in ways that are conceptually much more abstract than would be produced by thematic analysis" (Birks & Mills, 2011, p.12).

An aspect of GT that inspired me to use this methodology was conceptualisation.

> "The two most important properties of conceptualisation for [grounded theory] are that concepts are abstract of time, place and people and that concepts have enduring grab, which appeal can literally go on forever as an applied way of seeing events" (Glaser, 2001, p. 10).

I saw strong potential links between therapists and other helping professionals and people in general. I sought to find a conceptualisation of asking for help that could articulate it as a core concept in society. I realised the grandiosity of my ambition, and also knew it was the focus of a personal search.

If my goal were to describe participants' concerns, I would analyse the incidents (codes from the transcripts), separate the incidents into categories and thematically describe them as codes or patterns. However, my aim is not to describe (and this is perhaps where my novice mistake was in my research question - "what is your

experience of" is a more descriptive inviting question). I used this type of qualitative analysis in my PEP.

At this point I was struggling. I had completed 10 interviews and analysed and coded 5. I had also attempted a comparative analysis with 1-3. I could not see the way forward. I was describing experiences and could not understand how to begin to compare and contrast them to form categories. I had a felt sense of categories emerging but was lost in terms of my methodology. By accident, I met a researcher on a flight to Edinburgh and our conversation helped me to reconnect with my research methodology. She sent me a paper by Glaser (2004) which helped me to re-focus and re-think my methodology. I found his writing clear and his critique thought provoking. I was trying to run before I could walk (not for the first time!).

I realised I had been stuck in what Glaser calls "descriptive capture" - the lure of traditional descriptive methods (1978; 1998; 2001). I started to really understand the power of GT to do more than describe, but to lift the data into conceptualisation. Description is powerful and contributes much to our understanding for what it is to be human and a sense of our shared humanity. I could describe how 10 therapists found needing and asking for help and that might speak to other therapists.

Conceptualisation meant I was to mine the data to its fuller potential. The participants had risked their stories openly and honestly and I thought that these stories had the potential for a broader relevance. Conceptualisation would allow a theory to emerge - a theory with potential, limited only by my ability to stay grounded in the data and accurately conceptualise from the participants' words.

Charmaz (2014, p. 190) suggests that as you raise a code to a category you should write narrative statements in memos that:

- Define the category

- Explicate its properties

- Specify conditions under which the category arises, is maintained and changes

- Describe its consequences

- Show how it relates to the other categories.

This was a stretch for me to really raise my codes to a conceptual level. Charmaz's advice (2014) is to keep coding for actions and beware of getting stuck in descriptive coding. Her perspective helped me to keep thinking about codes, rather than re-describe them. I also found Glaser's challenge to make a theory resolving the participants' main concern:

> "[Grounded theory] boils down to generating a theory of continually resolving the main concern, which explains most of the behaviour in an area of interest … The main concern is not the voice of the participants. It is a conceptualisation of it based on a theoretical coding and conceptual saturation of interchangeable indices. It is a perspective and conceptualisation of their voice loud and clear in many indicators." (Glaser, 2001, p. 102)

Whilst focussing on a main concern can be problematic (for instance, whose concerns?), it was a question which kept inviting me to think above my immediate data.

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Brene Brown used a set of questions she asked herself during her GT data analysis (Brown, 2002, p. 39):

- What is really going on with the participants?

- What do they care about?

- What are they worried about?

- What is the feeling they're talking about?

- What are the participants trying to do?

- What explains all of these different behaviours and actions?

These questions guided me through another constant comparative process. I flip-charted the answers to cross fertilise between participants. I set myself the challenge to understand:

- What is the most important condition for participants in asking for help?

- What is the primary threat to asking for help?

I raised descriptive (summaries of relevant data, cross comparing them) and conceptual memos (where I played with ideas, links, asked questions). I found diagramming helpful too, and used cluster diagrams through MAXQDA software to play with visual representations of codes and links between them. It meant nothing was set, and I could experiment with links, reflect on why I had made such links and how they had formed in my mind. This led to more memoing and reflexive deepening of my subjective influences.

This movement between coding, memoing, asking questions from different angles, creating categories and diagramming helped me to bridge the gap between coding and conceptual development.

I found this an exciting stage of the analysis as I began to find clarity in and between codes, developed categories and had a sense of clusters starting to form. Categories started to become theoretically saturated when new data analysis returned codes that only fitted in existing categories and the categories were sufficiently explained in terms of their properties and the dimensions. I reached data saturation at interview ten when I found no new codes were generated.

I used the visual software on MAXQDA to continue to clarify the main concerns of participants in asking for help and theoretical integration with the data from participants. From here I generated a proto-model, Hide and Seek (version 1) from the clusters and categories. I wrote a short summative paper (Appendix VI) to take forward to Stage Two, the focus groups.

3.3.3 Stage Two - Focus Groups

I had planned two focus groups into my research design. The intention was to use these for category development and to test my theory and model with different participants to those previously interviewed.

I organised both focus groups, lasting between 70-90 minutes, recruiting participants from my wider network (Table 2). I approached two mixed supervision groups of senior members to ask if they would be prepared to be focus groups for me. They were all experienced psychotherapists from a range of modalities. I knew all the participants involved. The advantage of this was there was a level of familiarity and trust between myself and between members, as they knew each other. These were

sets of colleagues who would dig into my research. The disadvantage was they

might adapt to me in some way or be less open, although I trusted their rigour and

professional integrity to be robust with me. The other dynamic was the unknown of

the group dynamic which might have impacted how they were with me. I thought

that the group dynamic would be a feature of any focus group and I would include

this awareness in my writing.

	Gender	Ethnicity	Age	Modality
Focus Group 1 8	8 women	7 White British 1 Black Asian	Range 50-65 Mean 57	2 Integrative 2 Transactional Analysis 2 Person Centred 2 Relational
Focus Group 2 5	1 woman 4 men	4 White British 1 White Other	All 70 + Mean 72	2 Integrative 1 Gestalt 1 Transactional Analysis 1 Relational

Table 3. Breakdown of membership of Focus Groups.

3.3.3.1 Focus Group 1

Eight participants were sent the outline of the research ahead of meeting and

consent and confidentiality were addressed through the forms in Appendix V.

I did not send them the model before meeting. I facilitated by opening the group,

outlining the research very briefly and the model, clusters and categories and then

listened, asked questions of the group and answered theirs. I asked the group to

discuss the model, where it made sense of their experiences of asking for help and

where it differed. The group was recorded, and I took detailed notes, rather than

transcribing; a more common method in GT (Appendix VIII).

I then returned to my theory and model with this focus group feedback. I re-looked at data sets and adjusted categories and clarified areas that were unclear following the groups. I made several significant changes through this process and I learned a lot by talking the model through with people and answering and asking questions. I both adjusted the model and gained confidence in its usefulness. I will describe this process in more detail under Findings.

3.3.3.2 Another group opportunity

I also had the opportunity to teach a Master's research module at Metanoia and took my findings to this group too. This gave me an opportunity to get feedback from a different group whom I did not know, and also to explore the application of this model to trainee psychotherapists. I did not record this group as I did not have a formal contract for using their words and wanted to stay mindful of the contract for their learning. However, I invited voluntary written feedback from them by giving them a copy of the model and inviting them to write on it: impressions, thoughts, objections, differences, anything that they wanted and return it to me anonymously. They agreed I could include my experience from the module in my data analysis. I wrote notes and collated their feedback (Appendix IX).

3.3.3.3 Focus Group 2

After the two previous experiences I had enough confidence to adjust the model (Appendix VII) and send it to participants in this group ahead of meeting, along with the information and consent forms (Appendix V).

This group was also recorded and written up for reflection (Appendix X).

These groups made a significant contribution to my crystallisation of the model and core category.

3.3.4 Participant Feedback

I wrote to all participants (Appendix XI) with the summary paper (Appendix VII) inviting feedback. Nine out of ten participants responded, and I collated their replies (Appendix XII). The participant who did not respond had been hospitalised with a serious illness and is still in hospital as I write.

3.3.5 Measures of quality

As a relative newcomer to research, undertaking a GT study was a first and I was reassured by Stern (2007) who said she did not truly understand GT until she had been through the process of producing one herself. I had limited research experience when I embarked on this study, however I did possess experiential knowledge, skills in talking with people, thinking, reflexivity, writing, accessing resources and the ability to manage a project.

I am located in a constructivist/interpretivist paradigm ontologically and see quality in research from this perspective. Measures of 'validity' are more within a postpositivist paradigm and as this is a constructivist grounded theory study I will refer to a range of criteria by Findlay and Evans (2009) who suggest relational research should be

evaluated in terms of its rigour, relevance, resonance and the extent that reflexivity is demonstrated.

3.3.5.1 Rigour

This research and the subsequent finding are based on a systematic grounded theory methodology. The data included in this thesis include the coding and category development in the Appendix so the researcher's interpretations are transparent. The voices of participants are included in the Findings section to illustrate the categories constructed.

Data gathering: The collection of phenomenological data depends on the ability and willingness of the participants to disclose faithfully their experience. The relationship between the sensitivity of the research question and the degree of censorship is unknown. However, participants were sent information, including the list of questions, before the interviews in order to maximise their opportunity to think into the matter and have time to reflect. Most participants reported doing this and finding the questions thought-provoking.

Four of the participants were acquaintances and the initial level of trust between researcher and participant may have been higher than between strangers. This may have made it easier for these participants to disclose personally and potentially professionally threatening material. The interviews with participants who were acquaintances were detailed and the levels of vulnerability expressed was high.

Multiple sources of data were used: transcripts of interviews; memos created as the coding process progressed; research journal; supervision notes; focus group notes.

I used a systematic methodology outlined by Charmaz (2014) to ensure the category system is robust, clearly defined and demarcated. I have provided key texts in Appendix IV to make codes and category development transparent, showing my degree of thoroughness and comprehensiveness.

Involving others: I had regular meetings with a peer who was willing to be a co-researcher. They reviewed my data analysis and, where there was difference, we discussed and explored the data and hermeneutics involved until understanding and agreement was shared. This process of consensus provided an opportunity for understandings of the complex nature of the data and demonstrates that researchers with unique perspectives share an interpretation of the data (Hill *et al*., 2005). I also had regular meetings with my academic consultant, supervisor to discuss research progress, codes, themes and category and model construction.

Quality in this research could have been enhanced by further triangulation (Denzin, 1970; Seale, 1999) in which several different evaluators, or a study group, were used to analyse the data.

The focus groups were designed to enhance quality by exposing the findings to peers for robust evaluation. The data from this enhanced the overall model development.

Participant checking: At the end of each interview I invited them to add anything they felt they had not covered or might have wanted to say but had not had the opportunity. A few participants took this opportunity to add more data at this point.

Participants were sent a copy of the transcript and a draft version of the findings and invited to respond with their feedback. I recognise this is an area where I might have enhanced the quality of feedback if I had spoken with each of them personally, rather than leaving this feedback to an email trail. I did invite participants to have a call with me if they wished but none of them took this option. They all responded (bar the one who was in hospital) which was a good response rate. The responses were short but thoughtful, showing their engagement and corroboration of the model.

3.3.5.2 Relevance

This study adds to the body of literature on psychotherapist's experience of asking for help, as well as professional helpers and supervisors.

Participants were asked about the experience of being interviewed and each reported the interview as relevant for them and how they felt impacted. Many said it had made them think more deeply about their own relationship to asking for help and two reported realising they "weren't very good at it" (Don and Molly). James returned to therapy after using the interview process to account for a high level of burnout. Wilma started talking with her supervisees about asking for help and reported how it had enhanced her practice as a therapist and supervisor.

The feedback from teaching this study and its findings to multiple audiences of trainees, psychotherapists, professional helpers, supervisors, educators and coaches has demonstrated it has a high relevance to the profession.

3.3.5.3 Resonance

The model provides a visual representation that resonated quickly with participants, focus groups and subsequent workshop and keynote audiences. One research participant wrote in their feedback on the draft model: "I *think it's brilliant! I could recognise myself clearly in the different categories and subcategories. I love the clarity, simplicity (in the most positive sense of the word) formula you got to and how it contains rather than compromises the complexity of asking/needing help*" (personal communication, February 2019).

3.3.5.4 Reflexivity

I kept a detailed research journal, which documented my personal reactions to participant's stories, as well as other thoughts about possible analytic themes and the general progress of the study. I also kept an audit trail, using MAXQDA, of chronological narrative entries of research activities, including beginning conceptualisations, entry into the study, interviews, transcriptions and story writing, initial coding efforts, analytic activities and the evolution of and construction of the categories and model.

I believe I have owned my own perspectives (Elliott *et al.*, 1999) through disclosing my personal, theoretical and methodological orientations, values and assumptions throughout this thesis.

Phenomenologists have coined the term "bracketing" to describe the process of becoming aware of one's implicit assumptions and predispositions and setting them aside to avoid having them unduly influence the research (Husserl, 1931). Rennie (2004) defined reflexivity as "self-awareness and agency within that self-awareness"

(p.183). My commitment to journalling throughout the doctoral programme meant I had a way of tracking myself from before I even identified my research question. This is a daily practice where I record my assumptions, reactions, experiences, imaginative play and prejudices. In the beginning of the study, whilst I was following classical GT guidance about delaying the in-depth literature review I recorded my collected ideas in both my journal and on flipcharts. I also spoke about these with my colleagues and supervisors. It was as though I put my ideas into these spaces and relationships to then immerse myself in the new literature on help-seeking. My learning curve was so steep at this stage and as I moved into interviewing my mind was preoccupied with the novelty of the methodology rather than the outcome.

As an insider researcher I moved between developing good rapport with and also took the stance of naïve enquirer and worked to learn from each participant.

It was with the data analysis I found my need to journal closely alongside the coding and kept an audit trail, using MAXQDA. I was also becoming more confident in joining up my ontological stance with this methodology and rooting myself more clearly in Charmaz' version of GT. This helped me, along with a workshop I attended at Metanoia, to see that all data is data, that my memos, journalling and interpretations of participants' word were all data. This expanded both my research mind and the amount of data collected. This is where the software was invaluable for being able to search for words and find associations I had made with codes previously and I also make my theoretical associations explicit with each code as I constructed categories. As I built trust in the methodology I began to examine and embrace my own subjectivity and emerging self-understandings as relevant data.

The ethics of authenticity and the principles of GT were like lighthouses, keeping me from the rocks of the "crisis of representation" (Denzin & Lincoln, 2000), privileging my own perspectives. I wanted participant voices to be grounded in any theory I constructed. Questions like "whose perceptions are really being described in the findings?" (Morrow, 2005, p.254) challenged me, as well as long debates with my co-researcher. My academic consultant modelled how to keep a keen eye on integrity and research ethics. I recorded my sessions with him and found myself often journalling hard after our meetings to explicate my thoughts, learning and assumptions that he has helped me unearth.

It was this iterative process that helped me uncover my own researcher bias and account for them within the analysis and model development. An example of this was during a meeting with my co-researcher he challenged me about my use of passive language in describing participants' experiences. I realised that I held some unconscious bias as to where I was looking and tended to be more focussed on the difficulty of asking for help rather than the ease or agency in participants words. We discussed how I might be looking at the data through this lens and this challenged me to go back and look for the activity in asking for help in the data sets. This was a pivotal uncovering for both the analysis and model development.

My limitation with reflexivity was less in my capacity to capture my own data but knowing what to do with it. I believe this is part of the doctoral learning curve. However, I also think that this was an area where I did not seek enough help. On reflection I believe that I should have looked for more methodological guidance from the grounded theory community.

3.3.6 Conclusion

Using GT as the core methodology, I interviewed ten experienced psychotherapists about their experiences of needing and asking for help. I subsequently analysed the data and integrated theoretical sampling into my data analysis. This led me to formulate a model about the experience of asking for help. I invited feedback from participants and took the model to two focus groups. I used this further data to adjust and improve the model, leading to version 3 (Appendix XIII).

4.0 Findings

4.1 Introduction

In total, twelve psychotherapists were interviewed for this research, enquiring into their experiences of needing and asking for help. Two pilot interviews were used to help clarify my questions, practice my interviews skills and get feedback. The subsequent ten interviews were transcribed, and I analysed the data, using MAXQDA software and GT (Charmaz, 2006) as my methodology.

In this chapter I report on my findings. Overall, I identified three clusters and a core category to describe the phenomenology of asking for help. I will describe each cluster in detail and its explicated categories and subcategories. I then describe and explain the core category that has arisen from this GT analysis. I conclude with an emergent model of the phenomenology of asking for help that is a product of this research.

I also include some commentary on the process of the analysis, with my reflections and learning.

4.2 Grounded theory and terminology

I have used the terms of Initial coding and Focus coding, as described by Charmaz (2014), to describe the work of initially coding the transcripts quickly and intuitively and then producing a more focussed layer of coding after that. This led to the

transcripts being divided into singular units of text containing one meaning. I use the term *meaning units* (MUs) (Giorgi, 2009) to describe these texts in relation to the research question. These meaning units then underwent constant comparison, in which every unit was compared to every other unit and were subsequently organised into focus codes based on similar meanings. The number of meaning units were recorded and related to each focus code. This method was applied to each interview, leading to a collection of focus codes for each interview.

I then undertook a process of laddering. After three interviews all the Focus codes were analysed together. Where there was similarity and a clarity of definition, properties for each code were explicated. Understanding of common meanings emerged, as well as differences, and this informed future interviews. The research question was in my mind throughout and I looked to the data to address the question. I found this a really helpful way to stay focussed on getting the most out of the data.

This laddering process was repeated after three more interviews and analysed into focus codes with linked meaning units. Mapping, using MAXQDA software, was useful to visualise and make constant comparisons between meaning units, codes and memos. This led to the formation of early clustering and forming categories. These categories were analysed and, based on commonalities, were organised into higher order categories. This process was repeated with the next three interviews. At this stage I believed data saturation was reached and I conducted one more interview and analysed the data to confirm that the "incoming interview data no longer added new categories to the hierarchy" (Levitt & Piazza-Bonin, 2016, p. 36) so saturation was reached at interview 10.

The terms 'cluster', 'category' and 'subcategory' are used by Levitt & Piazza-Bonin (2016) and other GT researchers. I found them helpful to clarify the level of hierarchy being discussed. Cluster names are capitalised, and category and subcategory names are italicised in the text, to make clear when they are being referenced.

Each category and subcategory was examined in detail. I used a checklist (see Fig. 4) to make clear distinctions between categories, help me clarify the emergent theory and keep reflecting on limitations and further questions. I stayed immersed in the words of participants to ensure that all categories were grounded in the data. I used the mapping program on MAXQDA as well as flipchart work to explicate properties and dive into the detail.

Checklist - *Categories from Codes*

1. Define the category
2. Explicate its properties
3. Specify conditions under which the category arises, is maintained and changes
4. Describe its consequences
5. Show how this category relates to other categories.

Figure 4. Checklist used to clarify categories from codes (Charmaz, 2014, p. 190)

4.3 Overview of findings

The hierarchy was composed of four levels of categories. At the apex of the hierarchy is the core category, which encompassed three clusters that, in turn, contained 8 categories, which, in total, contained 12 subcategories. Table 4 gives an overall summary of the hierarchy so that the reader can have an overview.

Table 4: Summary of Clusters, Categories and Subcategories. (number of MUs that contributed)		
Clusters	**Categories**	**Subcategories**
Cluster 1: HIDING Asking for help directly is interrupted due to a history of experiencing shame in relation to needing help, perpetuated through family and/or cultural messages and creating self-protective mechanisms to best manage the tension of having needs and staying attached. (318)	**1.1: Learning to hide needs** Early experiences of being shamed, inhibited or interrupted in seeking help leading to conscious and unconscious learning to hide needs and limit help-seeking. (73)	
	1.2: Camouflage Adaptive strategies of managing needing or finding help without asking for it. (144)	**1.2.1: Retreat** Manage needs by withdrawing into self and away from others. (51)

		1.2.2: Recruit Manage needs by recruiting others to get active on behalf of individual. (51)
		1.2.3: Rebel Manage needs by pushing against help and carving own way. (42)
	1.3: Becoming a professional helper Identifying with the role of helping in order to focus on others' needs and hide own. The outer display of 'expert' to obscure internal vulnerabilities. (101)	
Cluster 2: SEEKING Asking for help is a mixture of leaning in to know what you need and reaching out to seek help from others. (272)	**2.1: Leaning in** A positive, virtuous cycle of internally focussed curiosity. Investigating own patterns of needing help, decoding defences, learning and deepening self-care. (106)	**2.1.1: Investigating** Exploring awareness, significance and meaning of potential clues to detecting vulnerability. It is the HOW of *Leaning In.* (12)
		2.1.2: Learning Decoding defences, understanding and

		assimilating the results of investigating. It is the PURPOSE/WHY of *Leaning in.* (32)
		2.1.3: Deepening self-care Integrating learning to deepen self-care and compassion. It is the POSITIVE OUTCOME of *Leaning in.* (62)
	2.2: Reaching out A positive, virtuous cycle of seeking help from external sources. Seeking collaboration with others, surrendering to vulnerability and deepening trust in relationship. (166)	**2.2.1: Seeking collaboration** Seeking others with whom to form strong collegial bonds. (35)
		2.2.2: Surrendering to vulnerability Taking emotional risks with others to ask for help. This is the phenomenology of asking for help. (53)

		2.2.3: Deepening trust in others Building relationships of sufficient strength to withstand challenges. This is the outcome of asking for help and deepening trust with another. (78)
Cluster 3: MANAGING VULNERABILITY Balancing the tension and movement between interrupting needing or asking for help and actively seeking help in order to manage vulnerability, safety and risk. (226)	**3.1: Emergent struggle** Crucial tipping point of catching ambivalence, navigating vulnerability, acknowledging needs and seeking help or not. Dynamic tension and movement between HIDING and SEEKING. (157)	**3.1.1: Detecting internal clues** Detecting potential clues of vulnerabilities/needs. Internal signs and sensors of needing help. (43)
		3.1.2: Detecting external clues Detecting potential clues of vulnerabilities/needs. External signs and sensors for needing help. (36)
		3.1.3: Testing the integrity of the other Gatekeeping who is trustworthy by having unique trust tests to investigate the integrity of the other. (78)

	3.2: Tipping back Being overwhelmed by negative affect and (re) interrupting the capacity to identify needs or ask for help. Potential to be tipped back into HIDING. (33)	
	3.3: Daring to ask Dignifying needs in order to seek help. Challenging personal and professional orthodoxy. Potential to tip into SEEKING. (36)	
Core Category: **Asking for help is experienced as an act of courage to reach out, predicated on self-awareness of need(s), together with enough trust that the request will be met with dignity.**		

I will describe how each cluster and category was examined, explored, refined and clarified. I will show the definition and properties of each, a map of the focus codes (from MAXQDA) integrated from transcripts and some of the key texts identified. For a fuller summary of key texts for each cluster, category and subcategory see Appendix IV.

4.4 Cluster 1: HIDING

4.4.1 Definition of cluster

Asking for help directly is interrupted due to a history of experiencing shame in relation to needing help, perpetuated through family and/or cultural messages and creating self-protective mechanisms to best manage the tension of having needs and staying attached.

4.4.2 Evolution of HIDING

I started with a provisional category that I initially called 'Developmental story'. This was a clear place to start as there was so much overlapping data, with clear focus codes. Each participant had shared their story of struggling to ask for help, of their history and made links to becoming a professional helper and psychotherapist.

Focus codes from all ten participants contributed to the category of 'Developmental story'. Through the laddering process the data became clear that these were not just developmental stories, but stories of early experiences of participants learning to interrupt either their awareness of their needs or asking for help. I renamed the category *Learning to hide needs* to reflect the data and words used by participants.

Understanding the links between codes which were about *not* asking for help led to the category of 'Creative adjustment'. This was a clear category that collected data about how participants had masked their vulnerability and needs in order to

preserve their attachment relationships with parents/carers. It took longer to clarify

this category as there were a complex set of meaning units to understand. Three

subcategories were formed to make sense of the data: *Retreat, Recruit,* and *Rebel*. I

later renamed it *Camouflage,* as the purpose of this adaptive strategy of hiding

became clear. I also chose to remove the theoretical link as 'creative adjustment' is

a professional term used in Gestalt psychotherapy. I wanted to keep terms close to

the data, and jargon free.

Becoming a professional helper (BPH) also contained data from all participants and

in many ways was an obvious category as all those I interviewed were

psychotherapists. However, all described becoming a helper, either in childhood in

their family, or as early careers.

Suzanne, reflecting on her motivation and experience of being a psychotherapist:

> "*so the collective narrative and the personal narrative really came together,*
>
> *so I'd say that I had very little relationship with asking for help and a very*
>
> *strong relationship with being the helper and probably got a lot out of it, a*
>
> *sense of identity, sense of centrality, sense of importance and it took a long*
>
> *time and many decades to realise the damage behind it, which I believe is*
>
> *serious*."

This MU contains the different categories of HIDING: how Suzanne's early

experiences led to her learning to hide her needs and pay attention to others, giving

her a sense of centrality and importance. She felt that what was protected, behind

the *Camouflage* of recruiting others and professional identity, was her hurt or

"*damage*" as she calls it. This shows a potent protection system to hide what was for

her, a significant cocktail of shame and fear in a post-war culture where vulnerability was defined as weakness and seen as life threatening.

James described how he understood his struggle to ask for help:

> "*You know my whole early experience was, you know, that looking back now, that whole adoption experience is you can't trust anyone really, you know, I'm on my own, and gradually making sense of like, oh right, that's why that's my / that is my / that's my world view, that's why I do what I do, that's why I'm like I am, all that kind of stuff and then trying to / and then realising that's quite difficult to change and quite difficult to see.*"

In this MU, James points to how his early environment and response to not trust anyone led to a camouflage of *Retreat.* He spent a lot of time alone and was finding at work that he was becoming a leader but feeling alone in this position. Here he is reflecting on how hard it is to shift early patterns of hiding, or even spot them at times. This reflects many participants who spoke of the familiarity of HIDING and the challenge to step out and SEEK.

So, the three categories of *Learning to hide needs, Becoming a professional helper* and *Camouflage* were all ways participants spoke of their struggles to ask for help. The common overarching cluster then became HIDING as these three categories represented ways that participants hid their needs and interrupted asking for help. Hence HIDING became the cluster for three categories and three subcategories.

Table 5 shows how I used Charmaz's checklist to clarify HIDING. Subsequent tables show how I continued with this process for each category and subcategory.

Table 5. Cluster 1: HIDING - checklist (Charmaz, 2014)	
1. Define the cluster	Asking for help directly is interrupted due to a history of experiencing shame in relation to needing help, perpetuated through family and/or cultural messages and creating self-protective mechanisms to best manage the tension of having needs and staying attached.
2. Explicate its properties	Three categories: 1. Learning to hide needs (What to hide) 2. Camouflage (How to hide) 3. Becoming a professional helper
3. Specify the conditions under which it arises, is maintained and changes	Arises - From early messages and decision to minimise own needs as best possible solution to circumstances of birth, family situation or cultural expectations. Maintained - by ongoing reinforcement by family/culture and life experiences. Changes - when challenged by learning events/crisis and participant begins to be able to seek help.
4. Describe its consequences	Consequence is of an interruption to asking for help and a potential projection of needs/vulnerability onto others. This leads to a positive consequence of being good at identifying need in others and helping them and a negative consequence of perhaps over identifying with others' needs and not being able to attend to, or bring support, to own needs.
5. Show how it relates to other categories/clusters	HIDING suggests how participants experience their need for help as a struggle and often hide their own needs from themselves and from others. This leads to them not asking for help and struggling to do so. The other two clusters are SEEKING and MANAGING VULNERABILITY. SEEKING is how participants become aware of their needs and ask for help (*Leaning in* and *Reaching out* to others). MANAGING VULNERABILITY is about how participants manage and balance the tension between hiding from and/or seeking help.

4.4.3 Category 1.1: Learning to hide needs

4.4.3.1 Definition of category

Early experiences of being shamed, inhibited or interrupted in seeking help leading to conscious and unconscious learning to hide needs and limit help-seeking.

4.4.3.2 Evolution of Learning to hide needs

This category was a strong, shared set of experiences from all participants. Their stories contained many themes that were hard to subcategorise clearly. I decided to name the category in this way to show the strength of common experience in relation to asking for help.

Table 6. Category 1.1: Learning to hide needs - checklist	
1. Define the category	Early experiences of being shamed, inhibited or interrupted in seeking help leading to conscious and unconscious learning to hide needs and limit help-seeking.
2. Explicate its properties	Set of circumstances and messages that set the conditions for how participants learned to interrupt their need for help. • Early messages and beliefs passed on in families and through cultures (class, religion, ethnicity etc.). • Circumstances of birth (position in family group/being adopted/family dynamics). • Role/identity taken in family.
3. Specify the conditions under which it arises, is maintained and changes	Arises - Experiences of being brought up in systems that did not model recognising needs and encourage asking for help. Maintained - by assumptions that our early experiences are pivotal and foundations of our personal and professional development.

	Changes - if links between early experiences and later behaviour are made and challenged.
4. Describe its consequences	Early experiences of learning to hide leads to a person finding a way to manage needs without relying on others directly. Learning to 'leak rather than speak' was one early code (P1) which is a direct consequence of this category. It leads to camouflage. The child has to find a way to manage their need on their own and so adapts.
5. Show how it relates to other categories	There are clear links between this code, *Camouflage* and *Becoming a professional helper (BPH)*. So, this code needs to differentiate from BPH by defining itself as about the experience of how needs were/weren't met as a child. The kinds of stroking patterns that emerged. This then makes a clear link with *BPH* as this seems like a prepared script. So, *Learning to hide needs (LHN)* is really a script experience and *BPH* is a script decision regarding career/making money. *LHN* is about early EXPERIENCES of needs not being met, *Camouflage* is about how they adjusted to this, creatively dealing with their needs and expressing needs creatively rather than directly and the protective systems that develops to protect the early experiences - a **personal identity** emerges. *BPH* is a DECISION to operate from the protective adjustment to make a **professional identity**. Example: Molly made clear references about how her early messages and circumstances around her early years impacted her capacity to express herself and how she shut down her expression of herself at an early age and was encouraged to take care of her sister.
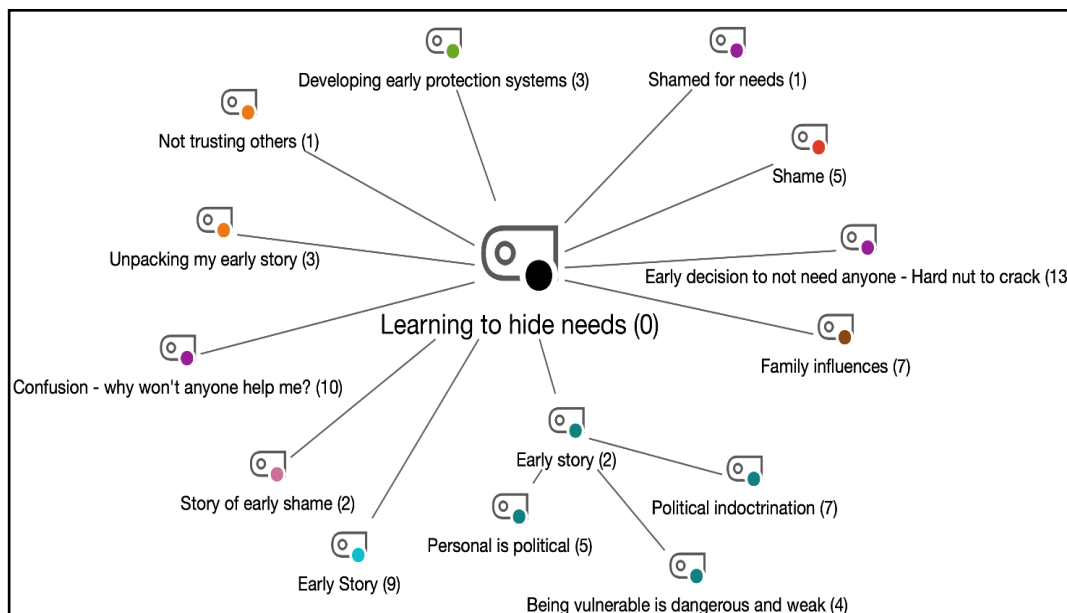
Figure 5. Category 1.1: Learning to hide needs - MAXQDA map re showing focus codes from 9/10 participants and 73 MUs. See key to colour coding on p.13.

Fran reflected on the early family messages she grew up with: "*So I think that's where the thread goes back to, that's where it starts, because that … 'never ask for help', 'we're always okay', 'we show that we're okay', so it's all tied up in that I think.*"

Elliot, disclosing his experience of sexual abuse at boarding school, aged six, said: "*… and this went on until around 14, so I think up to this point feelings, wanting, needing was not a safe … so I just shut everything down.*"

James described his experience of having been adopted at six weeks old:

> "*So it's like right in … it's like the Brighton Rock, it's like right in there, so it's not like you can go - oh well it's because of this and this and this, it's like …*

yes, it's really ugghhh … umm … so to get to that stage you can't even talk about it really."

James and Elliot show the early and powerful nature of shutting down and not being able to speak about experiences, either because they are too painful, there is no-one to hear you, or you just don't develop an explicit language. Learning to hide needs contained many stories of different ways participants felt either shut down or decided to shut themselves down.

Don talked of hiding his aspirations for learning. His words show how he could not speak about his desire to go to university as it was countercultural to his family, school and wider community:

> "*I stood out from the crowd because I was top of the class in every subject, like for four years, until I stopped trying, and started being sort of naughty and delinquent and experimenting with drugs and my aspiration was to go to university but I could not put that in to words. It was like … it was an aspiration which was completely and utterly unspoken. It couldn't be spoken of. I was embarrassed by it. I couldn't ask for help with it.*"

His experience was more a reaction to his surroundings and his decision, at the time, to rebel shows that whilst he made a decision, as a young man, to rebel, he also did not have the vocabulary to speak about his needs. This was not a case of lack of language, more of a cultural inhibition. He said: "*It couldn't be spoken of.*"

Participants reported many factors influencing them learning to hide their needs. These included early experiences of abuse, neglect, absent or preoccupied parents

and shame featured strongly. Hence this category's focus is generic, which seemed highly relevant to this research question of 'what is the experience of needing and asking for help'. I aimed to capture data that gave some insight into participants' early motivations to interrupt asking for help. It is beyond the scope of this research question to clarify the particular developmental process of learning to hide needs. However, this could be an interesting research question going forward.

Learning to hide needs was a common and powerful factor for all participants. This category makes a distinction between learning *what* needs to hide, whereas the next category, *Camouflage*, shows *how* participants hid these needs.

4.4.4 Category 1.2: Camouflage

4.4.4.1 Definition of category

Adaptive strategies of managing needing and/or finding help without asking for it.

4.4.4.2 Evolution of Camouflage

This category emerged over several laddering and is summed up by a quote from Suzanne who said, "*the best way to live is to defend.*"

Examining the codes and data in this *Camouflage* category initially four subcategories emerged to show how different participants had made differing adjustments in their lives:

1. Retreat
2. Recruit
3. Rebel

4. Project needs

On closer examination it became clear, through the checklist process, that the fourth sub-category of *Project needs* did not have enough supporting evidence from the data. Projection is a psychoanalytic concept representing an inferred intrapsychic process that is difficult to evidence through observing external behaviour. On reflection, I therefore considered that *Becoming a professional helper* better represented the codes I had previously categorised under *Project needs.* Therefore, *Camouflage* has three subcategories. I will describe the category and the three subcategories of *Retreat, Recruit and Rebel.*

Reading and reflecting on the memos and data from each focus code and considering each subcategory I drew out the behaviours described by each participant and recorded them under "properties" in the table below. From the 10 participants 4 provided data for Retreat with 51 MUs; 4 for Recruit (also 51 MUs) and 2 for Rebel (with 42 MUs).
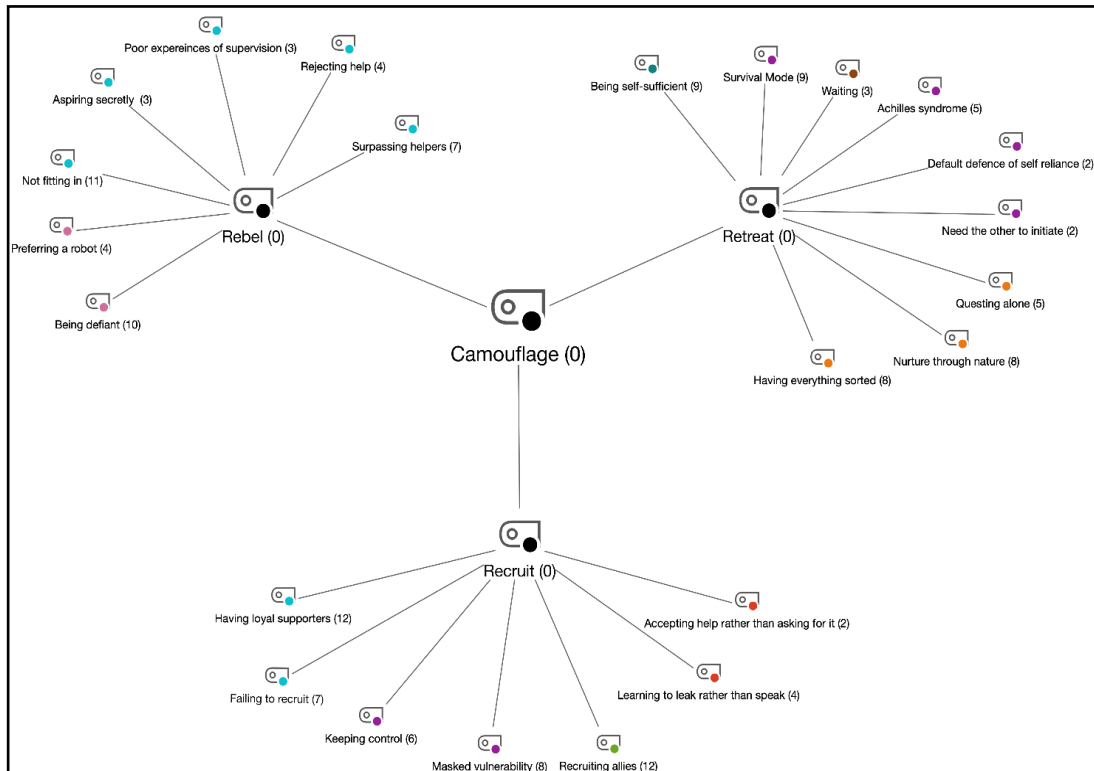
Figure 6. Category 1.2: Camouflage - MAXQDA Map showing focus codes associated to each subcategory. Data from 10/10 participants. See key to colour coding on p.13.

Reflecting on these and having worked with them in focus groups and workshops I do not consider these subcategories diagnostic of people, but more showing a range of ways of camouflaging. One person might use a variety of these options in different scenarios. However, participants in workshops often identified a preferred style. This would need further research to see if these distinctions have any validity. I think they give an interesting texture to *Camouflage* and demonstrate that participants have a variety of ways of hiding and some might use a primary method, whilst others may use a range in different circumstances. This is certainly an interesting area for further research.

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Table 7. Category 1.2: Camouflage - checklist	
1. Define the category	Adaptive strategies of managing needing and finding help without asking for it. Ways participants found to manage the stress/distress of their needs not being recognised or met in early life. Defences that were developed to protect and mask vulnerability. Primary behaviour under stress. Mainly unconscious defence to support self-sufficiency and minimise the risk of sharing vulnerability. Set of behaviours that seek to defend against and manage the stigma (internalised messages as well as external) of needing help.
2. Explicate its properties	Three subcategories: 1. Retreat 2. Recruit 3. Rebel
3. Specify the conditions under which it arises, is maintained and changes	Arises - from early messages and beliefs about a person's needs not being recognised or met on a regular and predicable basis. Maintained - by needs being predictably not met by primary carers and/or environment and this being reinforced by ongoing confirming events and relationships. Changes - when there is a challenge to the original beliefs and story. Often a camouflage is out of awareness (camouflaged needs from self, as well as others), so change cannot occur until needs come into awareness. Often a crisis seemed to precipitate change or going into therapy as participants have gone into psychotherapy training.
4. Describe its consequences	Finding a way to function in life and form relationships based on hiding own vulnerability. The cost of not recognising/meeting internal needs and emotional vulnerability can be isolation and loneliness.
5. Show how it relates to other categories	It is the consequence of *Learning to interrupt needs*, a protective layer to camouflage the person's needs from others and at time, themselves. It is potentially the psychological basis of choosing to *Become a professional helper.*

All three subcategories seem to be ways of maintaining an illusion of power over their own needs and a way of managing a lack of trust in others. Table 8 shows a comparative checklist of the subcategories.

Table 8. Camouflage - Distinctions between 3 subcategories - checklist			
	Retreat	**Recruit**	**Rebel**
1. Define the sub-category	Manage needs by withdrawing into self and away from others. Prefer to manage alone and not need anyone. Needs to be 'severe' threat/danger before asking for help. Slogan might be "Do not disturb!"	Manage needs by recruiting others in to get active on behalf of the individual. They describe *being helped*, rather than *asking* for help. Others intervene on their behalf. Slogan might be "Scoop me up!"	Manage needs by pushing against help and carving own way. Slogan might be "You can't stop me!"
2. Explicate its properties	Behaviours of preferring lone working, isolating, seeking nature over relationships, self-reliant, can get ill as don't notice own needs.	Behaviours of looking naive, being gullible, crying, rabbit in headlights (inviting care taking), *hinting* at needs, *signally* the need for protection, being 'reasonable' (arguing using logic and excluding emotions). Hide pain with humour. Preferring to work in teams/groups. Seeking benefactors/ supporters.	Behaviours of overtaking/rejecting helpers, impatience, dropping out/going against advice/support, defiance, preferring leading than being led, arrogance, over reliance on own competence.

3. Specify the conditions under which it arises, is maintained and changes	Arises - from early decision to not disturb others. Maintained - by ongoing reinforcement by self and others. Changes - when consciously go against decision to retreat.	Arises - from early decision to keep control by recruiting others. Maintained - by ongoing reinforcement by self and others. Changes - when can consciously ask for help directly rather than inviting rescue.	Arises - from early decision to drive forward from your own mind and competences. Maintained - by ongoing reinforcement by self and others. Changes - when can consciously soften to others and experience their support as useful/usable rather than intrusive.
4. Describe its consequences	Positive - self-reliance experienced as a strength. Negative - dissociated from vulnerability and isolated/lonely/get ill.	Positive - less isolated. Strength is in surrounding self with loyal supporters. Negative - dependent on others to initiate.	Positive - Never give up your own mind. Strength is through strong belief in competence. Negative - Lonely.
5. Show how it relates to other categories	Primarily a defence of withdrawing emotionally and physically from others under stress.	Primarily a defence of recruiting other by inviting caretaking.	Primarily a defence of being defiant due to a basic mistrust of others.

Many participants spoke of being self-sufficient and that not changing very much over time. This links with having learned to hide their needs, however, the way they engaged with themselves and others as a result of this is where the category of *Camouflage* became clear. The different forms of *Recruit, Retreat* and *Rebel* show the variety of ways they protected their needs and interrupted asking for help.

The *Retreat* camouflage described how participants would withdraw, be overly self-sufficient and not engage people with their distress. They described discounting their needs to a high degree.

Suzanne mused:

> "I *think I can still say that, umm, with all my awareness and all the therapeutic work, it's not my natural disposition. I can't easily ask for help, until now, and it needs to be quite severe to truly reach out, so the self-sufficiency is still running*."

Her statement "*it needing to be quite severe*" resonated with James talking about getting ill and not addressing his needs until he was quite incapacitated: ".… *you've got to open up, I suppose, to recognise that and that's quite difficult to see sometimes and like getting ill is … you know, sometimes you can't see it til you are ill*" (James).

His use of "you" suggests a distancing in his language, a retreat from the "I". James had been impacted by being involved in the research. When I went to meet him, he was off sick and reported that he had been really provoked by the research question and the prompt sheet I had forwarded before the interview. This had led him to realise how much he had retreated into his familiar self-sufficient, lonely and isolated pattern and he had decided to take some time out, recognising that he was sick. He had also recontacted his previous therapist. As the researcher I was impacted by how he had used the questions to account for his struggle and how long he had struggled alone.

Fran, spoke of her early experiences in supervision:

"*my process really is to be quite self-reliant, so you know the notion of asking*

… I would go to supervision, present something, and then the classic

question was, and "what do you want from me?", which is not an

unreasonable question, I know that, but for me it used to send me into an

absolute tailspin."

Her tailspin led to the camouflage of performing in supervision, adapting and withdrawing so she did not get seen, a potential costly retreat for herself and her clients. She said it had taken a long time and many different experiences of supervision to be open about her needs, both to herself and the other.

The *Recruit* strategies involved participants involving others to solve their problems a pattern of 'being helped' rather than asking for it. Molly remembered, from her childhood: "*I do remember / it had to leak out and I remember kind of deliberately crying louder and louder so that she would hear but it never occurred to me to go downstairs and get her.*" I found this description evocative and led to one of my favourite focus codes - 'Learning to leak rather than speak'. Molly went on to say: "*I would cry in bed and it wasn't until I cried really loudly that my mother would come.*" This learned way of signally distress, without asking directly or getting active, seemed a familiar experience with other participants.

Ed reflected on how he had been helped during his school years: "*I think I never really remember asking people for help and this is what I do now. What I did was to align myself to people who could help … and watch them. And I still do that now.*" His honesty in naming his pattern of help-seeking and recognising that this was still his pattern was useful to help me consider how these strategies, put in place early on in life, how they might perish across the lifespan. But also, there was a way, in

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his openness that I also wondered how these strategies might help us both hide from help, but also seek help. Ed's enjoyment of learning from others was also part of his development in life, not only a strategy for hiding his needs. He had learned to use it to his advantage.

Laura told me three stories, during the interview, of being helped by others. She described colleagues coming to help her, saying: "*I didn't even ask for help from these three, but the three who saved me were all male colleagues, came in and waded in.*" Reflecting on our conversation during the interview she continued:

> "*I've been helped more than I had realised, I think until I started talking, so thank you for reminding me of that, it's quite good to reflect on. And in some ways the times that have you know really come home to you, like they've really been brilliant moments, you haven't asked for it, it's been offered. Yes, offered, I've been scooped up.*"

Her memories of being scooped up are clearly a source of delight to her. Her strategy is a successful one and she takes pleasure in it. This suggests, like for Ed, that perhaps recruiting others has positive experiences attached. However, this needs further research and I will discuss it more in the next chapter.

The *Camouflage* of *Rebel* is captured in Don's words: "*I was always having that experience, like I was quickly surpassing what was on offer and it was so familiar to me, like I got there too quickly, for my own good, or for everyone else's good.*" He continued: "*so that was also part of that pattern, so you can see how complicated it can get, looking for help, being offered help, being offered help but one didn't want it actually.*" He described throwing off supervisors, surpassing them and not being very good at receiving help from those trying to help him.

Wilma described how she takes over the job of the supervisor in her supervision:

"*like there is a part of me that sometimes thinks I'm almighty, so I can pay somebody, whilst doing their job and my job at the same time.*" Reflecting on her recent experience of taking a client to supervision that she wondered whether or not she should be working with: "*I think I probably didn't want somebody to say you can't work with her. That's back to the arrogance /It's like I don't like being / believing I can't do it.*" Her struggle, or even refusal to take supervision by taking over the supervisor's job in her mind, is a way of carving out the supervisor. This kind of camouflage strategy also has potential implications for supervision.

The category of *Camouflage,* and the three subcategories, led me to clarify a useful distinction between asking for help as an active strategy and 'help-signalling', used as an indirect form of asking for help. Participants were describing ways they had hidden from directly asking for help, and yet their ways of camouflaging their stress or distress were potentially clues to their need for help. From their hiding places they were potentially signalling for help through these different strategies.

The data suggested that *Recruit* was the only strategy that involved getting help or being helped, the other two both involved moving away from and disengaging from people, falling back on participant's own resources. This has implications for understanding behaviours and seeing the help-signalling behind the camouflage and also particular implications for supervision and training of psychotherapists.

The three subcategories are also examples of strategies 'in the moment', adaptations to solve an immediate interpersonal challenge, a personal solution. The next category of *Becoming a professional helper* is a longer-term decision, public facing identity and a career path for all participants over many decades.

4.4.5 Category 1.3: Becoming a professional helper

4.4.5.1 Definition of category

Identifying with the role of helping in order to focus on others' needs and hide own.

The outer display of 'expert' to obscure internal vulnerabilities.

4.4.5.2 Evolution of Becoming a professional helper

All 10 participants contributed 101 MUs to this category and 17 focus codes (Fig. 7).

I named the category 'professional helper' rather than 'psychotherapist' because 10/10 participants had entered helping professions before becoming a psychotherapist. It was their 2nd or 3rd or even 4th career in the helping professions. Previously they had been teachers/medics/nurses/social workers/psychologists. However, career choice was not a focus of my research.

Table 9. Category 1.3: Becoming a professional helper	
1. Define the category	Identifying with the role of helping in order to focus on others' needs and hide own. The outer display of 'expert' to obscure internal vulnerabilities. This is the way participants resolved their early sublimation of needs and fear of trusting others by taking on powerful/ expert roles in the helping professions. Hiding needs by making professional careers in the helping professions so that the focus is on others' needs rather than their own.
2. Explicate its properties	1. Early role in family of being a "helper". 2. Defence of projecting needs onto others and seeking to take an expert role/ knowing/ being in charge as a way of managing vulnerability in self. 3. Capacity to identify with vulnerability in others without allowing self to feel/show own vulnerability.

	4. Gaining power over vulnerability by becoming a professional and this potentially helping self. Struggling to yield to help for self but able to gain help through helping others.
3. Specify the conditions under which it arises, is maintained and changes	Arises - from early 'helping' role in family, being prematurely responsible for care taking of others. Maintained - by personal defences of projecting need and finding a professional which supports the split of expert and patient and the myth of the untroubled helper. Changes - when participants connect to their needs, they might move out of the profession or into the profession in a different way (more support).
4. Describe its consequences	**Positives:** A strong identity and powerful role. "Performing trust" and hiding needs Taking charge of vulnerabilities Way of getting help without looking as if you are asking Need-free identity - way of hiding needs Learning about yourself, but from a position of power/expert (I am learning for my clients!) Identity as hero/ "cleaner" than others Converting need into expertise **Negatives:** Professional isolation Being missed Losing self Falling through the net Performing supervision - look like you are getting help but really you are helping the helper feel good Emotional side withers Professional membership supports the myth of the untroubled therapist "I don't think we help ourselves" - perpetuating the myth and power dynamics

5. Show how it relates to other categories	This is the professional solution to maintain hiding needs. It is different from *Camouflage* which is the personal solution. Naturally, the personal solution will sit inside the professional solution, but this category is about making a career that supports hiding your needs and working with others. Links with *LHN* as the early role of helper in the family is strong.
	BPH is a script-based decision made in response to their *LHN*. It is a professional solution to their developmental story rather than a personal solution of the *Camouflage* category.

Molly reflected: "*I should never have / I would never have done medicine if my father hadn't been a doctor and I hadn't made up my mind aged about three that that's what I was doing.*" I was interested that she started with the words "*I should never have…*" suggesting her regret. Her words point to how early her career in the helping professions started, with many in her family in medicine and taking on a caring role for her mother after her sister was born, when Molly was two.

Ed identified as being the one people went to:

> "*I went in to helping professions to help everybody else and hoped that in the world I might be alright, psychologically, not knowing that all unconscious, so when you ask 'who do I ask for help', well, I'm the one people would go to, that's how I was.*"

His language and tone were quite emphatic, like this is an unquestionable fact. Later he added, thoughtfully: "*I'm in the best profession for helping myself.*" This highlighted a link between need and expertise, a strong association that ran through this category.

Many participants made links between how their strengths in their work came from an identification with their own complex history of wounding. James spoke of a healing cycle of becoming a helper in order to heal your won hurts:

> "*I was able to recognise that actually there's something about working with these looked-after kids, and recognising I didn't get what I needed when I was that age and that's quite poignant and it's also / but also I am giving them what they need, so there's a sort of healing cycle.*"

He went on to talk about how he finds himself reflected in his clients: "*Well I suppose what I / I suppose, again, what I'm getting now in the work I'm doing, looking after kids, is that sense of looking at myself.*"

There was considerable data to suggest that *Becoming a professional helper* was a role taken on early on in life and was a form of professional identity that participants described as supporting the hiding of their vulnerability and reinforced their adaptations of camouflaging, caring and coping, but potentially at a cost.

Those costs were the continued confirmation that the participants' own need must stay hidden. This showed up in various ways in the data. Laura spoke of the difficulty of asking for help as a psychotherapist as she was well known and that made it hard for her to access independent help during a time of crisis. Fran told me that she had struggled to get help for one of her children as people made assumptions she wouldn't (or shouldn't) need help as she is a professional.
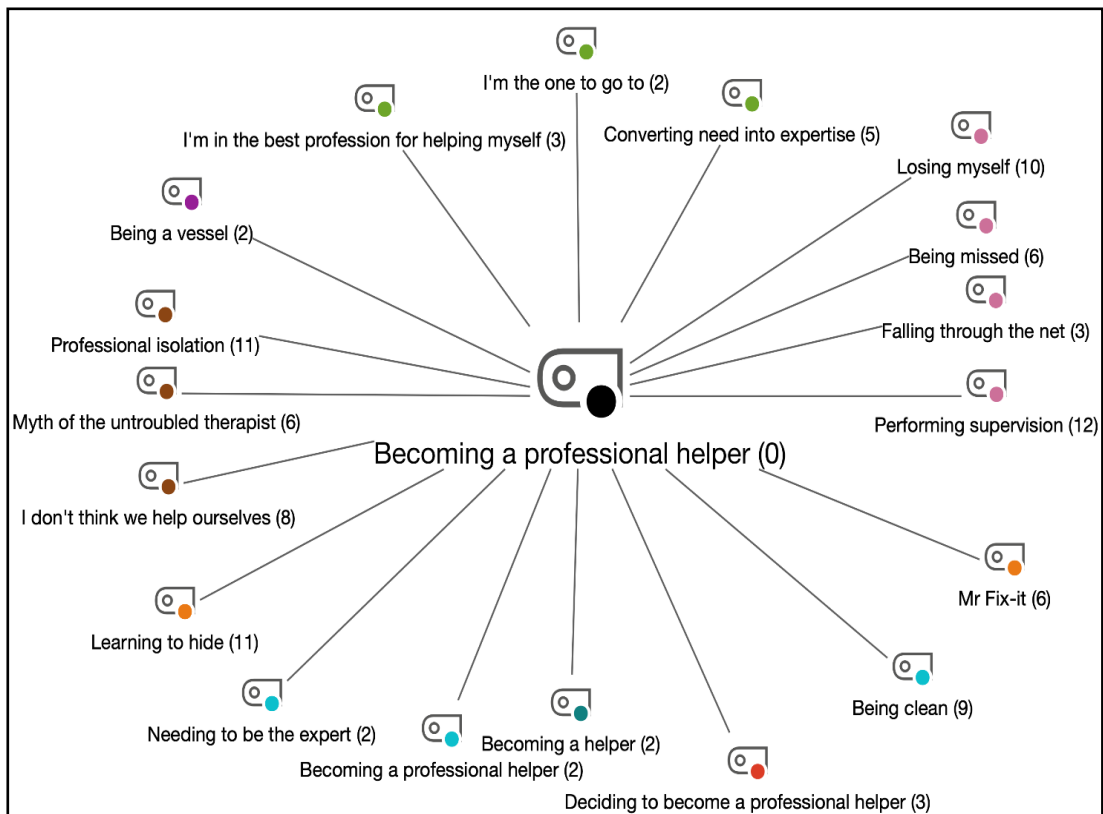
Figure 7. Category 1.3: Becoming a professional helper - MAXQDA Map showing focus codes from 9/10 participants and (number of MUs). See key to colour coding on p.13.

Wilma spoke of how, as a senior practitioner her vulnerability was often overlooked: "*There's an over-reliance on my competence from me and then there's an over-reliance on my competence from the other without really believing or without even looking for the vulnerability.*"

Fran commented: "*I think we don't help ourselves! I think we do like to perpetuate the myth of us being competent.*" There seems to be status and power in being the professional helper which supports the split between 'expert' and client or patient.

Don told the story of a supervisor who had successfully challenged him on this:

"… she was always able to sort of make observations, rather tongue-in-cheek observations, about me and my need to be the expert, yes, not to be in a position where I was a supplicant. Yes, she knew that apparently, but she also knew that it was a … it was a false position, it wasn't good for me, so we could have those sorts of conversations and she eased me and teased me towards that."

Table 10. Summary of Cluster 1: HIDING showing participants words/stories of LHN (with properties explicated) and links with Camouflage and BPH					
Participant	Early Messages and beliefs	Early circumstances	Early identity/family role	Camouflage	Becoming a professional helper
P1	Be a good girl. Help Mummy. Stop grizzling! Don't express your opinions!	Oldest child of 2 Mum: bereaved when she was born and in midst of family distress and then post-natal depression with sister. Mother preoccupied. Early separation from mum when sister born. "Shunted off". Boarding school at 14 due to sister's needs.	"Mummy's helper." "Daddy's big girl." Growing up fast. Not fitting in.	Switch off and keep opinion to self.	Became GP and then therapist later in life.

P2		Mad family that was unpredictable and I was not able to make sense of it.	Mediating Rebelling	Helping others and mediating	Into general and then psychiatric nursing
P3	If you don't ask, you don't get, but there was no-one to ask.	Mother not available and preoccupied, never wanted children. Boarding school at 6. Abused at school. Black in predominantly white boarding school.	Independent and self-sufficient. "Don't trust anyone." Disassociated from needs. Sent to psychiatrist but never told them anything.	Hypochondria - getting banned from GP, going with a multitude of things wrong. Going to professional for help but not saying what the problem was. Calling on people but not trusting them. Reenactment of asking for help but not expecting anyone to help.	I knew I had a problem and if I became a therapist, I would have to have therapy.
P4	"You should just be able to do it." Stroked for knowing without asking. Humiliated for needing help/showing vulnerability.	Narcissistic father	Achilles syndrome		
P5	You are on your own. Others aren't trustworthy.	Adopted at 6 weeks.	"That's why I do what I do, and am like I am." Being adopted - "it's like Brighton rock."	Not trusting others is my world view now.	That's why I do what I do. Work with implicit trauma with refugees.

P6			"To help others" was family code	Recruit loyal supporters	
P7	Don't ask for help and don't tell people things. We show people that we are OK.		To show that everything was fine.	To not ask for help and maintain that all is OK.	No wonder I became a bloody therapist.
P8	Parents can't be trusted	Caretakers who were inefficient and not trustworthy	To appear as if I trust, whilst hiding my mistrust and not telling you how much help I need	I look like I trust you, but deep down I'm not, so then I don't tell you how much help I need	
P9	Keep your aspirations secret. Parents are naive and useless to me.	Mother was fostered as child and had severe mental health problems leading to multiple incarcerations and heavy medication. Father religious. Farmed out to other families frequently, with some warmth and compassion. Working class family, low expectations educationally in culture but was bright.	Top of class. Differentiated from working class roots and embarrassed by parents.	Reject parental structures	

P10	I can only rely on myself. Others rely once so I have to stay. Cultural and family messages of how vulnerability is life threatening.	Middle child Grew up in Israel 10 years after independence. Father loving but weak with depression, mother struggling to connect with emotionality. Subgroup of siblings.	Hold everyone together. Parent to my parents and siblings.	Become important to others by helping and holding things together. Give nothing away about my needs.	Strong relationship to being the helper and little relationship to asking for help. Gives me my sense of identity.

Table 10 gives an overview of the three categories and some summative data for each participant. It shows the cluster of HIDING and the power of when the three subcategories combine. The early learning, the subsequent adaptive strategies and the professional career choices can make a potent mix for how participants described their struggles to identify their need for help and ask for it.

4.5 Cluster 2: SEEKING

I will describe the cluster SEEKING and the two categories it contains of *Leaning in* and *Reaching Out*. MAXQDA maps provide a visual display showing the relationships between category, subcategories and focus codes. Each cluster and category has a checklist (Charmaz, 2014) and is followed by some key texts linking the participants words (MUs) to the properties.

4.5.1 Definition of cluster

Asking for help is a mixture of leaning in to know what you need and reaching out to seek help from others. SEEKING conceptualises needing and asking for help from a positive health perspective.

4.5.2 Evolution of SEEKING

The data was clear there was a range of experiences about internal processes. I initially thought of this as a potential 'Catch Self' cluster. Then there was a set of data that was about being in relationships and seeking help from others. I thought of this as a potential 'Connect to others' cluster. So, SEEKING was originally imagined to be two clusters of 'Catch Self' and 'Connect to others'.
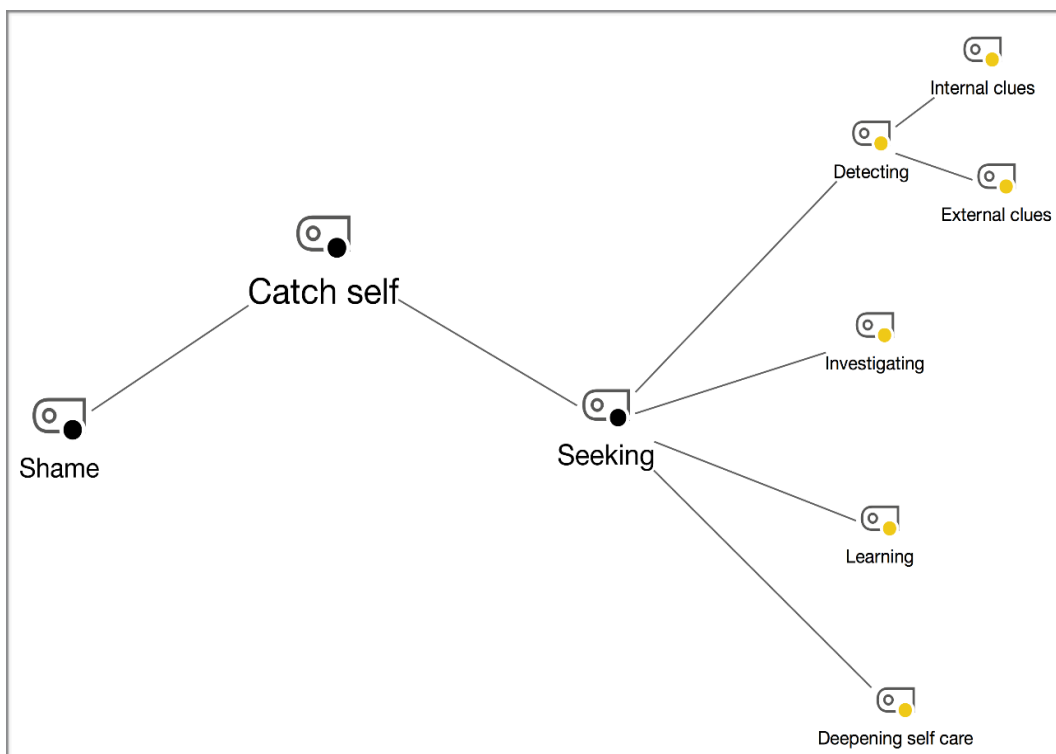
Figure 8. Early provisional cluster of Catch Self with two categories.

'Catch Self', as a provisional cluster, initially brought together codes describing how participants began to recognise their need for help. 41 focus codes, with 229 MUs, from all participants contributed to an understanding of what it meant to 'catch yourself'. Participants were talking about their needs becoming more visible to themselves, catchable, like clues appearing in a mystery. They described processes of developing trust in these clues and curiosity about them and a pull to make sense of them and a desire to learn. All these experiences were also contrasted with a strong presence of shame as a backdrop. In 'Catch Self' the data and codes pointed to a distinction between developing skills and capacities to listen to self, be curious and develop trust and care toward one's self. There was a clear constellation around the tension between shame/judgement and curiosity/care. At this stage I envisaged this cluster with two categories: 'Seeking' and 'Shame' (see Fig. 8).

One of my key reflections from the interviews was how frequently participants spoke of the challenge of 'how can you ask for help if you don't know you need it?' This was clearly articulated by James who spoke of witnessing this in his young clients, whilst also knowing it in himself. It helped me to look at the data with this question in my mind: How do participants learn to recognise their need for help, as well as then ask for help?

An aspect of my own life that helped me with this cluster is my love of cryptic crosswords, how something is hidden in a clue, until it is revealed. My experience of pouring over the clues in my Saturday morning ritual reminded me of how participants spoke of the shift between being hidden and catching themselves. How you cannot see the answer, until you can, and then it is obvious. But until that moment it has been hidden, frustratingly tantalising but invisible. The moment of

revelation is sometimes wonderful and relieving, at other times it is tentative, uncertain and you do not know if you have genuinely solved the clue, or simply gratified your need to find a solution. This process of discovering, uncovering and learning seemed to have similarities with how participants described becoming aware of and experiencing their vulnerability and need for help.

I had started to form three categories of 'Attending', 'Identifying' and 'Thinking'. 'Attending' was bringing together codes relating to where participants described their attention going (self-care, compassion etc). 'Identifying' was bringing together codes relating to decoding defences, finding feelings etc. 'Thinking' was collecting the codes about learning, reflecting, risking. However, this triad was not clear in terms of the difference between each category. 'Attending' was about noticing different environments, but this was also about learning, as was 'Identifying'. The usual research experience of codes merging, and, like the cryptic crossword, you think you've got it, but you have just found relief, but not a substantial answer that satisfies all parts of the clue. This is where the methodology has been such a solid guide for me. The use of questions in the checklist to describe properties and differences between categories, and the demand to clarify how a category arises, is maintained and changes, has kept me, as a researcher, in a parallel process of having to be a good cryptic puzzler. The parallel also between researcher and detective (more on this metaphor later) are powerful and my research methodology has been my code of honour and ethical companion as I have been immersed in the data.

Clarifying through this process led to four solid data sets of *Detecting* (internal and external clues), *Investigating, Learning* and *Deepening self-care*.

Detecting conceptualised the participants' ways of describing how they identified clues, both internal and external. Detecting is an active and focussed form of seeking. However, after the focus groups and workshops I understood *Detecting* to be part of the MANAGING VULNERABILITY cluster (see below).

Having provisionally clarified the 'Seeking' category with 4 subcategories I turned to look at the data for 'Shame'. This led to a considerable dive into all the MUs, memos and to further memoing. From this process I clarified that 'Shame' needed to be a cluster on its own and was not to be tied to the 'Catch Self' cluster. I worked to understand this, and more can be read about the evolution of 'Shame' under Cluster 3: MANAGING VULNERABILITY.

This meant 'Catch Self' no longer operated as a cluster as I had originally envisaged. I decided to revisit all the focus codes for P1-10 and looked at how each participant had contributed to each category/cluster. I wanted to get a broad overview, before focussing in again.

In my initial vision 'Connect with others' was a cluster. However, it now seemed more like a potential category of SEEKING. It became clear to me that 'Catch Self' and 'Connect with others' had seeking in common. They are both linked with seeking, one internally and the other externally. So, I decided to explore this as a frame and made SEEKING the cluster (cluster 2) with two categories of 'Catch self' and 'Connect with others'. The 'Catch self' cycle was already steady with its 4 subcategories (later to become 3).

In gathering over 50 focus codes from all 10 participants that linked to the idea of 'Connect with others' I started to reread texts and memos. I continued to memo as I went through and make links between codes and texts. This comparative analysis was a helpful process of frustrating my assumptions, generating questions and constant clarification. It helped deepen the understanding of the data and what participants are saying in relation to the research question.

On immersing myself in the data in this way I found other parts of analysis coming into question. The idea of cluster 2 - SEEKING was holding, however, the comparative categories of 'Catching self' and 'Connecting to others' started to waver. This re-questioning of 'Catching self' came about through continual clarification of the research question as applied to the text. In staying close to the research question the category of 'Catch Self' became clear as I understood that participants made a distinction between internal processes and interpersonal processes. 'Catch self' described participants' experiences of identifying their internal needs through a process of Detecting, Investigating, Learning and Deepening Self Care. Theoretical integration was linked with Sheryl Sandberg's (2015) book *Lean In*, encouraging women to help themselves, and Pema Chodrun, a Buddhist monk, who advises an internal investigation into needs:
"The next time you lose heart and you can't bear to experience what you're feeling, you might recall this instruction: change the way you see it and lean in" (Chodrun, 2012, p. 56). I decided to rename the 'Catch self' category "*Leaning in*".

Whilst 'leaning' described the participants' experiences more closely, *Leaning in* made clear which way the participant was heading and suggested the active movement that is so core to this cluster.

In clarifying this further I kept close to my research question. Within the cluster of SEEKING, if *Leaning in* now describes the experience of identifying needs, then 'Connect to others' could describe the experience of *asking for help*. In working with this idea, I soon realised that this was fraught with two assumptions.

Firstly, the assumption that "connection" is the same as asking for help and that this is not what participants were talking about. They were not describing connections. They were describing *how they choose who to go to* and *why* and *how they evolved* in that learning. They were describing a *process* of *Reaching out* as asking for help.

Secondly, I had assumed, without quite realising it until now, that there was a phasing to this idea. I assumed we would need to lean in before we reach out. However, as these two categories became clearer to me and I understood the data better I could see there was a potential dynamic tension between the two. Participants were describing *Leaning in* and *Reaching out* as processes. Understanding these two categories as processes, rather than as phases, was closer to the data.

I had the experience of solving a cryptic clue, of the components of the clue coming together in a eureka moment.

Table 11. Cluster 2: SEEKING - checklist	
1. Define the cluster	Asking for help is a mixture of leaning in to know what you need and reaching out to seek help from others. SEEKING captures aspects of asking for help from a positive health focus.
2. Explicate its properties	Two categories: **Leaning In -** describes the experiences of identifying needs. Developing awareness of patterns of hiding, decoding defences and learning to recognise needs and deepen self-care. **Reaching Out** - describes the experiences of *asking for help* from an external source. Seeking collaboration with others, surrendering to vulnerability and deepening trust in relationship.
3. Specify the conditions under which it arises, is maintained and changes	Arises - in the tension between competency and vulnerability and the move from unconscious/preconscious states to conscious/non-conscious states. Maintained - by professional structures, philosophies, codes and practices that require reflexive practice and normalise vulnerability and learning as part of the work. Changes - if the professional framework collapses and /or shame (or a disturbing affect) tips a participant back into HIDING.
4. Describe its consequences	The experiences in SEEKING allows the participant to identify and reflect on their vulnerability and what help they may need. By both *Leaning in* and *Reaching Out* participants are better able to catch their needs in awareness and seek help from others.
5. Show how it relates to other categories/clusters	SEEKING is a positive health focus on asking for help. Asking for help from this position is different to asking for help from HIDING. Shame is a significant regulator and MANAGING VULNERABILITY links with SEEKING, whilst if shame is overwhelming the participants tip back into their HIDING.

4.5.3 Category 2.1: Leaning in

4.5.3.1 Definition of category

A positive, virtuous cycle of internally focussed curiosity. Investigating own patterns of needing help, decoding defences, learning and deepening self-care.
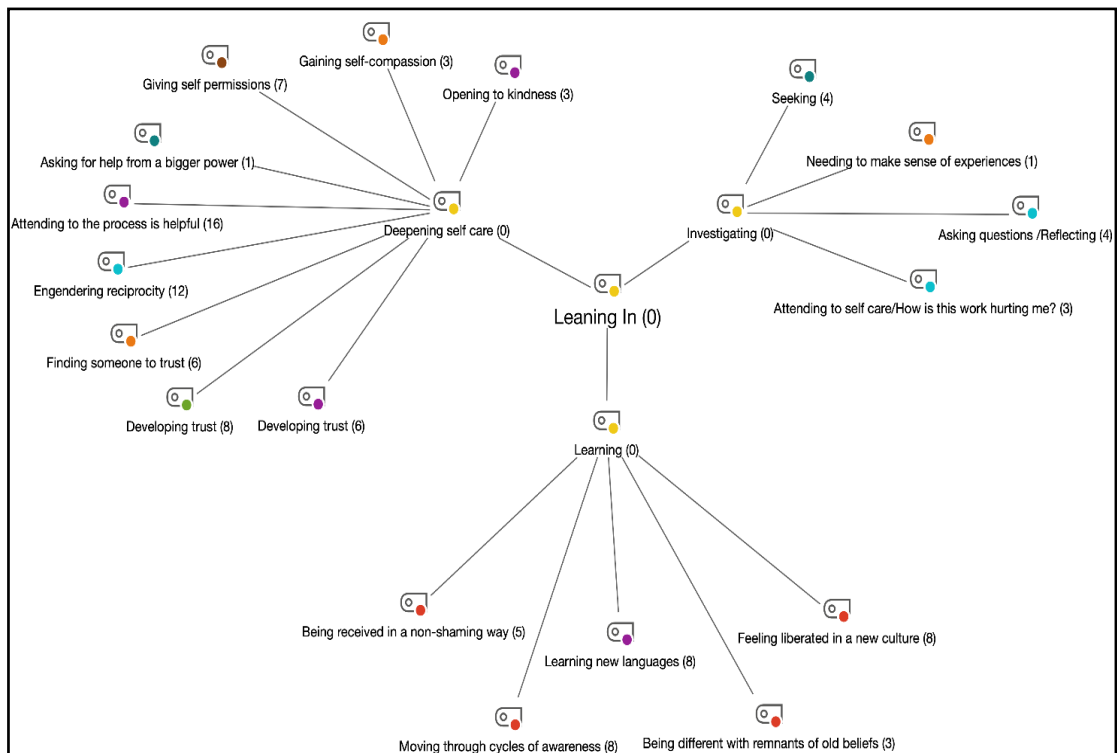
Figure 9. Category 2.1: Leaning in - MAXQDA map showing focus codes and 106 meaning units. See key to colour coding on p.13.

Table 12. Category 2.1: Leaning In - checklist	
1. Define the category	A positive, virtuous cycle of internally focussed curiosity. Investigating own patterns of needing help, decoding defences, learning and deepening self-care.
2. Explicate its properties	It has 3 categories. 1. Investigating

	2. Learning
	3. Deepening self-care
3. Specify the conditions under which it arises, is maintained and changes	Arises - *Leaning in* arises when shame or vulnerability is tolerable and other affective states such as fear and rage are also regulated. May arise when person enters some form of psychological training/therapy. These are structured learning frames that support people to improve relationships and learn better patterns of relating to self and others. Maintained - By ongoing affect regulation and supported learning. Changes - when vulnerability might tip a participant back into HIDING.
4. Describe its consequences	Support awareness and learning of what a participant's needs are which helps them to consider then what to do about the experience and how/who to ask for help. Being able to identify and validate own needs in order to recognise if help is needed/wanted. When the desire to be seen is stronger than the need to hide
5. Show how it relates to other categories/clusters	In dynamic tension with MANAGING VULNERABILITY to maintain an optimum balance so a participant can catch their needs

Don spoke of how he felt the impact of his work as a psychotherapist and how his knowing of his own patterns and needs, to recover his own space and mind. His self-reflective question of "what is hurting me" about a piece of work, or during a day is a lovely example of *Leaning in* to his experiences:

> *"… just through the visceral experience of reaching the end of a week and knowing how tetchy and exhausted and depleted and not ready for my family life, it takes me a … you know probably 12 hours to sort of land. And just*

knowing that, and also knowing on holidays I can be, you know, tetchy for several days and then settle into it, just want to be in my own space. So it's those things and then my … and then the acknowledgement of when one has a longer break of how one … how I sort of land in what I would describe as my own mind, yes, so it's knowing the difference between that place of being in my own mind and the place I find myself at the end of a week of work, umm, so what I try and do, as far as possible, is think in the course of a working day, what is hurting me about this particular work."

Table 13. Leaning In - 3 sub-categories			
	Investigating	**Learning**	**Deepening self-care**
1. Define the subcategory	Exploring awareness, significance and meaning of potential clues of detecting vulnerability. It is the HOW of *Leaning in*.	Decoding defences, understanding and assimilating the results of investigating. It is the PURPOSE/WHY of *Leaning in*.	Integrating learning to deepen self-care and compassion. It is the POSITIVE OUTCOME of *Leaning in.*

| 2. Explicate its properties | Internal investigation/enquiry Asking self-reflective questions and probing beneath the surface. Use of writing/study/teaching to investigate leads. Questioning hierarchy/myths/cultural practices (this links with the focus codes 'giving self-permissions' - it fits here better than *Deepening*. Use of others to support enquiry, i.e.; supervisor.

Has a transgressive quality as it means going forward into the unknown, rather than back into HIDING (the familiar). The outcome of investigating is uncertain (just like researching!). Investigating can be a transgressive act to the defences. | Identifying what needs are and getting clear about how to address them. Development of new skills, frames and possibilities. Welcoming differences and thinking outside the box. Finding own mind and identity (who am I and what are my needs?) Risk and play are involved when learning is at its best. | Developing improved trust in self and others by encouraging self-forwards. This may involve questioning and daring/being disloyal to internal introjects or challenging the hierarchy or culture. Resourcing both emotionally and spiritually.

Deepening to vulnerability and own integrity. |

| **3. Specify the conditions under which it arises, is maintained and changes** | Arises -When clues detected catch a person's interest and might be considered significant.

Maintained - by frames of reference that support curiosity and exploration, e.g. supervision, or self-reflexive questions.

Changes - when shame or other negative feelings overtake curiosity. | Arises - when a new skill, thought, belief or practice comes through the process of investigating. Frequently described by participants in relation of another and linked with learning frameworks of training, supervision and therapy.
Maintained - by learning frameworks, both external and internal.

Changes - when shame interrupts the capacity to learn, especially in the face of another. | Arises - as a result of learning through therapy, supervision, maturing. Putting learning into action to know needs better and attend to them through improved self-care and reaching out to others as part of improved self-care.

Maintained - by positive reinforcement.

Changes - for the positive to improve by lessening negative messages around self-care and for negative by increased negative affect overwhelming positive states. |
|---|---|---|---|
| **4. Describe its consequences** | *Investigating* is an active process that follows clues and helps to form links and supports learning. | *Learning* helps people to consider what help they need and account for their vulnerabilities.
It leads to reconsidering actions/beliefs/practices. | To contradict earlier messages that keep person in HIDING and encourage them forward towards better care for self and from others. Potentially transformative. |

5. Show how it relates to other categories/clusters	Links *Detecting* and *Learning* by a processes of enquiry and forming links between clues that might have been out of awareness, and becoming more conscious of needs.	*Learning* is a positive result of *Detecting* and *Investigating*. A negative learning would probably be more confirming, than learning. *Learning* is when something new arrives, rather than something old is confirmed.	*Deepening self-care* is an act or series of actions that means the relationship with the self is improved and the capacity to ask for help is easier. It is the positive outcome at the end of the cycle of *Detecting, Investigating* and L*earning*. It is the motivation force of SEEKING. Point where people may *Reach out* to others.

Don's words reflect his investigating, learning and deepening self-care to support his sustained practice as a psychotherapist. He has developed sources of help internally that he draws on here.

The subcategory of *Investigating* links strongly with the categories of *Detecting* internal and external clues in cluster 3. If the clues cannot be detected, they cannot be investigated. A memo (Fig. 10) noted that *Investigating* held just 12 MUs and 4 focus codes from 3 participants. The set of key texts for Investigating was small, however the data points showed it as a significant subcategory, worthy of a place in this virtuous cycle of *Leaning in*. The processes they described of questioning,

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probing, linking, opening and meaning making are key investigative skills and are an investment in understanding of what the self needs and seeks.

Within the *Learning* subcategory participants spoke of where they had learned: therapy, supervision, training and nature. More significantly they spoke of their processes of learning through expressing feelings, learning to trust that it is OK to ask and make mistakes.

Elliot spoke of learning to cry: "*She taught me how to cry. Up until then I was just a cold, withdrawn individual, who just kind of moved their way through … maneuvered their way through life like a robot.*" and, of developing a new language*: "So I think I had to start learning the dialogue of knowing what I want, being very specific, being very clear.*"

Participants articulated new feelings, thoughts, beliefs and practices coming as a result. Molly reflected on being better able to call a colleague when she needed support: "*There are times when I think 'oh I should ring her' and then I think … and I think there were times in the past I probably wouldn't have done, but now I am. I'm kind of better able to look after myself.*" Her words, along with Elliot's, show the link between *Learning* and *Deepening self-care* and also that *Leaning in* was not only a solo activity and often involved others.

> ***Investigating* - Memo**
> **18.12.18**
>
> Bit thin on key texts in terms of number of units. However, data is rich with links between Detecting, Investigating and Learning. It perhaps shows how Investigating is a key part of a cycle, rather than a discrete experience on its own. The texts are longer than other MUs as they contain a multiple of data points that show how three psychotherapists investigate their own experience:
> Questioning - using questions as a framework and challenge to self
> Probing - going deeper into an investigation
> Linking - making links between clues and Hiding parts
> Opening - to the unknown. This is a key aspect of being able to learn
> Making meaning - this links strongly with learning too.
>
> *Investigating* is the **how** of moving from *Detecting* a clue to *Learning* what it means.
>
> What occurs to me after pulling this data together, and then apart, is how transgressive Investigating is, as a process. It requires moving forward into the unknown, a leap of faith, as opposed to falling back on the familiar territory of the Developmental Story or Creative Adjustment. Presumably this is often why it is done by an Investigator, someone who is neutral, from outside the core characters and independent (supposedly). Qualities needed in being an investigator are a degree of neutrality/separateness/ independence. This is where investigation can fall down, if it is only drawing on internal resources, looking to confirm what it knows already or without enough independence to be able to see with fresh eyes and open to new possibilities.
>
> What does it mean that different participants contributed differently to different parts of this cycle? P5, 9 and 10 were very thoughtful in their reflexivity and analytic in their thinking. Are they top investigators? Or is this a stage they dwell in more? Interesting to enquire into these stages with students / practitioners.

Figure 10. Memo from 18.12.18 reflecting on Investigating as a subcategory of Leaning in.

Regarding *Deepening self-care*, James spoke of "… *it's given me a little bit more self-compassion*." His reference to it being "*a little bit*" was discussed and linked to his sense that old patterns held tight in him, but he was more active in seeking more care, internally and externally now.

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Fran described:

> "*It's a very well threaded part of the tapestry, you know, it's a very ingrained part, which is why I have to work hard at it, because I know that, and okay, I'm doing the 'no I don't need any help with anything', I do need help, that's why I perhaps have to give myself permission.*"

Her sense of giving herself permission to go against the ingrained patterns was a form of caring for herself professionally and personally in her family.

Suzanne raised another aspect of self-care, of her sense of spirituality:

> "*I also think there is a kind of a spiritual growth that helped … that happened over time, umm, that is connected to it. I can't quite get a hold of it, but you know, a kind of … a place where it's asking for help on a bigger scale, like where it feels this is beyond another person, or beyond me, or … and brings my relationship with whatever we call … I wouldn't call it God, because it's not how I speak, but there is something about - is there something bigger or sometimes there is a feeling there is something bigger and then I can feel a different level of asking for help.*"

Here she brings in the sense of asking for help from a source greater than she identifies with personally. I think this being connected with a sense of your faith, religion or spirituality is an aspect of self-care. It is beyond the research question here to investigate this further, but again it is another interesting research question as to how therapist's sense of self-care is mitigated through their spiritual connections.

As I reflect back on the MUs, in writing this thesis, I can see how much these data sets overlap, and this confirms the strong connectivity between the subcategories.

Perhaps the reason *Investigating* and *Learning* were smaller data sets was because I put a lot of the data in the final subcategory of *Deepening self-care*. When I look at the MUs in this sub I can see the strength in the links between all three. *Learning* is the assimilation of *Investigating* and *Deepening self-care* is the integration into action or change as a result of learning. I also believe there is enough differentiation in the data to maintain this useful distinction to maintain the three as a virtuous cycle and therefore the overall category of *Leaning in*.
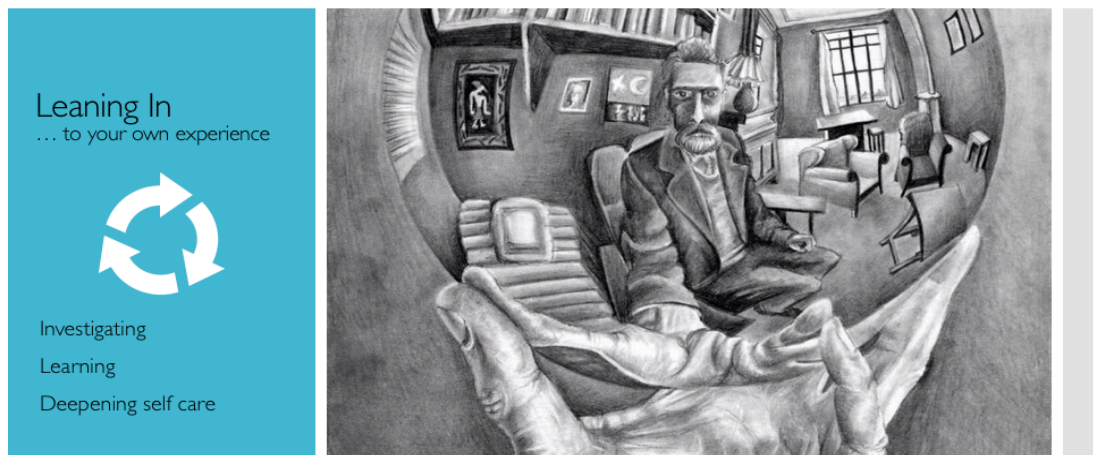
Figure 11. Slide from keynote (2.3.19) showing how Leaning in subcategories can link and form a positive cycle.

4.5.4 Category 2.2: Reaching out

4.5.4.1 Definition of category

A positive, virtuous cycle of seeking help from external sources. Seeking collaboration with others, surrendering to vulnerability and deepening trust in relationship.
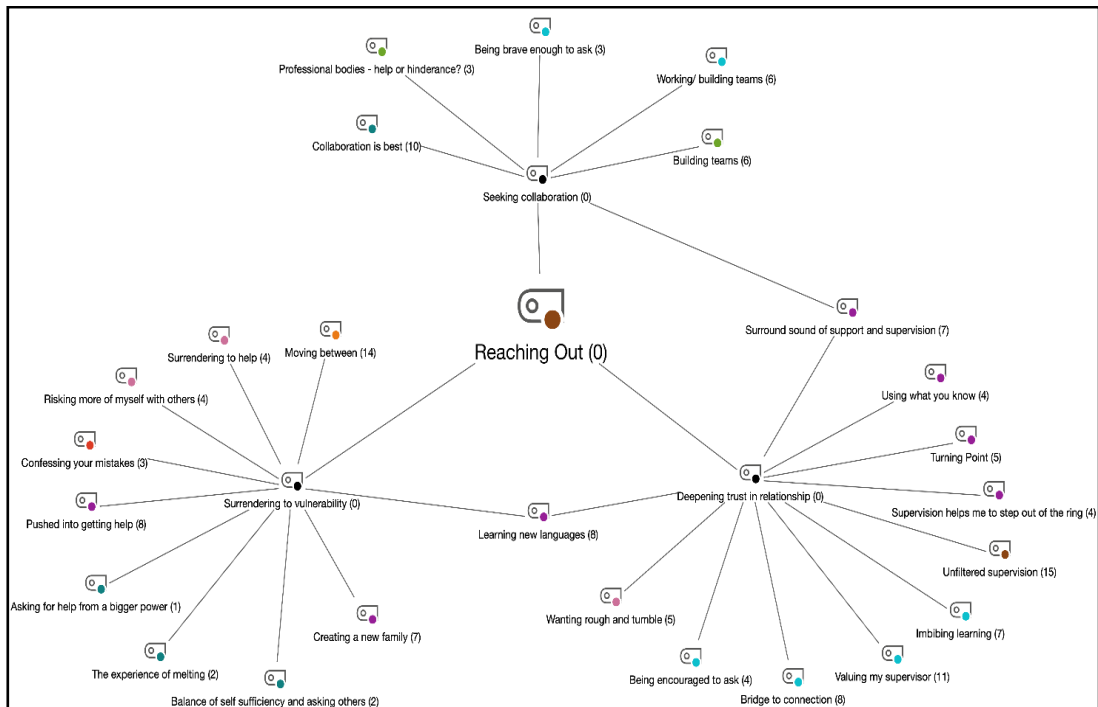
Figure 12. Category 2.2: Reaching out - MAXQDA map showing subcategories and focus codes (166 MUs). See key to colour coding on p.13.

Table 14. Category 2.2: Reaching Out - checklist	
1. Define the category	A positive, virtuous cycle of seeking help from external sources. Seeking collaboration with others, surrendering to vulnerability and deepening trust in relationship. *Reaching out* is a series of complex navigations.
2. Explicate its properties	It has 3 subcategories. 1. Seeking collaboration 2. Surrendering to vulnerability 3. Deepening trust in relationship
3. Specify the conditions under which it arises, is maintained and changes	Arises - when there is a sense of need identified and the person seeks help with that need from outside themselves. Maintained - by ongoing good experiences. Changes - when there is a breach of trust and the person with draws from seeking help. They may tip back into HIDING via shame or they may revert to their original *Camouflage* to hide.
4. Describe its consequences	If *Reaching out* goes well then a cycle of further reaching can be established to allow a deepening of trust in relationship. Also has potential links with the *Leaning in* cycle. If it fails to elicit the help needed, then the person either has to manage their disappointment and perhaps experiment in reaching out differently (area for further research) or can revert to HIDING.
5. Show how it relates to other categories/clusters	*Reaching Out* is a category of *SEEKING* cluster as it is an external seeking action - asking others for help, and different to *Leaning In*, which is an internal seeking action - towards the self. *Reaching out* is supported by the category of *Daring to ask* in the MANAGING VULNERABILITY cluster as *Daring* is linked to supporting *Reaching out.*

> *Reaching out* is linked to *Tipping back* in the MANAGING VULNERABILITY cluster as if there is a negative experience of *Reaching out* then a person may *Tip back* to HIDING.
>
> *Reaching out,* as part of *SEEKING* is different to the *HIDING* cluster. They are opposing actions. Asking for help from *HIDING* is a very different experience than asking for help from *Reaching out*.
>
> Asking for help from *Reaching out* is an experience of surrendering to vulnerability and seeking collaboration, actively testing integrity and finding and deepening bonds of trust in relationship. This is different to asking for help from *HIDING* where the experience of one's history interrupts reaching out to another in an open way and asking for help is done from a defensive place (*Camouflage*).

4.5.4.2 Key texts for Reaching out:

This category has a lot of data about participants' choice of supervisor or therapist. How they choose who to reach out to. This has link with the category of *Testing the Integrity of the other* in cluster 3. The difference is that *Reaching out* is the process of asking for help, whereas *Testing integrity* is about how and who you choose to reach out to, a kind of 'trust test' that will inform the process of reaching out.

Suzanne's thoughts about her collaborative process and therefore her criteria for choosing a supervisor show the overlap between these two categories:

> *"I think I developed a style, as a supervisor, and as a therapist, that has a lot of collaboration about it, which is what I was talking about. So as a*

supervisee, I really need a supervisor that can work collaboratively or I can't

work, yes, there is a way in which … if they need to be in authority, or

knowing it, I lose interest, so you can say that I struggle to ask for help in this

kind of way."

The two are linked, but the data and analysis mean that by breaking it into

categories in this way we can differentiate between testing for trust, which is a

pivotal act, and then trusting and deepening into that relationship, which is the

process of *Reaching out.*

Later in the interview Suzanne spoke of her experience of when she does reach out:

"I also have to say that umm when I manage to ask for help, when … the

experience of melting and there is an experience of opening up, sort of heart

opening, there is also … and humility in the positive sense."

Wilma was thoughtful about her process here. She described wanting the supervisor

to interrupt her care-taking pattern:

" … my growing edge on this, my painful growing edge at the moment I think,

is making a demand, so it's like I'm bringing myself more honestly and then I

want the … there's something I want, like I want … it's like I want … I

probably want to say to the supervisor 'just be a robot and actually if I get

interested in you, stop me!' - because I think what's still there is that … that

… as a defence, is that curiosity in the other that hides my own vulnerability."

This was her way to seek collaboration with the supervisor and surrender to her

vulnerability allowing her to be freer and more open. She says this is a painful

growing edge for her. Many participants spoke of the difficulty of *Reaching out*. This

did not come easily, but as Suzanne suggested, it might be a heart opening, positive

process.

Table 15. Reaching Out - 3 subcategories - checklist			
	Seeking collaboration	**Surrendering to vulnerability**	**Deepening trust in relationship**
1. Define the sub-categor y	Seeking others with whom to form strong collegial bonds.	Taking emotional risks with others to ask for help. This is the phenomenology of asking for help.	Building relationships of sufficient strength to withstand challenges. This is the outcome of asking for help and deepening trust with another.
2. Explica te its propert ies	1. Identifying people to collaborate with who have shared principles and practices. 2. Finding people who have different skills/expertise. 3. Builds sense of identity - where do I fit/who do I surround myself with? This is a significant motivation in asking for help. It is a collaboration across difference, rather than symmetrical mutuality.	1. Experiences of taking emotional risks with another. 2. Experiences of surrendering to asking for help. 3. Feelings of opening and vulnerability. 4. Creation of new experiences through the process of surrendering to asking for help.	1. Feeling met in your vulnerability and respected (may be a new experience). 2. Time is a factor in deepening trust. 3. Importance of struggling together productively is important in deepening trust. 4. A valued sense of 'being known and 'knowing them'.

3. Specify the conditions under which it arises, is maintained and changes	Arises - when looking for people to help you in work or life. Needing a range of support and expertise, so this is recruiting trustworthy others. Maintained - by investing in relationships and ongoing collaboration. Changes - when a person leaves a job/there is a clash of principles/ breakdown in relationship.	Arises - when the trust test is passed, and a sense of collaboration is established. Maintained - by sense of opening to vulnerability, through associations and experiences of confessing, longing, wanting, and seeking help. Changes - when the vulnerability is met by the other. If that goes well the feeling of surrendering to help passes into a deepened sense of trust. If it does not go well the person returns to Hiding.	Arises - from positive experience of asking for help and also from experiences of mutuality. Maintained - by ongoing exchanges. Changes - when the trust is broken in some way.
4. Describe its consequences	Can lead to strong collegial bonds and sense of identity through collaboration. Protection against isolation.	Feeling vulnerable, open-hearted, reliant, wanting, needing and loved. Possibility of new experiences can arise that are different to previous experience of asking for help archaically.	A deeper sense of trust in the other and therefore a potential to risk more vulnerability with them.

5. Show how it relates to other categories/clusters	May be links with danger of isolation - so in tension to some of the aspects of Creative Adjustment.	Heart of asking for help. Links with Transgression as the act of surrendering is transgressive of early inhibitors from Developmental Story and protective Creative Adjustments.	*Deepening Trust* link with *Deepening Self Care* in *Leaning In*. They are both consequences of opening to vulnerability is self and with another. They potentially feed each other. More research would be interesting here.

Ed included his professional body in thinking about who he collaborated with: *"… it felt like I needed a lot of support then, umm, so I used my supervision group, I used my supervisor, I actually changed my professional body because of it."* This was a useful reminder to me that the collaborative process includes professional institutions as well as people. Participants were mindful of their relationships with statutory bodies, associations and ethical codes. He continued:

> "*I do tend to have people around me who really support me in the same way as my work becomes my life as well in that way, umm, and I like to think I support others as well. It's not just them supporting me, it's me supporting as well, them.*"

His commitment to collaborative relationships is core to his work and identity.

Molly mused: "*I kind of use supervision a bit … I mean I am not a Catholic and I've never been to confession, but there is some kind of a sense of needing to talk about my mistakes somehow.*" This was important to her, to be able to bring her mistakes to supervision. Her analogy to the confessional shows her wanting a mix of

someone with whom she can bring her vulnerability and the collaborative nature of the dyad, with clear roles.

Laura spoke of being involved in teams throughout her career:

> "*I don't find it hard to ask for help, usually, umm, because I think … I think certainly in our line of work isolation is to be viewed with some caution, so I have always been … I've always worked in teams, actually, umm, private sector and public sector, and then in a practice, so it comes quite easily to me to refer to colleagues*."

What interested in me in her words is her link between asking for help and referring to colleagues. There seems a difference in how she was speaking about this, that was different to other participants.

Reflecting on her words helped me to see there is a difference between networking and collaborating. I think she was potentially confusing or combining the two. I would need to go back and discuss it with her to know if my hunch is valid.

I see networking as building a web of contacts. It might involve collaboration and therefore be one aspect of *Reaching out*. However, I was curious that none of her MUs contributed to the subcategory of *Surrendering to vulnerability*. I wondered what this was saying about her capacity to ask for help and what it might say about asking for help as a psychotherapist. I also wondered about collaboration without vulnerability and remembered Anne Oakley's maxim that "there is no intimacy without reciprocity" (Oakley, 2005, p. 226). Perhaps in SEEKING and *Reaching out*, there might be some form of hierarchy, or quality of experience of asking for help. My belief, from participants' data is that when all three subcategories are working

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together, in a positive virtuous circle, then this lends to a good experience of asking for help.
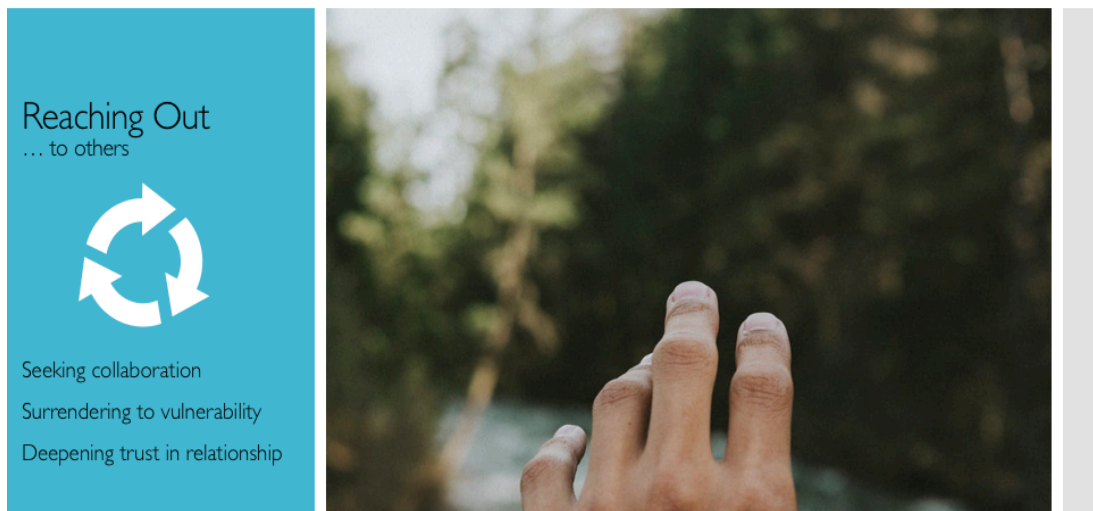
Figure 13. Slide from keynote presentation (2.3.19) showing how Reaching out subcategories can link and form a positive cycle.

4.5.5 SEEKING as a dynamic tension between *Leaning in* and *Reaching out*

One of the questions that I asked myself during the analysis was about the link between *Leaning in* and *Reaching out* and Jung's (1921) concepts of introversion and extroversion. This is also a highly researched area of different learning styles through the Myers Briggs Types Indicators (MBTI) personality inventory, which was originally conceptualised by Isabel Myers-Briggs in the 1940s. I wondered if introverts might prefer *Leaning in* and extroverts *Reaching out* in terms of needing and asking for help. Clearly this is a question for further research and this research cannot answer it, however, the finding of the question helped to clarify my thinking.

These two categories are not defining people, nor phases, they help with the understanding of dynamic processes.

Participants talked about using their own learning from *Leaning in*, to *Reach out* to others. Ed and James spoke of this process of transferring their experiences of learning about their own needs and how to ask for help to explicitly help their clients. It is here there is a sense of using what you have learned about asking for help in the service of others who are struggling with the same struggle they experience(d) themselves. They know the struggle of asking for help and use their knowledge to *Reach out* to others to connect. In this way there is a *Seeking collaboration* with clients, a potential to *Surrender to vulnerability* in the therapist leading to a *Deepening of trust* in each other as a therapeutic couple/dyad.

Eliott reflected:

> "*because I didn't have an advocate in terms of asking for help and I've had to learn it, I think what I've done is most of the men I work with I've become like a father for them, actually encourage them that it's okay to have feelings, it's okay to be emotional, it's okay to ask for things and to be aware that you may not always get it, but it's okay to ask, so I think I've also become an advocate and find a voice for the people who don't have a voice really. Yes, so I think that's sort of what I've done, I've kind of transferred the things I've learnt.*"

My hunch is that this leads to a different place to work from as a professional helper and is an important aspect of the dynamic between helping clients from HIDING and

helping clients from SEEKING. This is an interesting area for further research and an area I will take up further in the Discussion chapter.

4.6 Cluster 3: MANAGING VULNERABILITY

4.6.1 Definition of cluster

Balancing the tension and movement between interrupting needing or asking for help and actively seeking help in order to manage vulnerability, safety and risk.

4.6.2 Evolution of MANAGING VULNERABILITY

HIDING and SEEKING were clearly described by the categories and represented conceptualisation of psychotherapists' experiences of asking for help. However, there was a lot of data about shame, and how people resolved their ambivalence whether to trust others or not, to risk their vulnerability. Shame seemed to be a clear category on its own, but with complex themes of repulsion, dignity, grief and risk. It clearly did not belong in HIDING or SEEKING but seemed to be a bridging/linking category, as if shame was a guardian or regulator between the two.

I subsequently made a cluster heading 'Shame'. I thought participants were regulating shame in this way. However, when I took my findings to the focus groups, they really questioned this, saying it did not fit with their experiences. I went back to my data.

Their challenge to rethink this was so useful as I began to see a mix of vulnerabilities, shame being one aspect. This helped me to clarify the cluster of MANAGING VULNERABILITY, with three categories and their subcategories. This brought the research question alive as I could see how this cluster was pivotal between HIDING and SEEKING. This formed the basis of the emergent model of HIDE and SEEK - a phenomenological map of asking for help.
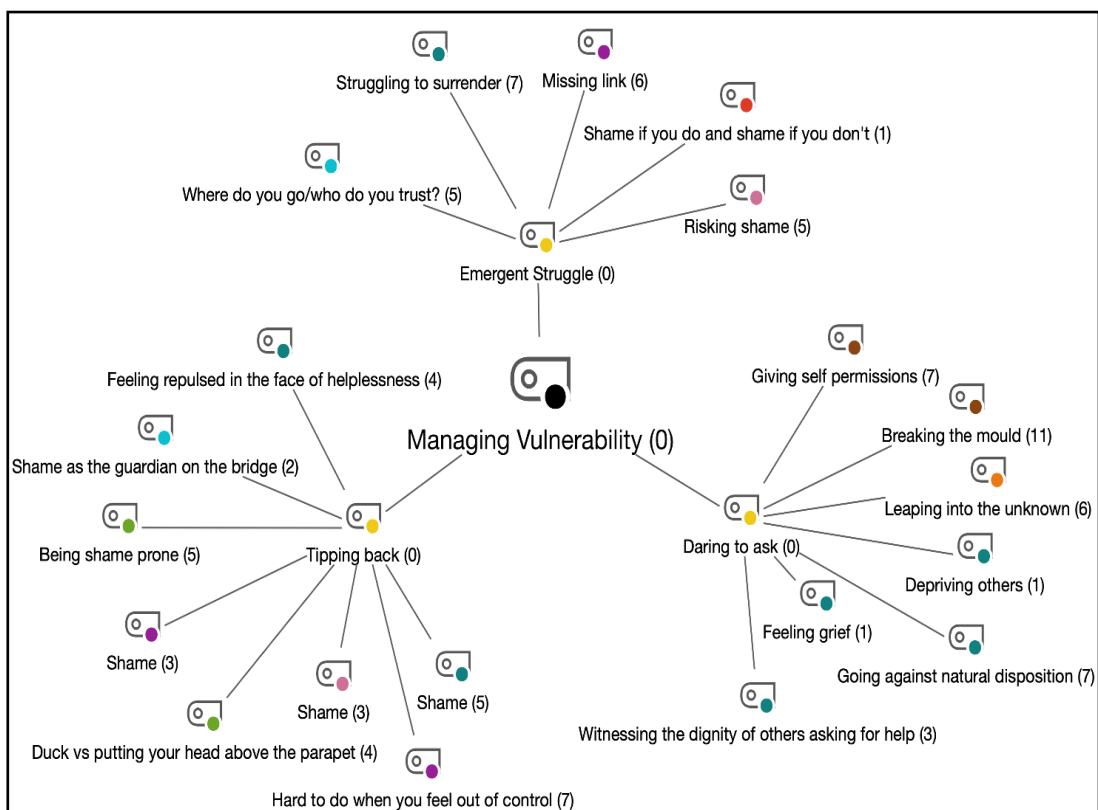
Figure 14. Initial MAXQDA map showing Cluster 3: MANAGING VULNERABILITY with three categories and related focus codes. See key to colour coding on p.13.

I subsequently took the findings to a student group. Their engagement with the clusters and categories was really rich. They fed back how the emerging model really spoke to them about their experience of asking for help, as helping

professionals and trainee psychotherapists. An excerpt from my research notes from the event are shown in Fig. 15.

Notes from Research Journal - 20.1.19

1. MOVING Detect and Testing to Emergent Struggle

Following the teaching group feedback and reflecting on focus group feedback and supervisee feedback (Edinburgh group) I have decided to reconfigure *Detecting* and *Testing* to the fulcrum as they were the pivotal pieces.

In the teaching group the students were keen to know HOW do I tip forward into Seeking… how do I ask for help??

Their questions stimulated me to really think about the *how*, and what makes the difference. I realised that the key aspects participants had discussed was learning how to detect clues and finding someone to trust with whom they could risk vulnerability. These two subcategories were pivotal in moving from hiding to seeking so they seemed better placed on the fulcrum, in the pivotal position on the seesaw. They are part of the Emergent Struggle and if we can detect clues and find someone to trust then we can move towards daring to ask and seeking. Here we find both need (in detecting the clues) and desire (in finding a trustworthy enough other) together. I now believe, following the analysis that this is a potent cocktail in asking for help. How great to have focus groups!

2. TRANSGRESSING to ?? New category name apply here

They were helpful in my reconsideration of the code of transgressing, suggestion 'taking the plunge' might be clearer. This confirmed the feedback I had from my supervisors that transgression was not a clear explanation of the data, it was too interpretive! I needed to come back to the data and find a clear name for the category that represented the data and the meaning of it clearly, to keep the model accessible. This was especially important as it was one of my main aims in crafting the model.

Figure 15. Notes from research journal following additional student group.

Their questions about HOW to move from HIDING to SEEKING were stimulating for me to clarify the category of Emergent Struggle. I had two categories: *Detecting* and *Testing the integrity of the other*, which I had previously linked with the cluster 2:

SEEKING. *Detecting* had been a category of *Leaning in* and *Testing integrity* had been category of *Reaching Out*.

I understood that these were solid as categories, but I had placed them in the wrong cluster. They spoke more to this struggle between HIDING and SEEKING and how participants had grappled with it and solved it in themselves and with others. This led to a reconfiguration of the category of *Emergent struggle* and a consolidation of my model of HIDE and SEEK.

I will describe the cluster, categories and subcategories involved in MANAGING VULNERABILITY (Tables 16 - 20).

Table 16. Cluster 3: MANAGING VULNERABILITY - checklist	
1. Define the cluster	Balancing the tension and movement between interrupting needing or asking for help and actively seeking help in order to manage vulnerability, safety and risk.
2. Explicate its properties	It has 3 categories 1. Emergent Struggle 2. Tipping Back 3. Daring to ask
3. Specify the conditions under which it arises, is maintained and changes	Arises - at decisional points of affective experiences in relation to acknowledging needs and asking for help. Maintained - by a dynamic system of internal and external influences and conditions, e.g. shame triggers, fear-based systems or impulses to seek. Changes -through the ongoing assessment of need for safety and capacity for risk.
4. Describe its consequences	Feelings of vulnerability can be powerful and organise peoples' experience of needing and asking for help. How a

	therapist manages their relationship to shame and vulnerability is pivotal in their capacity to seek help.
5. Show how it relates to other categories/clusters	When shame or other feelings that made participants feel vulnerable, dominate it was hard for them to identify needs and ask for help and MANAGING VULNERABILITY is linked with HIDING. When it can be wrestled with and struggled with personally and professionally then there was a link to SEEKING as the beginning of a cycle of *Leaning in* and *Reaching out* whilst holding vulnerability in a dignified and respectful way.

James spoke to how he was managing feeling vulnerable at the time of the interview:

> "*It was because it made me think … you made me think, oh, 'do I need help?', because I've been the last … I got flu, and then when I was like … you know where, lying on the sofa, thinking, 'fuck, so many difficult cases', and my supervisor saying, 'these are really quite difficult cases, you're doing really well', and everyone saying, 'oh yes, James., he's … a bit of a go-to guy for the difficult cases' and I'm going, 'yes, great, yes, Mr. Fix It, I can do everything', and then it's sort of like, uhh, actually, that's quite difficult, (pauses) so umm … yes … but it means I can … you know, I can work with these looked-after kids, umm, and they want to come back and see me and I'm going, you know, uhh, adolescent girls who are saying, yes, another girl who is suicidal, adolescent, about 16, massively suicidal, really! You know I saw her for two years, and I was supposed to have discharged her ages ago, and I even changed my job, so I had the wrong job title to see her, but I*

couldn't let go of her, because every time I let go of her she took another

overdose."

This long passage from James shows him under pressure. His speech was fast and without any pause. His externalising the conversation in his mind, from different perspectives, shows him struggling to manage feeling overwhelmed by a mixture of work demands. He was sick with flu yet not taking time off sick. He had fallen into what he called his "Mr. Fix-It", who can do everything persona. He talks about the positive recognition he gets at work for being the "go-to guy" and how he values the work with really vulnerable clients. He knows something of their vulnerability so can't bear to let them go. He had *Tipped back* into his familiar pattern of fixing everything and hiding his own health and psychological needs from both himself and work colleagues. He is describing a range of clues that he is detecting during the interview process. Internal clues of sickness, the stress and feelings of overwhelm and the external clues of his difficult case load with more clients than he should be managing. One of the positive outcomes of the research interview was him catching all this, and actively seeking help from his previous therapist and colleagues. He described his shift from feeling overwhelmed to daring to make the call.

4.6.3 Category 3.1: Emergent struggle

4.6.3.1 Definition of category

Crucial tipping point of catching ambivalence, navigating vulnerability, acknowledging needs and seeking help or not. Dynamic tension and movement between HIDING and SEEKING.

4.6.3.2 Evolution of Emergent struggle

'Seeking' was initially a category during the early laddering process, I was using a metaphor of an engine as participants described a sense of movement as they talked about catching themselves. I had a sense of parts of them starting to gain momentum and work together differently. However, this metaphor did not capture the seeking and learning quality that participants spoke of. It was too mechanistic. So, I found the metaphor of the detective more useful to understand the codes and MUs. A detective knows there is a problem to solve; understands there is a decoding process involved in solving a mystery (that things will be hidden, and secrets may be held tightly); looks for clues and follows leads. Depending on your choice of detective (I prefer the Swedish genre) they wait, watch and wonder. They also ask difficult questions and do not let go until they find meaning and the mystery is solved. They generally have an ethic of risk and care. This kind of job description came out of arranging the codes around a central category of *Detecting.* The detective is also trained in solving mysteries and this is not too different to psychotherapists who are trained in decoding processes, regardless of discipline. Similar to fictional and beloved detectives, they are also imperfect and caught up in their own hidden stories as they uncover others' mysteries.

Detecting was a clear category conceptualising the participants' ways of describing how they identified clues, both internal and external. Detecting is an active and focussed form of seeking. This clarification helped to bring codes together under two categories of Detecting internal clues and Detecting external clues.

Table 17. Category 3.1: Emergent struggle - checklist	
1. Define the category	Crucial tipping point of catching ambivalence, navigating vulnerability, acknowledging needs and seeking help or not. Dynamic tension and movement between HIDING and SEEKING.
2. Explicate its properties	It has 3 subcategories: 1. Detecting internal clues 2. Detecting external clues 3. Testing the integrity of the other
3. Specify the conditions under which it arises, is maintained and changes	Arises - when there is some mobility. The properties in this category are emergent and in motion, rather than static and suppressed. Active and ongoing struggle to ask for help in opposition to defensive patterns. Moving from experiences of shame dynamics (real or imagined) to reflection. Engaging with questions about who is trustworthy and the risks of isolation. Maintained - by a reflective energy of questions, and a sense of wanting less isolation. Changes - when there is either a collapse into HIDING via *Tipping Back* or a spurt into SEEKING via *Daring to ask*.
4. Describe its consequences	To engage with the struggle towards seeking help.
5. Show how it relates to other categories/clusters	There appears to be a dynamic tension between this category and SEEKING. *Emergent struggle* is the potential bridge that brings clues to begin to SEEK. Coming out process.
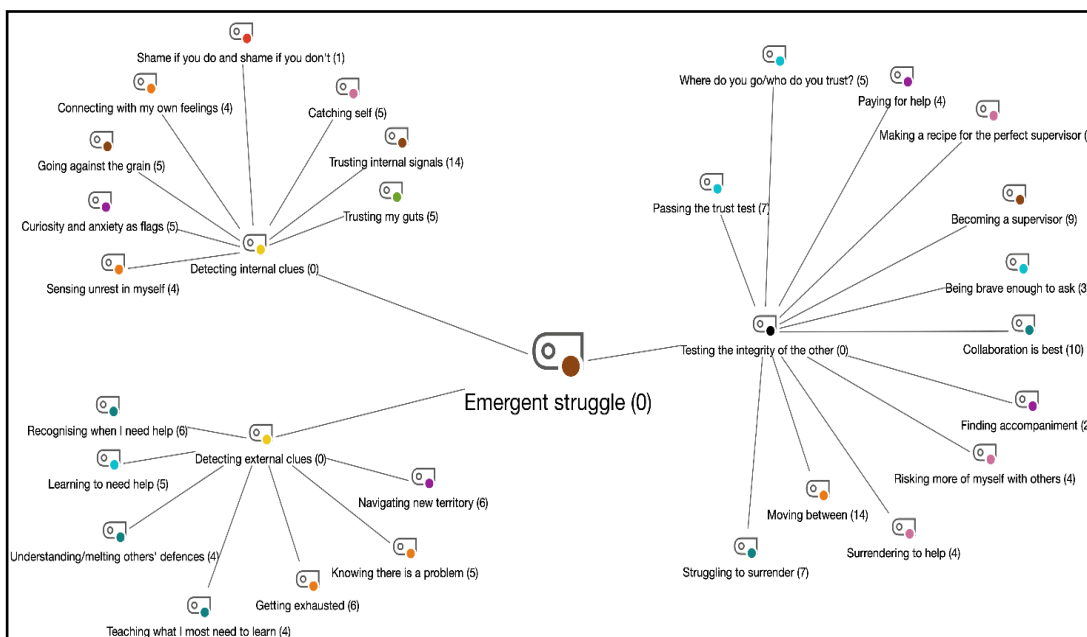
Figure 16. Category 3.2.2: Emergent struggle - MAXQDA map showing 3 subcategories with 157 MU's attached. See key to colour coding on p.13.

The subcategory of *Trusting the integrity of the other* also became clear as I understood the pivotal nature of *Emergent struggle*. Reflecting on the challenge from focus groups and workshop students I understood that one of the aspects that participants had talked about was HOW they decided WHO to ask. Reading the data and memos I found that most participants had described what I called 'a unique trust test'. This was their own personalised check for who was safe or not. This was another eureka moment in the cryptic puzzle of researching. It seems as if this test is used more unconsciously. It is not a list of questions, but more visceral and implicit.

Table 18. Category 3.1: Emergent struggle - 3 subcategories - checklist			
	Detecting internal clues	**Detecting external clues**	**Testing the integrity of the other**
1. Define the subcategory	Detecting potential clues of vulnerabilities/needs Internal signs and sensors of needing help. Setting up alarm sensors for any leakage.	Detecting potential clues of vulnerabilities/needs External signs and sensors for needing help.	Gatekeeping who is trustworthy by having unique trust tests to investigate the integrity of the other.
2. Explicate its properties	Internal clues - in the form of feelings, sensations, body signals, 'gut feelings', dreams, feeling ill. Language used is visceral and sensate- based.	External clues - Exhaustion/sickness . Work overload/ boundary breaches. Feedback from supervisors or colleagues can be clue, so can the sense of them missing stress and stroking defences. Language used can be over detailed or confusing. Struggle to identify a problem. Emotional /psychological breakdown, interpersonal difficulties. Clue in what work/teaching /writing interests might point to.	1. Investigating options for who and how to seek help from another. 2. Organising a unique test for another to see if they are trustworthy. May be conscious, unconscious or non-conscious. Test may be explicit or implicit. Like a person specification, a set of qualities needed to establish the credibility and integrity of the other.

3. Specify the conditions under which it arises, is maintained and changes	Arises - Awareness is the first step to identify needs. Spotting clues, both internal and external, is start of developing awareness of signals of needing help. Arises through the development of a "need thermometer/alarm" and a part of self who can begin to take the reading.	Arises - Awareness is the first step to identify needs. Spotting clues, both internal and external, is start of developing awareness of signals of needing help. Arises through the development of a "need thermometer/alarm" and being able to spot external signs.	Arises - when faced with feeling vulnerable and the question of WHO to ask and HOW is raised.
	Maintained - by commitment to be curious about a help signal and a framework that these signals are worth listening to.	Maintained - by commitment to be curious about a help signal and a framework that these signals are worth listening to.	Maintained - by a need to establish a sense of safety and security and manage risk. Changes - when the other passes test or doesn't. If they pass, then a potential collaboration can be sought. If not, then the person may return to HIDING or seek a different person in a different way.
	Changes - when curiosity decreases in the face of negative affect (shame/fear/rage).	Changes - when curiosity decreases in the face of negative affect (shame/fear/rage).	

4. Describe its consequences	Becoming aware of clues raises a flag/question in person's mind that can invite attention, curiosity and lead to investigation.	Picking up clues from the environment can help to investigate internally as well as ask questions further about the external.	Can lead to a capacity to build a good team around you.
5. Show how it relates to other categories/clusters	Different to HIDING, where needs are not recognised and defences are in place in terms of *Camouflage*. *Detecting internal clues* is the beginning of recognising needs/previously hidden needs. It is the stage before *Investigating.*	Different to HIDING, where needs are not recognised and defences are in place in terms of *Camouflage*. *Detecting external clues* is the beginning of recognising needs/previously hidden needs. It is the stage before *Investigating.*	Has links with SEEKING and *Reaching out* as an awareness of needs will raise the question of "who do I go to/who can I trust?"

Detecting internal clues was a significant data set. Participants' use of language was a key aspect of the data analysis here. They used words like "bubbling", "pinging", "crashing", "wobbly", "hunger". These words, used to describe internal clues were sensate-based, visceral and hard to speak about. Words like bubbling, pinging are onomatopoeic. They matched and vocalised an internal expression, without languaging directly. This type of language seemed to be a clue or, as Fran described, a flag:

"*I used to get a physical reaction of … and I could never verbalise what it was, it was just something about this is not right, a gut, and an internal*

alarm, something, and so when that … when I feel that happening, I trust

that, because its helped me out a lot before, so whenever I hear that, or I can

feel it in myself, I go, okay, I need to flag that up."

Fran went on to describe the sensation: "*I know why I had that gut reaction, but I*

had to process it, I couldn't just keep it, so it just felt a bit too big I suppose." Her

detection of the internal alarm and her knowledge of her gut reaction led to what she

described as a sensation "*too big*". These are all in the realm of the body. James

described: "*There was a sense of unrest in me.*" Ed also described the physical

nature of identifying his need for help: "*Yes and it's not in language, it's in sensing,*

it's a gut feeling."

Liz told me how she used these clues to begin to investigate her experience:

"*so when I get very anxious about something, I've got to go and get some*

help, because I don't like feeling anxious, umm, but it's an indicator for me,

so I've learnt how to listen to that, umm, when I'm curious, interested, the

process that's going on between me and people I want to go and get … the

help, I want to explore it."

Here she potentially shows how detecting internal clues can led into the positive

SEEKING cycles.

These were ways participants described detecting internal clues. However, Wilma

also talked about not being able to detect clues, of being dissociated from her

awareness, or her inner detective:

"*Well I think that's the challenging thing because I'm speaking with hindsight.*

I don't think I realised is that there's a kind of dissociation that occurs. I'd like

to think of it as a soldiering on but I'm not actually sure it was even a

soldiering on. I'm not sure that my awareness of needing help /… I'm not

sure that it was in my awareness really."

This is potentially a way that not being able to detect internal clues may connect
more to the HIDING cluster.

When describing external clues, the language used by participants was more direct
and could be spoken about more clearly. It is also a separate and different source of
information. So, for example, if Wilma cannot detect from her internal clues, she
might be able to use external ones. These are the reasons why I decided to make
Detecting external clues a discrete subcategory, equivalent to *Detecting internal*
clues.

Fig. 17 shows a list I made in a memo, drawing out the range of external clues
participants had spoken about. I have since developed this into a provisional
Detecting questionnaire, which I used in a workshop in Cumbria (March 2019) (see
Appendix XIV).

Detecting external clues – Memo	15.12.18

What are the external clues? What is being detected? What am I saying people might look for as a result of this research?

So, I started to make questions from MUs. Questions that might nudge peoples' detecting capacities towards seeking and tip the balance away from shame and hiding. This process of writing questions helped to clarify, in my mind, the dynamic tension that participants were describing between how do you find out when you are in trouble with yourself or as P5 puts it so clearly, "*how do you know you've got a problem when you don't know you've got a problem?*"

Am I ill / tired / close to breakdown?

How is my workload?

How hard am I working?

Are my supervisors praising my defences rather than confronting me?

What have I volunteered for and why?

When I listen to others - what impacts me in what they say/how they say it?

What is happening in my personal/ professional relationships?

How am I similar or different to others and how does that feel for me?

Why am I doing the work I do?

What are my colleagues/friends telling me I don't want to hear?

What are my particular skills/strengths and why might these be so well developed in me?

How is my radar finely tuned and why?

What can I see around me?

What am I talking about with others?

What am I encouraging others to do? (that I might be finding hard myself?)

What am I writing about and why?

How am I looking to influence others, and why?

These questions are from the external data. Might develop this into a Detection questionnaire for future training. Noticing the **kind of words used** would bring in learning from internal clues and well as adding some internal questions.

Figure 17. Memo reflecting on *Detecting external clues* written 15.12.18

Easy clues to spot are the breakdown of relationships: "*Because I'd had a really really difficult disastrous relationship and I had to ask myself what was all that about. Then I … and I was, in my external … in my personal life, I was in a very very dark and depressed place*" (Ed).

Suzanne reflected on how her writing and teaching were like external clues for her: *"I could see that everything I was writing about was to do with all that I didn't get."* This was a good clue to pick up on.

Detecting clues from either source seemed to help make the difference between identifying needs and asking for help or falling back into HIDING. Being able to develop a resourceful inner detective seems like a good source of help.

Testing the integrity of the other was the next subcategory to help explain this crucial point. Participants talked of their caution and uncertainty. As Laura said: "*Who can you go to? Who would you trust actually?*"

The kinds of tests participants described were different, as were their ideas about what was important and what constituted integrity in someone, they would ask for help from.

Wilma said: "*I think actually I need somebody who won't submit to me, in order for me to surrender.*" She continued:

> "*Yes, who is going to understand me, who is willing … who is willing to understand, that's the thread, umm, who is not going to give up on me, I*

think, well, who is not going to impose something on me, who is going to

really want to find out."

For Wilma, being understood and not imposed upon are key criteria, along with wanting someone who won't submit to her.

For Don, he wants someone who has "*been there*":

"*… there are people who know, who have been there, and there was a*

sense with her that she'd been there, umm, and the sense with J. was that

he had never quite been there, umm, he'd only ever been there in an

observing position, rather than actually being there."

Expanding on this he talked about another supervisor:

"*she had a really embodied quality of knowing it, she knew it, she really*

really knew it, she practiced the practice and umm she practiced I think with

a very sort of, as I experienced it, a very open mind. She wasn't narrow in

her conception of what psychotherapy looked like. She was very rigorous in

the questions that she asked and what she demanded from supervision, yes,

and she had compassion and humour. They are all good qualities. And she

wasn't greedy, and she was utterly reliable. There was a lot to be … what

she had to offer was very reliable, that's important, it's important that people

are reliable for me."

This seemed like a list check list for integrity and a high degree of trust.

Suzanne spoke to the variability of people passing her trust test: "*I think I've struggled to find a therapist that can truly get underneath. It took some time. I think I've got there but it wasn't easy.*" Clarifying further she went on to say: "*They need to be quite subtle and sophisticated to realise the degree to which … I mean I can*

appear open and giving myself, but I know that I'm self-preserving, self-sufficient, so it takes subtly."

Laura told me about how difficult she found it: *"… so where do we go when we're not sorted, safely, where it won't be banked, you know, and come back and bite us later and I think that is a real difficulty in the profession*." Her struggle to trust people was a strong thread in her interview. She had described a number of scenarios of being disappointed by professionals who had not passed her trust test.

Participants' words about how they decided who to trust and how they went about it seemed to be part of developing an external range of support, of help or confirming their original learning, potentially tipping back into their familiar patterns of self-sufficiency.

Emergent struggle, with these three subcategories, became an important category in answering the research question.

4.6.4 Category 3.2: Tipping back

4.6.4.1 Definition of category

Being overwhelmed by negative affect and (re) interrupting the capacity to identify needs or ask for help. Potential to be tipped back into HIDING.

4.6.4.2 Evolution of Tipping back

This category name returned to me from my original pilot research project I undertook as part of this programme. It had been a phrase used by one of my co-

researchers when he described the phenomenology of "tipping back" into his past. He talked powerfully of how it could happen, in a moment and without awareness or control. When I read participants words in this research and considered how they described falling into shame, old feelings and being overwhelmed, this term returned to me and seemed to speak to the data here.

Table 19. Categories 3.2: Tipping back - checklist	
1. Define the category	Being overwhelmed by negative affect and (re) interrupting the capacity to identify needs or ask for help. Potential to be tipped back into HIDING.
2. Explicate its properties	Anticipation of shame in relationship. Overwhelmed by negative affects such a repulsion, envy that feel unmanageable, Past and present merge in language.
3. Specify the conditions under which it arises, is maintained and changes	Arises - when person anticipates the other as a potential source of shame and is overwhelmed by this configuration and draws on patterns of hiding needs. Maintained - by staying hidden. Changes - when shame or negative affect can be better regulated.
4. Describe its consequences	To be thrown back into an archaic, shame or fear-based response. To re-stimulate camouflage strategies and hide needs or interrupt asking for help.
5. Show how it relates to other categories/clusters	Links with HIDING cluster as Tipping Back evokes defences that lead to a person hiding their needs. Interrupts SEEKING capacity.

Participants spoke of being ashamed of asking for help. On the whole there was a general consensus amongst all participants that the word help was unsavoury. They

did not really like it and preferred variants of 'support' as the term help conjured a form of helplessness they did not want to identify with. This was an early clue to the link with shame. However, as the interviews unfolded the term 'shame' was used frequently. Participants told me about how appearing 'needy' or being seen to ask for help could lead to feelings of shame.

The links were rooted in participants' early histories of being shamed as children and growing up in shame-bound systems, whether that was a family system, or a culture rooted in trans-generational trauma and shame. This data is represented in the category of *Learning to hide needs* and the HIDING cluster.

However, the role of shame was still to be explored and *Tipping back* was a clear category early on and did not change, as the other categories did.

Ed spoke clearly to being "*shame prone*" and "*ashamed to ask for help*", even to the extent that he withdrew from any formal supervisory relationship for six months, against the advice of his professional body. Don also described that he was most likely to avoid asking for help when he felt shamed.

What became clear in the texts was the strong sense, for participants, that asking for help from someone gave the other potential power over them. They imagined being judged negatively. The supervisor or other person was imagined or experienced as a potential source of shame and this needed defending against, either by hiding their needs or withdrawing completely. Ed talked about how he withdrew completely and was very careful to choose supervisors who were non-shaming after this.

Elliot described his experiences of how he found asking for help challenging as he feared people would consider he was not a good therapist. Liz also spoke of the high potential for shame and how she felt this frequently in supervision. For her, too, it was around being perceived as competent in her work. She found one particular supervisor's silence intolerable, triggering her archaic feelings of shame and memories of being repeatedly shamed by her father.

Wilma explored her sense of the shame in not knowing she even needed help, and this being critiqued. Her fear is that her needs are "*too big or too shameful or too exposing*".

These four therapists described an internal tension between the fear of feeling shame and another part (either an internal part or their supervisor/another) that judges and shames them. The two seem to operate together in the participants' description.

Liz described this clearly:

> "*I think if I'm getting a sense that the other person thinks, which they might, you know, but then that other person thinks I'm not doing something very well, that can set it off. I mean it's … you know … it's a bit of a kind of hair trigger really this, umm, I think if they stay silent that's probably one of the worst things that can happen because there's just a really big gap then opens up and I'm just floundering around and thinking I've got to get out of here, usually, I've got to get out of this situation, so silence isn't very helpful.*"

Suzanne reflected on how, even though she is aware of this dynamic in herself and others, she is still vulnerable to it:

> "*I think the shame bit … umm / no matter how my value system totally changed, and I see strength in vulnerability and all of that, the indoctrination around vulnerability, i.e. when you show your need for help, you show a weakness. I believe I am up against it and I believe I always will be, even though totally disagree with it.*"

Suzanne also spoke to this dual dynamic when she said, "*it's the thing that makes me/made me feel repulsed*". Here she was talking about her relationship to needing and seeing others who are in need. Extreme helplessness evokes, in her, a state of repulsion and she judges others accordingly. She links it to her experience of trans-generational trauma and the Holocaust, where to be helpless was life threatening. So, she was conditioned to never put herself in that vulnerable state. Evoking repulsion is a powerful way to stay safe in the face of such horror. However, it also leaves her with an internal judge with little compassion for vulnerability, especially her own. Her internal value system, rooted in her phenomenology of power and fear, has led to a potent shamer/shamed dynamic. Even though she is aware of this and is not proud of it, she described being frequently tipped back into this system.

Later she contrasts her repulsion with a humility when she witnesses dignity in the face of need and is an interesting area to explore. It shows her moving through the range of the categories of shame, ending with transgressing her original value system as she describes her whole system melting over time and an "*undoing my indoctrination*" so she can see with "*new eyes*".

In this category of *Tipping back* there is no dignity in needing, just a stimulation of an internal tension between a part of the participant that is shaming and another part that feels shamed. There are strong links between *Tipping back* and HIDING. Participants spoke of when they are overwhelmed by feelings of shame, they experience *Tipping back* into their archaic defences and from this hiding place their capacity to identify their needs and ask for help is interrupted or inhibited.

The challenge, for participants, appeared to be how to bring dignity where there is shame and this is what the next category, *Daring to ask*, begins to explain.

4.6.5 Category 3.3: Daring to ask

4.6.5.1 Definition of category

Dignifying needs in order to seek help. Challenging personal and professional orthodoxy. Potential to tip into SEEKING.

4.6.5.2 Evolution of Daring to ask

I had originally named this category 'Transgressing' to symbolise the act of asking as transgressive to the act of hiding. The feedback from both focus groups reminded me that not all acts of asking for help were transgressive to one's attachment style or Script (Steiner, 1966). It was a useful reflection of how I had slipped into my own assumptions. I went back to the data and saw participants describing a sense of risk and adventure that it seemed better to ascribe to 'daring' than 'transgressing'. I worked with the student focus group on this and they confirmed the 'transgressing' did not capture their experiences. They liked 'taking the plunge', but this moved away from my data. Reviewing the data helped me to clarify the change. *Daring to*

ask kept the category closer to the data and the language clearer and more accessible.

Table 20. Category 3.3: Daring to ask - checklist	
1. Define the category	Dignifying needs in order to seek help. Challenging personal and professional orthodoxy. Potential to tip into SEEKING. Finding dignity in need.
2. Explicate its properties	Challenging personal and professional orthodoxy. Involves risk and uncertainty. Drawing on internal and external support systems to ask for help from another.
3. Specify the conditions under which it arises, is maintained and changes	Arises - when there is enough internal support to challenge previous orthodoxy and configurations of shamer/shamed. Maintained - by witnessing the dignity of others and drawing on external support. Changes - when there is a return to a state of *Tipping back* or tense ambivalence of *Emergent struggle.*
4. Describe its consequences	To discover dignity and respect for self and others and increased freedom from shame.
5. Show how it relates to other categories/clusters	This category is about the transgressing of internal and external orthodoxy. It is where shame is more manageable as opposed to *Tipping back* where shame is figural. It is permissive of seeking and asking for help from others and links with SEEKING.

This category also surprised me as I revisited the texts. Participants talked about developing affect regulating strategies to counteract their feelings of shame and how difficult this was. They spoke of how active they had to be to counter early

messages and ingrained patterns of beliefs woven into their lives. My surprise came as I understood the risks they had taken, and the dignity and courage involved here.

James, in his decision (from the interview) to return to therapy, spoke of drawing on his previous positive therapeutic experiences. He used these memories to just act and call the therapist, in spite of some shame being evoked. His language of "*leaping into the unknown*" was important to communicate the leap of faith he was making, that someone might be able to help him in his distress at that time. Most importantly he was able to recognise his need, tolerate the uncertainty and make contact with his previous therapist, in spite of his fear and the internal backlash of his early messages:

> "*Yes, I don't know why … I don't know what it was that made me go to umm … I don't know what it was that made me go to that. I suppose because I'd done … a lot of other kind of soul-searching stuff, therapy was something I still hadn't done [on this occasion], and I thought I'm just going to do it. You know that kind of sense. So, kind of leaping in to the unknown somewhat. And quite scary in a way.*" (James)

His haltering words at the beginning suggest his reaching into his experience, perhaps detecting the clues that helped him act. I began to understand his action, and other such acts described by participants, as acts of courage and dignity. Here James had challenged his early messages and gone against his usual patterns of caring for others, at the expense of himself. I believe this involves risk.

Fran explored two ways that she had begun to question her struggle to seek help. Firstly, she began to wonder and challenge her sense of a professional orthodoxy. She had been taught, through her training, that supervision was not a space to talk about yourself or your vulnerabilities:

> "*And I wonder where that comes from. I don't know who has made that decision and why they have made that decision of why we say, no personal stuff in supervision, I don't know who … who said that. I can't find that anywhere.*"

She recognised that she was taking more risks in her own supervision as her beliefs in these 'rules' dissolved: "*I think I'm getting better at not signing up to it weirdly, now I'm looking at myself a bit more, I'm going, yes, you know what, I just need to seek advice about that and that's okay.*"

Secondly, she described challenging her personal orthodoxy by developing better internal support for herself, to give herself permissions to need and for ask. A personal crisis with her son had helped her to realise she needed help, and this had encouraged her to "*open the door*" to needing and asking for help from others in her professional circle as well as her personal life. I understood this as her dignifying her needs and daring to ask for help.

Fran spoke of still feeling cautious in her own supervision and of actively working to offer a more restorative space as a supervisor herself. She reflected on her own experiences of not feeling able to ask and wishing, at times of greater need, that the supervisor would enquire more deeply about her needs: "*I do try and check-in when I'm not being genuine with what's really going on and I do wonder if sometimes if I … if I do need help with something whether I'm hopeful that a supervisor will ask.*"

This raised the question, for me, regarding the supervisor's responsibility when a supervisee might be hiding. In the wider field, what is the role of the professional helper (be it therapist or another helping role) in helping people manage their vulnerability and build courage and dignity in asking for help?

Suzanne had expressed how it was "*not a natural thing*" for her to ask for help and how it had taken her a very long time to develop the capacity to counter her self-sufficiency. She reflected on her realisation that she has deprived others by **not** asking for their help:

> " … *and what it does to be at the receiving end of somebody who is asking for help, really helped me to know that I'm depriving people from experiencing me leaning on them, so you know, kind of a somersault that happened at some point where I really realised the pleasure in being at the receiving end of somebody, a few people that are close to me, that I love, that I respect, to reach out.*"

She described her shift to being able to receive help as well as give it. Her phenomenological description of a "*somersault*" is like James' language of "*leaping into the unknown*". Both suggest the sense of movement, going in a different direction to previously planned.

She expressed her sadness as she realised this absurdity and grief relating to her history of self-sufficiency and how hard it has been for her to discover how to seek help. She knows this is an ongoing life challenge. She spoke powerfully of how she finds dignity in need and respect for others' vulnerability and this helps her to

question and undo the "*indoctrination*" of her childhood and culture: *"I certainly feel that the sort of … the beauty of … in the kind of experience of being with people who can ask for help and the dignity of it."*

She described her vision of finding dignity in her needs as opposed to her original system of neediness as repulsive, dangerous and life-threatening: "… *it's like seeing it with new eyes.*"

4.7 Core category

4.7.1 Definition

Asking for help is experienced as an act of courage to reach out, predicated on self-awareness of need(s), together with enough trust that the request will be met with dignity.

Asking for help is a complex, non-linear phenomenon. The proposed model of Hide and Seek is a visual and dynamic grounded theory model of asking for help.
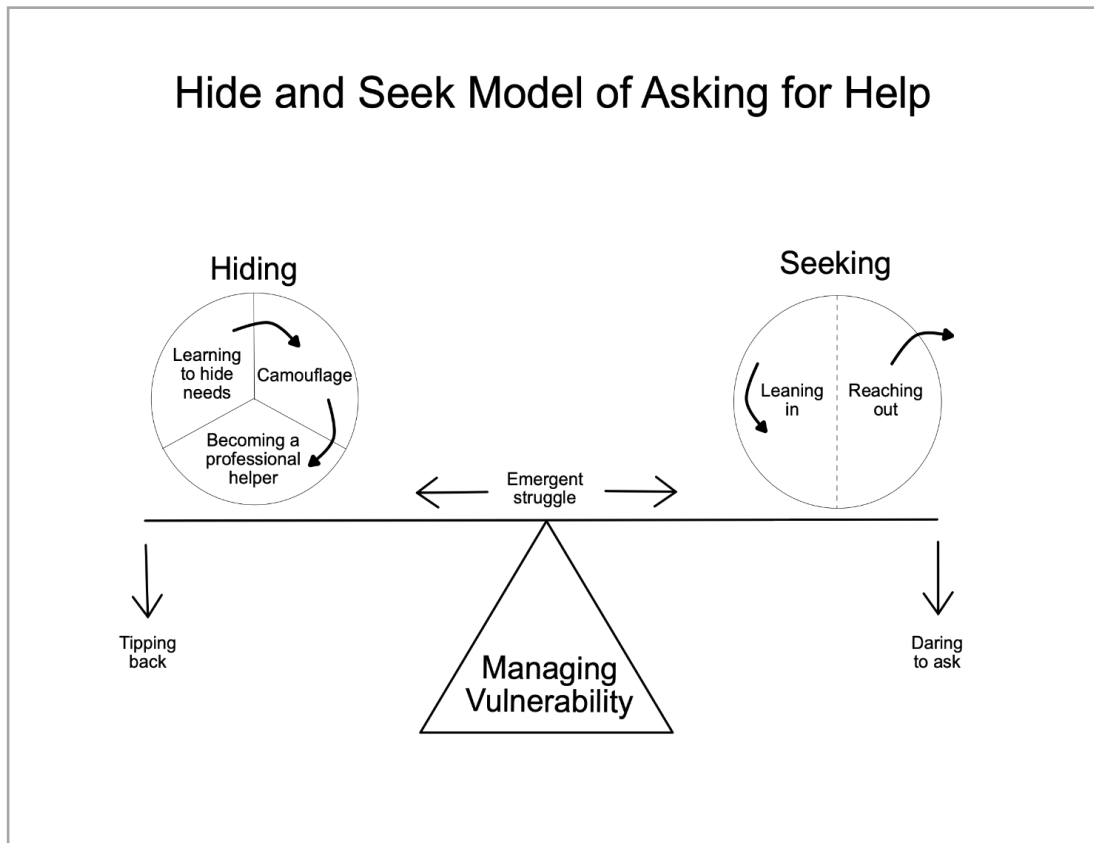
Figure. 18. Hide and Seek - a dynamic grounded theory model of asking for help.

Version 3 of the model (Fig. 18) shows how I visualised the clusters, categories and

subcategories working together in a dynamic form. The model shows how

participants spoke of their difficulties in asking for help (HIDING) and their positive

ways of doing so (SEEKING). Both possibilities exist, like a seesaw. What

influenced participants' choices (either consciously or unconsciously) was their

experiences of MANAGING VULNERABILITY around having needs and finding help

with dignity. Their descriptions of either *Tipping back* or *Daring to ask* seemed to

influence tipping the balance between HIDING and SEEKING. The pivot of the

seesaw is the category of *Emergent struggle*. Participants described their capacities

to *Detect internal* and *external clues* that might help them tip from HIDING to SEEKING and the importance of finding reliable people they could trust was an important factor.

The arrows in HIDING symbolised how one category connects to the other. There is potential for a third arrow between *Becoming a professional helper* and *Learning to hide needs,* however, I did not think there was enough evidence of this in my data.

The arrows in SEEKING symbolise the category names. The dotted line between the two categories represents a semi-permeable division indicating that they influence each other.

The model will be explored further in the Discussion chapter.

4.8 Conclusion

In this chapter I have collated my analysis of the data. I describe three clusters, eight categories, twelve subcategories and a core category which conceptualises the experiences of needing and asking for help, as described by the ten psychotherapists interviewed. I also describe the development of, and propose the model of Hide and Seek, which is a product of this research.

5.0 Discussion

5.1 Introduction

This study has shed light on how experienced psychotherapists, across a range of modalities, ask for help in their work. The research question at the heart of this dissertation is: What is the psychotherapist's experience of needing and asking for help? The data, from interviews with ten psychotherapists, was analysed using grounded theory. Three clusters were found, and a core category identified along with a model that conceptualises the phenomenology of asking for help.

Credibility checks were incorporated into the study, allowing for confidence in the analysis. In addition to developing consensus with a co-researcher, participants were sent a copy of their interview and a summary of the findings for their feedback. The responses were positive, with one therapist already indicating his use of the model to improve his supervision of psychotherapy trainees and several others reporting the impact of the interview leading to a greater awareness of their own struggles to ask for help. One participant decided to return to therapy after realising his potential burn out. In addition, feedback was given by two focus groups plus an additional teaching group. These groups gave input on the cluster and category hierarchy and validated the model as useful. Four psychotherapists from the focus groups wrote to me afterwards to request permission to use the model in supervision and teaching.

The main finding was that participants experienced asking for help as an act of courage to reach out, predicated on self-awareness of need(s), together with enough trust that the request will be met with dignity. In this chapter I relate the

specific elements of the findings and model to existing literature and research to show theoretical integration. I then discuss its applications, limitations and value. I conclude by describing the products already established and ideas for further development and research.

5.2 My assumptions and learning

Having trained, initially as a psychodynamic counsellor and then as a relational psychotherapist, I am aware of my own struggle in asking for help. I spent the initial part of many years of analysis lying on the couch finding it difficult to talk. For me it was useful that I was staring at her consulting room wall. It helped me learn to open my mouth, mind and heart to not have to witness the immediate impact of my words, and wordlessness. My history, like many of the participants, is steeped in shutting down my awareness of my needs and getting interested in others as a deflection. My disappointment and frustration were that people did not see past my defensive deflection and so I often felt alone, albeit alone and safe.

My assumption at the start of this research was that others in my profession also struggled to ask for help. My belief is that this is because this profession attracts 'wounded healers' (Jung, 1959), and, like Adams (2015), I do not believe that psychotherapists are less troubled than other helping professionals, or necessarily those in other professions.

As a psychotherapist steeped in psychodynamic, humanistic and integrative psychotherapy practice and thinking I will be drawing from these bodies of literature as well as wider research studies.

My assumptions were that other practitioners would be able to speak about their struggles about asking for help. What surprised me was the extent and the depth of their struggles and I have been impacted by their stories, experiences of being 'isolated experts' and particularly how they have striven to maintain dignity. I have learned that asking for help is experienced as an act of courage as it involves surrendering to vulnerability in spite of difficult histories that have shaped negative life-limiting expectations.

As the findings and model of Hide and Seek developed and I started to take it to wider groups at conferences (see Products) I also started using it in my own practice. I have subsequently become clearer about what I am seeking and been able to say no to work I was doing, but not wanting to do. It seems somewhat paradoxical that in considering how to ask for help that I am now working differently. I have dignified more of my own vulnerabilities and my act of courage has been to ask for more of what I aspire to do, rather than what I feel obliged to do. I have stopped my role as tutor to free me up to write more; a shift from my over-responsible professional role, where I hid my aspirations in order to stay connected in a 'familiar' way. Understanding and *Leaning in* to this has helped me take a risk that I had not had the courage to do before.

In my clinical practice I am using the model of Hide and Seek with clients to assess their capacity for getting help and discussing it with them to build their capacity to detect clues, consider who and how they trust and get a handle on their ambivalence between hiding and seeking. In supervision I am talking with my supervisees about how they might hide in their work and with me.

5.3 Surprise - Help - "Don't make me use that word"

One of the first surprises for me in this research was that each of the participants expressed varying degrees of dislike for the word 'help'. Considering they all had long careers in what is often referred to as 'the helping professions', not just as psychotherapists, but as nurses, doctors, teachers, social workers before they re-trained, this was a significant revelation.

Elliot mused: "*It's interesting. I never use the word help, I use support. Or consultation. I never use … but … yes, I never use the word help.*" It was noticeable how he used the word "never" three times in succession to emphasize his dislike and rejection of 'help'.

The word was also associated with "*practical help*", "*God*", "*instructions*", "*being corrected*", being "*smothered*" or "*nursed*". The word 'help' paradoxically seemed to elicit the improbability, impossibility or indignity of help.

There was also a common rejection of the term 'asking for help' which was associated with being taken over, feeling one-down, stigmatised or too risky. Not one participant talked of finding it easy or pleasurable.

Throughout the interviews, participants reflected on their own capacity to ask for help and concluded that they did not like doing so and commonly felt ashamed to. Most were clear about how asking for help for themselves was a struggle, but if it was for others, then that was different. Molly said: "*I think if it's for someone else and I know I'm floundering, I can do it.*" Here Molly still makes the proviso that she must be "floundering" before she will ask.

Elliot spoke of feelings of helplessness and hopelessness; Liz made links with power and vulnerability and Ed connected with his sense of shame. These references pointed to the psychodynamics of asking for help and the complexity. It suggested that these professionals did not have a clear way to understand and think about these experiences and struggles.

Suzanne's expression of feeling repulsed in facing her need for help shows a depth of somatic and affective phenomenology that may be involved and evoked in asking for help.

In summary, participants were more fluent in telling me of their difficulties in asking for help. It was these stories that led each interview. I wondered about this as a kind of professional default. Psychotherapists are in the business of problematic help-seeking, and are generally immersed in difficulty, rather than ease, in relationships. Therefore, perhaps it is no surprise that they led with their own stories of struggle. However, the prompt sheet did not specifically invite this and had questions about positive and negative experiences. The surprise was their consistent dislike of the word and associations to help and asking for it. More concerning was that, in response to my question: "When is it hardest to ask for help?" half of the participants responded: "*when I need it most*" and spoke of struggling most when they felt shame, powerlessness and incompetence.

Eight of the participants talked of realising, through the process of being involved in the research, that they had "*not been asking for as much help as I needed*" (Fran). The two who did not reflect on this in the interview both described having a lot of colleagues to refer to, but I was not sure that they were any better at asking for help, more like they felt 'in charge' of help and both were hubs for others.

This helped validate the research question and showed that asking for help in their work was not straight forward for these psychotherapists, despite their years of their own therapy, training and supervision. The questions then arise; why is it still a struggle for them? what might both inhibit and enhance asking for the help they need in their work and lives? what might the implications be for practitioners, clients and the profession? These will be discussed later under the heading of Implications.

5.4 Theoretical integration

I will discuss the theoretical integration of the findings and proposed model and then move to discuss the implications, limitations and products that are the outcome of this research.

Interdisciplinary research and clinical data are affirming the concept that in infancy and beyond, the regulation of affect is a central organising principle of human development and motivation. It is well established that the early environment and relationships affect how well infants develop. This is evidenced in many different paradigms of psychology, attachment research (Bowlby, 1969; Ainsworth *et al.*, 1978; Main, Kaplan & Cassidy, 1985; Main, 1991; Fonagy, Steele, & Steele, 1991), neuroscience (Panksepp, 2000; 2005; Panksepp & Biven, 2012), infant development research (Travarthan, 2000; Tronick, 1989) and trauma studies (Schore, 1994; 2000; van der Kolk, 2015). I will draw on these in order to integrate my findings theoretically.

I have focussed on attachment research due to its intrinsic interdisciplinary nature and that it is one of the most researched theories from psychology. I also draw on neuroscience as a contemporary addition to attachment research that has helped to

integrate trauma models, attachment and child development. I will also reference different writers and theorists from the psychoanalytic and psychotherapeutic fields. In stating these chosen theoretical frames I am also making my own frames transparent. The bottom line of theoretical integration is that the researcher has to make a selection and the best they can do is to be accountable and transparent.

My premise is the human infant is not a blank slate at birth; like all other species, we are born with a set of innate needs. These needs are felt and expressed as emotions (Damasio, 2000), and attachment can thus be defined as the dyadic regulation of emotion (Sroufe, 1996). The basic (hard-wired) emotions release instinctual behaviours, which are innate action plans we perform in order to meet our needs (e.g., cry, search, flee, attack).

When problems develop in an infant's early relationships they are linked with later problems in social and emotional health, thinking and problem solving. The findings of this study also suggest there may be difficulties in asking for help.

The main task of mental development is to learn how to meet these needs in the world. Learning to meet our needs is a mixture of biological necessity and learned compromise when our innate needs might conflict with one another (e.g., attachment vs. fear). At such time we may need to find indirect ways of getting our needs met. I believe that most of our ways of meeting our needs are executed unconsciously.

Drawing on research from animal behaviour, Bowlby (1969/1982) recognised the evolutionary advantage of an infant being able to signal distress to their carer when they feel under threat, thus drawing the carer into closer proximity. Bowlby

understood that the primal nature of attachment as a motivational system is rooted in the infant's absolute need to maintain physical proximity to the caregiver, not just to promote emotional security but in fact to ensure the infant's literal survival and development. Given the requirement to attach, the infant must adapt to the caregiver, and may need to defensively exclude whatever behaviour threatens the attachment bond.

Asking for help is an attachment behaviour and learned in the crucible of the family or early learning situation. Attachment theory provides a well-researched model for the integration of early childhood experience with later development and evidence for the continuity of interpersonal experience from infancy to later in adult life. More generally, attachment theory posits the existence of a number of innate behavioural systems, which include the attachment, exploratory, fear, caregiving, care-eliciting and sexual systems. These are motivational systems and mediated by sets of non-conscious expectations and characteristic ways of regulating affect that are implicitly encoded in representational models of self-other relationships developed in early life. The link between the attachment, exploratory and fear systems are of particular note (Renn, 2012).

Considerable evidence has accrued to indicate that for secure attachments to form and for development to proceed optimally, caregivers must perceive the infants' emotional signals, respond to them sensitively, display affection, and accept the infant's behaviour and feelings (Ainsworth *et al*., 1978; Belsky, Rovine & Taylor, 1984; Emde, 1987; Grossman, Grossman, Spangler, Suess & Unzer, 1985; Sroufe, 1988). It is thought that infants who are securely attached are able to regulate their emotions and have a sense of inner confidence and efficacy. They are more curious

and eager to explore their environment, thus taking opportunities for growth and development (Murray, 1992).

Given the above, I postulate that needing and asking for help will implicate the attachment system across the life span. The two clusters of HIDING and SEEKING relate strongly to attachment theory at the behavioural level of the exploratory system being inhibited in HIDING, and excited in SEEKING. I will take each cluster and discuss the links with attachment research and other theories.

5.4.1 Cluster 1: HIDING

Hiding was a powerful theme for all those I interviewed. This cluster is about needing but *not* asking for help. HIDING has three categories: *Learning to hide needs, Camouflage* and *Becoming a professional helper.* The data suggested how these three constellated to interrupt awareness of needs or asking for help due to a history of experiencing shame in relation to needing help, perpetuated through family and/or cultural messages and creating self-protective mechanisms to best manage the tension of having needs and staying attached.

Carl Rogers, in *A Way of Being*, wrote: "There are many, many people living in private dungeons today, people who give no evidence of it whatsoever on the outside, where you have to listen very sharply to hear the faint messages from the dungeon" (1995, p. 10). He was reflecting on his own learning and more autobiographical literature has emerged since, of psychotherapists and psychoanalysts' experience of keeping their needs underground.

5.4.1.1 Learning to hide needs

"You can't really ask for what you can't imagine. You can't ask for what you don't know" (Palmer & Brown, 2015, p. 219).

The original attachment researchers (Bowlby, 1969; Main, 1995 and Ainsworth *et al.*,1978) demonstrated the need for a "stronger and/or wiser" other, and that humans needed a person for security, rather than a place. They showed how this need for attachment and a child's experience of it turned into an internal working model and that one's experiences of relationships with others becomes a feature of one's relationship with oneself. Our first attachment relationships provide us with the original blueprint, or protocol: "Our original working models of attachment are forged in the crucible of our earliest interactions" (Wallin, 2015, p. 31).

All participants described early stories of adaptive attachment strategies and profound experiences of shame; being shamed and experiencing shame in relation to needing help. They described early intrapsychic impasses (Mellor, 1980) between impulses/needs and prohibitions.

One person's story was being born into a war that was just over, but the ravages of it were everywhere. Dominant cultural messages of the danger of being vulnerable lead to implicit and explicit modelling of hiding needs; vulnerability was experienced and viewed as a weakness and therefore life-threatening. The family wanted to protect their children and ensure they were strong so they would survive and live a better life. Crying, vulnerability, fear, sadness were regulated through discipline, degradation and disavowal. She described how shame became her core organising affect and she ensured her vulnerability would never be found. She sacrificed freedom for proximity and stayed close to her caregivers, believing their guidance of

the dangerous world and the terror of showing weakness. In this story we see the nesting of cultural and family scripts (Steiner, 1966), a powerful developmental template for learning to hide needs.

All participants reported early experiences of their emotional needs not being met and feeling shaped by this early privation. As psychotherapists there is a shared frame of reference about such experiences that will have influenced our conversations and a shared assumption that such early experiences impact and shape later patterns of behaviour and experiences of being in the world. However, not one person reported feeling predictably enhanced and supported to ask for what they needed as a child.

These findings show psychotherapists reporting their early experiences of hiding their own needs and this leading them to becoming early helpers and then later, professional helpers, as nurses, doctors etc. before later training as psychotherapists.

Further research would elaborate upon this study by either doing a concurrent analysis of the participant's attachment style or of seeking participants who felt they had good enough early experiences of asking and receiving help from caregivers.

Mary Ainsworth's research (Ainsworth *et al*., 1978) clarified that it is the quality of the nonverbal communication in the attachment relationship that determines the infant's security or insecurity, and along with it, the infant's approach to his or her own feelings. Later, Mary Main's investigations (Main, Kaplan & Cassidy, 1985) illuminated the ways in which these early biologically mandated nonverbal interactions register in the infant as mental representations and rules for processing

information that influence, in turn, how freely the older child, adolescent, and adult is able to think, remember, and act.

Wilma spoke of her experience as "a kind of dissociation", of not letting herself be fully aware of her need for help in tricky situations and of realising how she might seek a "conversation" in supervision, rather than asking for help. The disavowal of need and difficulty to ask for help informed the understanding of HIDING and *Learning to hide needs*. Wallin (2015) describes those in such a dismissing state of mind with respect to attachment frequently find their attention monopolised by the needs of others, thus facilitating their habitual denial that they have unmet emotional needs of their own.

Building on Bowlby's original conception, Main described the internal working model as:

> "a set of conscious and/or unconscious rules for the organisation of information relevant to attachment ... [T]he secure versus the various types of insecure attachment organisations can best be understood as terms referring to particular types of internal working models ... that direct not only feelings and behaviour but also attention, memory, and cognition. Individual differences in ... internal working models will be related not only to individual differences in patterns of nonverbal behaviour but also to patterns of language and structures of mind." (Main *et al.*, 1985, p. 67)

Wilma was describing her internal working model of disconnection from herself and also from others: "*What shocks me a bit though, is that I didn't talk to anybody. In some ways I kind of relied on the … you know the supervision, even though, at one level, I kind of knew it wasn't helping me.*"

By not allowing herself to be aware of her needs she sought connection with a supervisor but was not able to bring her vulnerability fully. This led to her not getting the supervision she needed in two tricky clinical cases; one ended in a psychiatric admission and the other client was arrested. In both cases the therapy was abruptly terminated.

Wilma later reflected: "*to be interested in the supervisor's internal life is just fucking compulsive.*" Showing how her internal working model of disconnecting from herself and being overly interested in the other was a pattern that was frustrating her in her supervision, but she struggled to interrupt it. The harder the cases, the more scared she felt and this triggered her early patterns of interrupting seeking the help she needed and led her to hiding her needs and get focussed on the other. In clinical work, this is potentially a positive use of our patterns, as being interested in the client is a major part of the job. However, when a clinician needs help to do the work, and I would suggest all do, then it can be problematic that our attachment patterns, unchecked, leave us, and, potentially, our clients vulnerable.

Such moments in psychotherapy are often referred to as enactments (Mann & Cunningham, 2009). Contemporary psychotherapy and psychoanalysis understand enactments as potentially positive in the therapy work, if they can be understood and worked with. If not, they can lead to early termination, complaints or a kind of coasting (Hirsch, 2008) in the therapy work. This understanding underlies the importance of supervision and reflective practice since enactments are unconscious and therefore a practitioner needs help to find their way through such clinical times. In contemporary psychoanalytic understanding "a third" is needed (Ogden, 1999).

Bowlby (1980) remarked on the "self-perpetuating quality" of internal working models. What is captured in attachment theory is how these working models are a complex mix of implicit and explicit knowing (Lyons-Ruth, 1998). Many people can recount repetitive patterns in their lives, but it is harder to understand the motivation beneath them, particularly if they are harmful or destructive. Main made the additional, clinically crucial point that the rules embodied in these organised representational/attentional/behavioural strategies are implemented actively.

5.4.1.2 Camouflage

Main and Ainsworth's work on attachment styles led them to describe three types of attachment: secure, insecure and disorganised. The adaptive strategies of *Camouflage* used to manage needs or find help without asking for it seemed to have links with the insecure attachment styles of ambivalent and avoidant.

Ed told me the story of how, as a young boy, he avoided the bullies who terrorised him. He did not tell anyone, but somehow arranged being secreted out of school in the back of a teacher's car regularly. He had no memory of ever asking for this, *and* of the teacher being fully aware of what was happening but colluding with this by camouflaging the problem. Getting help, but not asking for it, was an active *Recruiting* strategy but not necessarily a conscious one.

Ed's description of his pattern of recruiting others had some potential overlap with the insecure ambivalent attachment style where exploration or freedom is sacrificed in favour of staying connected. In both the *Recruit* strategy and ambivalent style there is an active strategy *inviting* care taking so the individual doesn't need to ask. Laura described colleagues stepping forward to take up her cause at work. She told

me she had not asked them, but they had "*saved*" her and described her experience as "*I've been scooped up*". Elliot described how he had organised his supervisors to work from his office, so he did not have to travel. His recruitment strategy was really successful to keep people close to him.

In contrast, the overlap between the avoidant attachment style and *Retreat* strategy was expressed as participants spoke about how they forfeited connection to others in order to maintain their exploration in their work. Several participants expressed their belief: "*I can do it on my own*". They described preferring working alone and feeling isolated at times.

The subcategory of *Rebel* also seemed to link more with the avoidant style as a potential activation of the exploratory system over the attachment system. I reflected on the difference between *Retreat* and *Rebel* as potentially different ways of avoiding being close. *Retreat* describes a more withdrawn, self-sufficiency. *Rebel* strategy seems to involve forging ahead regardless of others and managing needs by pushing against help to carve your own way.

Finally, I considered whether the *Rebel* camouflage might link with a more disorganised style of attachment because of the more aggressive style of pushing past others and overt manipulation. There was not enough evidence for this link to be made.

On deeper reflection I decided the attachment styles/*Camouflage* links were not a useful or verifiable association for several reasons. Firstly, attachment styles are an in-depth diagnostic and assessment tool and the *Camouflage* strategies are more

behavioural descriptions of ways for participants to avoid knowing they needed help or avoid asking for it. Whilst there are overlaps, the theory of attachment styles has a different scope and purpose. Secondly, attachment styles, as described by Ainsworth and her team (1978), each have their corresponding different pattern of mother-infant interactions. I was not able to assess participants' styles so could not lend any validity to links between *Camouflage* styles and attachment patterns. The Adult Attachment Interview (AAI), developed by George, Kaplan, & Main (1984; 1985; 1996), is a tool used for such assessment and research and this could be an interesting area of further research, to do a comparative AAI specifically looking at patterns of asking for help.

However, the comparative analysis helped me to draw the following three conclusions. Firstly, participants told me their stories of how they had managed to get help, without asking, or managed to avoid asking or noticing their own needs for help. They reported *active* strategies that they had developed and used frequently, often *out of their awareness*. Secondly, using the strategies of *Rebel* or *Retreat*, tended to leave participants alone to manage their needs, albeit in different ways. It was the strategy of *Recruit* that seemed to elicit help from others, albeit without asking directly. Hence there seemed a useful distinction between the three strategies.

Finally, these strategies might be useful to consider how psychotherapists might be camouflaging their needs. As a set of strategies and behaviour indicators, they can be 'held lightly' to help psychotherapists reflect without needing to pathologise themselves. Shame was a key to trigger participants into HIDING. It seems important to find non-shaming ways to explore and talk about these experiences.

The three *Camouflage* subcategories do strongly correlate with strategies of disconnection (Hartling, Rosen, Walker, & Jordan, 2000). Brene Brown (2016) later refers to them as 'shame shields'. The three strategies are:

- Move away: withdrawing, hiding, silencing and keeping secrets.

- Move towards: attempts to earn a connection and seeking to appease

- Move against: trying to gain power over others, being aggressive and using shame to fight shame.

'Move away' strongly correlates with the camouflage of *Retreat*, where participants spoke of behaviours of preferring lone working, isolating, seeking nature over relationships, being self-reliant and repeated tendencies to get sick as they were disconnected from their own needs or afraid to assert them.

The camouflage of *Recruit* supported the strategy of 'Move towards'. Participants described acting naive, gullible, crying, inviting care taking to make or keep a connection. They spoke of hinting at their needs, signally their need for protection. They preferred working in teams and spoke of seeking benefactors and supporters. Loyalty was important to them. Ed spoke of aligning himself unconsciously to people who would help him. Molly remembered crying as a child increasingly loudly so that her mother would come.

The strategies of *Rebel* and 'Move against' have considerable overlap too as one participant spoke of "*being ruthless at sort of throwing him off*" and "*then I threw off my group work supervisor*". His aggressive "*surpassing*" of those who were there to help him. Another participant referred to herself as arrogant, saying "*there is a part*

of me that sometimes thinks I'm Almighty." Here she shows her sense of gaining power over others in order to manage her needs.

In making the links between Hartling's ideas of disconnection, Brown's link with Shame Shields and different *Camouflage* strategies I have come to understand *Retreat, Recruit* and *Rebel* as active methods of bypassing shame.

Recently, Love & Farber surveyed 572 respondents, investigating client dishonesty in psychotherapy through the trait of self-concealment. They found that "embarrassment or shame emerged as a predominant concern for both high, and low, concealers" (2019, p. 617). This supports the concept of *Camouflage* strategies being ways of bypassing shame in order to potentially conceal feelings of vulnerability.

Camouflage describes how we call/signal for help rather than ask directly. Participants' descriptions of learning to hide their emotional needs early on and finding active strategies to keep them hidden led me to question the difference between help-seeking and care-seeking. There seemed to be an overlap between the two, and perhaps a replacement or potential confusion of one for the other. This may have links back to Nadler's (1997) distinction between autonomy-orientated and dependency-orientated help-seeking.

The links with attachment theory and strategies of disconnection suggests that HIDING as an active strategy, embodied and embedded in internal working models that persist across the life span. "What is perhaps more surprising is that one's early attachment experience not only influences how we respond when we are the

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recipients of care but is also implicated in our capacity to give care to others" (Elton, 2018, p. 52).

5.4.1.3 Becoming a professional helper

Gary Marcus (2004) uses the analogy of a book to describe the development of the mind. He argues that the first draft is written by genes during foetal development and that no chapter is complete at birth. Some are rough outlines waiting to be filled in during childhood. How our early drafts get edited sets the tone of the book.

The category of *Becoming a professional helper* describes how all participants, as part of their personal identity from an early age, linked their careers to their early environments and patterns of relating (internal working models) to become occupied with other's needs. This highlights the relevance and the necessity of the personal components in the helping professions (Elliott & Guy, 1993; Zerubavel & Wright, 2012). These findings are consistent with a considerable range of research literature that suggests psychotherapists have been exposed to emotional privations and interpersonal stresses in childhood. Music spoke directly about being "helpers" as children, either to their siblings or their parents: "Children with inconsistent parents often resort to what are often called tend - and - befriend behaviours, being overly responsive to other people's needs. These children can become overly solicitous and try very hard to make things better" (Music, 2014, p. 57).

Early theorists who suggested that childhood experiences could be at the root of the choice of a career as a therapist were Menninger (1957), Ford (1963), Burton (1972) and later, Miller, (1997). Winnicott's concept of the true and false self are pertinent

here, as is his clarity that "The false self gradually became a 'caretaker self'"
(Winnicott, 1954, p. 281).

Henry, Sims, and Spray (1971, 1973) provided the first substantial empirical
investigation of therapists' private and professional lives by conducting an extensive
assessment of psychotherapists' backgrounds, development, and motivation. They
used standardised surveys, intensive, in-depth interviews, as well as projective
personality tests. One of the findings from this research was that the majority of
psychotherapists came from socio-economic, religious, family, and/or cultural
backgrounds that had exposed them to several stressful situations, such as being a
member of a marginalised religious or cultural group. The authors suggested initially
that such stressors possibly made the therapists more sensitive both toward
themselves and others (Henry, Sims, & Spray, 1973).

Later, Racusin, Abramowitz, and Winter (1981) studied 14 psychotherapists using
the same methodology as Henry, Sims, and Spray, and reported that all the
participants had suffered from significant interpersonal stress in their upbringing.
They argued that such experiences may contribute to the ability for empathic
understanding in the therapist, and that they may have had an influence on the
decision to become a therapist as an attempt to create a safe space for intimate,
corrective relationships. Other authors have emphasised the need for such
psychological "wounds" to be acknowledged and resolved in order for therapists to
be helpful (Dryden & Spurling, 1989; Fussell & Bonney, 1990; Guy, 1987; Kottler,
2017; Liaboe & Guy, 1987; Miller, 1997; Sussman, 1992).

Nancy McWilliams, reflecting on the impact of her own psychoanalysis said:

"I made important changes during my analysis in the areas I have

mentioned—my denial of my need for others got softened, my emotional life

became a source of joy and vitality that did not have to be intellectually

distanced, and my internal images of gender and power were significantly

transformed." (2013, p. 623)

Here she discloses how her denial of her needs was "softened" not resolved. This

open statement reflects the findings of this study: that experienced psychotherapists

are still struggling, at times, to connect with their needs and attach to others.

Psychoanalysts and psychotherapists who write, describing their personal

experiences, have expanded the field and are beginning to model more openness to

what has, mainly, stayed inside the upper ranks of the profession. In my experience,

within the fields of training and supervision, there is still an illusion that those who

have climbed the ladder are somehow healed. My research challenges this illusion

and offers evidence to the contrary; that participants, with decades of experience

behind them, responsible supervisors and trainers, as well as senior clinicians, all

still struggle to account for their needs, be non-defensive and have a tendency to

hide when they might most need help.

Psychotherapists are often best at what they do as a *result* of their histories. They

are *enabled* in their work through the tragedies of their childhoods and their

enduring vulnerabilities (Gottman, 2011). There is often a deep and profound

satisfaction in the healing they witness as a result of their work with clients. What

heals their clients and patients is also healing for them (Casement, 1985). However,

how do practitioners monitor this delicate balance, particularly if they struggle to

seek help when they most need it? The research was asking questions as well as answering them.

Hiding can be viewed as an activity or behaviour. Research literature found that 28-46% of clients in psychotherapy have concealed something from their therapist (Hill, Thompson, Cogar, & Denman, 1993; Kelly, 1998; Kelly & Yuan, 2009), while a recent survey by Blanchard and Farber (2016) put the figure at 93%. Self-concealment has typically been understood as a trait-like individual difference that tends to stay stable across time and situations (Kelly & Yip, 2006). This literature is relevant to consider hiding as a common factor in psychotherapy. The literature makes no differentiation between clients who are psychotherapists or helping professionals and those who aren't. This would be an interesting expansion of these studies. I might speculate that there would be little significant difference between the two populations.

My research shows, with a comparatively small sample of ten, that 100% of research participants spoke of self-concealment. The cluster of HIDING, however, contributes further understanding to their motivation and some of the internal and external factors that influence them.

The categories and cluster of HIDING lend evidence to the literature that helping professionals might struggle to let others know about their pain and ask for help at times of deep vulnerability. A psychotherapist may take on the role of professional at both the protection and cost of their own vulnerability. Hiding can be lonely. This leads to questions, that I address later, such as; what are the implications of the

helper having a limited capacity to seek help? What are the implications for supervision and training? What ethical considerations need to be accounted for?

5.4.2 Cluster 2: SEEKING

Participants described two different processes involved in acknowledging need and asking for help: looking inwards and turning out towards others. They were clearly different in their focus and led to different actions and outcomes. *Leaning in* led to better self-care and *Reaching out* led to improving connecting with others. Participants spoke of both processes leading to deepening relationships, with themselves, and with trusted others.

Jaak Panksepp (2000; 2005; Panksepp & Biven, 2012), the late pioneer of affective neuroscience, has contributed significantly to the understanding of affect regulation and subjectivity. He posited seven emotional operating systems found in all mammals: SEEKING, RAGE and FEAR are three motivational systems and LUST, CARE, PANIC and PLAY he referred to as the social emotions. Panksepp used capitals to distinguish these genetically ingrained, emotional circuits in the brain. However, in this thesis where I have also used the term SEEKING as the cluster title, therefore I will refer to Panksepp's SEEKING systems as SS.

These systems develop according to the child's environmental experience. It is where nature and nurture combine to give a biological basis for phenomenological experience. Panksepp's theories support the ideas from attachment theory regarding exploratory, attachment, caregiving, care-eliciting and fear systems.

Panksepp described the *SS* as "major contributors to our feelings of engagement and excitement as we seek the material resources needed for bodily survival, and also when we pursue the cognitive interests that bring positive existential meaning into our lives" (2005, p. 144). He also said that when the seeking systems are not active, "human aspirations remain frozen … in an endless winter of discontent" (2005, p. 144). This supports the idea of a dynamic tension embedded in the relationship between Cluster 1 and 2, HIDING and SEEKING.

In a secure attachment our SS tend to run well (Cable, 2018). The person has a strong resilience and a capacity to lean into themselves. They know they are an agent in their own lives and their sense of themselves and their own intentionality is strong. They can also reach out as they have good experiences of trusting others, so they can generally make good choices about who to ask and how they ask.

5.4.2.1 Leaning in

"The necessary thing is after all but this; solitude, great inner solitude. Going into oneself for hours meeting no one - this one must be able to attain" (Rilke, 1929/2016, p.26).

Leaning in is a positive, virtuous cycle of internally focussed curiosity. It involves participants investigating their own patterns of needing help, decoding and learning from these in order to deepen their self-care. This category answered my research question "How do psychotherapists know what they need?"

In considering the literature in relation to the data the positive cycle described by participants has strong links with other adult learning theories of andragogy

(Knowles, 1972; 1985), experiential learning theory (Kolb, 1984) and transformative learning theory (Mezirow, 1997). These may be common overlaps from participants' own training. I did not enquire about how they learned to reflect or what influenced them in their method. This would have been an interesting additional probe in the interview but is perhaps a move away from the core research question. These theories are focussed more widely on learning rather than the identification of internal awareness of need. Staying focussed on the psychotherapists' experience of needing and asking for help took me to a different focus in the literature, looking at reflective practice and mentalisation.

The internal world of the therapist is a core resource in psychotherapy. It is important for therapists to be able to identify their emotions, private thoughts and fantasies in order to reflect, monitor and, for some, work actively with countertransference and to be able to bring these feelings, thoughts and behaviour into awareness. In support of this model, Chow *et al*. (2015) found more effective therapists spent more time than less effective ones in solitary practice aimed at improving their skills.

Reflective practice is typically referred to as a process in which practitioners gain skills to identify, name, and change various assumptions and biases in a systematic fashion to increase awareness, competency, and effectiveness (Schön, 1987). The process has a strong scientific base in the development of expertise through deliberate practice (Ericsson, 2008; Rousmaniere, 2016).
All models of psychotherapy, psychoanalysis and psychology involve training of the reflective process (Knight, Sperlinger, & Maltby, 2010). Reflective practice is commonly noted in the clinical training literature (Bennett-Levy, Thwaites, Chadwick,

& Davis, 2009; Scaife, 2010) and is proposed as a foundational competency of professional and ethical practice (UKCP, 2017b; Hatcher *et al*., 2013; Kaslow *et al*., 2009; Rodolfa *et al*., 2005). Undergoing personal therapy is also a requirement for many modalities in psychotherapy. This is a supported extension of the reflective process.

Participants reflected on what was effective in identifying their need for help, as well as what wasn't (HIDING). They described a positive, virtuous cycle of the challenge of *Investigating* their needs, then being open to *Learning* from these and this helping them *Deepen their practice of self-care.*

This research supports the growing evidence that the psychotherapists' capacity to reflect is critical to their working outcomes and their self-care.

Safran and Muran's (2000) extensive research into their rupture-resolution model contends that the therapist approaches the resolution process from an awareness of their *own* internal feeling states and motivations in regard to the therapeutic relationship, as well as with an awareness of those of the patient.

Given this evidence therapist self-awareness can serve as an important inroad to valuable information about what may be occurring in the therapeutic relationship. Conversely, the therapist's lack of awareness regarding their own internal states may result in actions motivated by dissociated feelings that may further embed the dyad in counter therapeutic transference-countertransference enactments (Safran & Muran, 2000; Safran *et al*., 2014).

Reading, Safran, Origlieri, & Muran (2019) posit the hypothesis that therapists'
capacity for mentalisation is associated with greater depth of in-session exploration
and greater success in resolving in-session ruptures allowing for the potential
facilitation of greater patient change. To the extent that the therapist is able to
simultaneously hold in mind representations of the patient and oneself, each having
their own subjective feelings, thoughts, and desires, the process of negotiation and
rupture resolution can proceed in a therapeutically effective manner.

In a study by Ryan, Safran, Doran, and Muran (2012) evidence demonstrated that
therapist self-reported mindfulness was related to both therapist-rated working
alliance and patient-rated improvements in interpersonal problems. However, the
construct of mindfulness does not fully encompass the reflective awareness and
focus on self and other as emphasised in this research.

A more precise observer-rated construct is that of mentalisation as described by
Fonagy and colleagues in their work (Fonagy & Target, 1998; Fonagy, Gergeley,
Jurist, & Target, 2002). They propose that mentalisation refers to an individual's
capacity to access and reflect upon the mental states underlying behaviours of self
and other, including desires, feelings and beliefs. It describes both the implicit
knowledge of minds of self and others in general, as well "thinking explicitly about
states of mind" (Fonagy *et al*., 2002, p. 2).

Studies on mentalization link with the process of *Leaning in*, described by
participants in this research, as valid to the process of identifying needs. Mentalizing
includes the capacity to think about the needs of others as well as the self and
although this was not a focus in this research, participants' capacity to do so was
implicit in many of the stories they told of their client work, or other relationships.

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Fonagy, Target, Steele, and Steele (1998) developed the Reflective Functioning

(RF) scale as an operationalisation of the mentalization construct. There is a dearth

of studies examining therapist RF, most studies use it to measure patients or clients.

In a recent study, however, Cologon, Schweitzer, King, and Nolte (2017) report

promising findings that therapist RF predicted therapist effectiveness and also

compensated for therapist insecure attachment. This could be interesting to follow

up with further research pertaining to the link between therapist effectiveness and

the capacity to ask for help.

To summarise, most studies on mentalization have been looking to prove, improve

and monitor therapeutic outcome. They suggest that a therapists' capacity to

mentalize is linked to the therapeutic outcome. What is different in my research is

that I am not looking at therapeutic effectiveness of participants, but on their

experience of needing and asking for help. Perhaps it was implied in my study, that

being able to need and ask for help might have links with effectiveness. It is

embedded in the professions' codes of ethics and training that seeking help where it

is needed is good practice, although good practice and therapeutic effectiveness are

not necessarily linked.

As I looked into the literature, I realised that this had been one of my underlying

assumptions, that being able to ask for help would improve practitioners' work, but

also that it would improve practitioners' experience of doing the work. The cycle of

Leaning in made links between positive mentalizing practices leading to better self-

care. Participants did not describe these as easy experiences, but as being hard,

searching work.

Don used a self-supervision question to help him lean in. He asked: "*How is this work hurting me?*" It is a question that stirred his curiosity so he could investigate his needs and bring positive attention to any hurt as part of his self-care. His question also helped him to defrost historic messages and shame of needing help and his camouflage of showing no pain! I thought it was a subversive question that embeds his assumption of suffering through the work as part of his routine of deepening his self-care. It was an example of deep reflectivity, and his capacity to mentalize and use that to help him survive in the profession for many decades.

Self-care can be seen as a preventative measure to defend against the deleterious effects of stress and are important ways of addressing, treating, and preventing therapist burnout. It is important for therapists to embrace multiple self-care strategies, no matter which theoretical orientation dominates or is preferred (Norcross & Brown, 2000).

Moreover, self-care can replace negative coping strategies, such as substance abuse, psychophysiological illness, escape, avoidance, and other maladaptive defence mechanisms often used to battle burnout (Muldary, 1983; Porter, 1995; Adams, 2015). Burnout can even become an ethical issue if it produces symptoms that threaten ethical therapeutic practice (Wityk, 2002). Self-care protects the client by reducing risks associated with ethical violations of practice while promoting and modelling personal growth and wellbeing, which can further serve to enhance therapy.

Leaning in is not necessarily a solo sport. It involved participants' experiences of learning in training, therapy and supervision. It also involved learning through

connection with nature, reading and other life experiences that helped them know themselves more.

This *Leaning in* cycle seemed to help the shift from the inadequate self-sufficiency of HIDING to self-care and positive affect regulation in SEEKING. Our capacity to self-regulate is strongly linked with our capacity for interactive regulation and co-regulation, which leads to the next category of *Reaching out*.

5.4.2.2 Reaching out

"Asking is, at its core, a collaboration" (Palmer & Brown, 2015, p. 47).

This second positive, virtuous cycle elaborates how participants spoke about their successful experiences of asking for help. *Seeking collaboration, Surrendering to vulnerability* and *Deepening trust in relationship* were the aspects of *Reaching out* identified through the data analysis. All participants had spoken of their struggle to ask for help. They also spoke about how they had learned to ask, although for most it did not come naturally or easily.

Participants spoke of finding others with shared values and desired expertise who had helped them build a sense of resilience and identity. The qualities and impact of the other informed their sense of their capacity to be vulnerable and deepen trust in the relationship.

They also spoke of varying arrangements, with trainers, supervisors, colleagues, friends and partners. Supervision featured highly as a place to go to ask for help. Participants reported mixed experiences of supervision, but all described their

current arrangements as positive. However, they still described ambivalence as to how they used it. I will discuss this further in 'Implications for supervision' later. This category draws on the data to understand the positive experiences of these moments of *Reaching out* in order to understand what is important in this experience and what encourages it.

Supervision is core to the model of psychotherapy training and practice (UKCP, 2017a). It is considered ethical to continue in supervision after qualifying. All participants described being in supervisory relationships that they found collaborative.

Bordin (1983), drawing on his original model of the working alliance (1979) outlines the three aspects of the working alliance as also relevant to the supervisory relationship:

- Mutual agreements - understanding and agreement between those involved of the goals of the relationship.
- Tasks - the strength of the working alliance depends on the mutual understanding of the tasks that their shared goals impose on each.
- Bonds - the importance of the bond between the those involved. Bordin wrote about "how much liking, caring and trusting there needs to be to sustain a particular collaboration" (1983, p. 36).

Bordin argues that an important bonding problem in supervision is the power differential created by the nature of the supervisor having an inescapable evaluative element and professional gatekeeping role. He advocates defusing this tension associated with the status difference or what Rioch (1980) described as the up-

down factor. Watkins (2014) notes that within the supervision relationship, a co-created supervisory alliance stands as the heart and soul of supervision.

Collaboration in supervision been defined as "the extent to which the supervisor and supervisee(s) mutually agree and work together on the processes and activities of clinical supervision" (Rousmaniere & Ellis, 2013, p. 303). There are strong links between my research findings and this definition of collaboration in supervision.

An important aspect of *Seeking collaboration* for participants was power. Power dynamics in supervision have been routinely discussed in clinical supervision literature (e.g., Murphy & Wright, 2005; Porter & Vasquez, 1997; Szymanski, 2003, 2005).

Participants spoke of their past experiences of the power differential in supervision and how they had come to find a positive collaboration in their supervisory relationships. In a study especially important to this research, Murphy and Wright (2005) explored supervisees' perceptions of positive and negative uses of power in supervision. They found that supervisees perceived positive uses of power as including (a) facilitation of discussions of power, (b) sharing ideas, (c) providing feedback, (d) evaluations, (e) empowering them as supervisees, (f) promoting safety in the supervisory relationship, (g) a collaborative partnership, and (h) defining the expectations of supervision.

Participants spoke of the range of experiences described by Murphy and Wright, lending weight to that research. However, Murphy and Wright assume a formal supervisory arrangement of paying a more senior professional in their research. This

is not what my research participants described. They used a variety of arrangements that they experienced as collaborative, from paid supervisory relationships to peer supervision.

Liz and Wilma both spoke about how important it was to pay someone to collaborate with, a supervisor. Liz said:

> "*Yes, payment, or something else maybe, but it's usually payment. Umm … yes, that sort of settles me down, otherwise I start to worry that I'm not … yes, I'm going to set something off and be on the receiving end of something negative in some way, either you know, I don't know, impatience at the mildest, or you know I've over-stepped the mark or … and then at its worst sort of an extreme version is to take me in to some sort of … what feels like some sort of relational trauma territory really, where I'm going to be exposed and left sort of hanging in some way, umm, I mean I can flesh some of that out, but it's all in there, yes, so I suppose I'm kind of trying to, in my head, sort of manage that, so that I can get the help I need actually yes*."

In her words she describes how payment keeps the power more equal and protects her from her fear of a lack of entitlement to help. The literature is limited on this aspect of the relationship, but it corresponds with Bordin's criteria above for the important of mutuality in the working supervisory alliance and links with safety, expectations and potentially empowerment in Murphy and Wright's research. Suzanne experienced the collaborative relationship differently: "*I feel that where I … always felt much more able to cry, to lean, to really bring my struggles umm was with peer supervision*".

Fran talked about the importance of a close colleague, who is also a friend, with whom she had her preferred supervisory relationship. This was where she felt total trust and a strong mutual bond over many years. This preference for peer supervision was correlated with a levelling of power, and this enabling participants to feel more vulnerability and trust.

Elliot told me of multiple supervisors for different aspects of his work, however they all seemed to work on his premises, or a new peer supervision relationship he had established was close by, and this convenience was more important to him as she was less experienced than him. Elliot described, in detail, reaching out to his paid supervisor during an ethical complaint process. His experience of the support and care were powerful and the deepening of his trust with this supervisor was palpable.

Participants spoke of how it was often through experiences of difficulty that the relationships had deepened with those they sought help from.

What I did not inquire about was how the issues of gender, age or culture impacted the choices participants made as to whom they asked for help. The data I gathered showed no patterns or links that have any validity and therefore this research is not able to comment on these factors.

Being able to collaborate with others was really important to those I interviewed. They described how strong collegial bonds are a vital protection against loneliness and isolation in their work. Finding good collaborative relationships enabled participants to be vulnerable. People described taking emotional risks with another and the potential for the creation of new experiences through this. Elliot talked of his sense of creating a new family through his experiences of training and allowing

himself to be vulnerable in a way that he now felt security, closeness and affection in his life. Wilma described her experience of this, saying: *"It's been painful and productive". Suzanne reflected*: *"when I manage to ask for help, … the experience of melting, and there is an experience of opening up, a sort of heart opening, … and humility in the positive sense."*

Participants' phenomenological descriptions of what it is like to experience reaching out and asking for help were powerful and evocative. Ghent (1990) captures this well in his conceptualisation of surrender, a striving toward self-expansion and creativity, "an experience of being 'in the moment,' totally in the present, where past and future, the two tenses that require 'mind' in the sense of secondary processes, have receded from consciousness" (1990, p. 111). Ghent theorises the move from a masochistic position of "submitting" to the other to an experience of "surrendering" that I think captures how participants talk about the difference between their experiences of HIDING and SEEKING. He draws on a lineage of psychoanalytic and object-relations writers to articulate a theory that has been widely used in subsequent thinking of relational experiences.

Ghent argues that surrender, whilst in the West means defeat, in the East it has meant transcendence and liberation. It is with this in mind that he writes about surrendering as a liberation and "letting-go" and this was how participants described being vulnerable and deepening their experiences of trust in relationships. Participants spoke of long supervisory relationships in which they felt witnessed and known. They told stories of the importance of surviving struggles and coming through fires, of learning to manage difference with respect. These were the stories of deepening trust with others that link to Winnicott's description of "object usage" as

opposed to "object-relating": "The object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections" (1969, p. 88). This shift in trusting others is a significant shift in being able to ask for help. Winnicott's concept translates here into being able to positively use another person, as opposed to only projecting previous experiences onto the other and relating to them from these past experiences of shame, fear or powerlessness, as described in the cluster of HIDING.

5.4.2.3 SEEKING - Moving between Leaning in and Reaching out

Miller, Hubble, Chow, & Seidel (2015) suggested that the process of translating insight gained from feedback into actual behaviour changes requires considerable effort. They recommended that therapists engage in "deliberate practice," that is, "setting aside time for reflecting on one's performance, receiving guidance on how to improve specific aspects of therapeutic practice, considering any feedback received, identifying errors, and developing, rehearsing, executing, and evaluating a plan for improvement" (Miller *et al*., 2015, p. 453).

My research supports this claim that "considerable effort" is involved and that SEEKING is an ongoing practice of dedication with a core commitment to do so consciously. Such awareness, and the ability for bifurcated attention (i.e., attention both inwards and outwards at the same time), has both been found to characterise effective therapists, regardless of their theoretical orientation and technique (Hayes & Vinca, 2017) and my research suggests that this is also at the heart of identifying needs and asking for help. This link is tentative but is worthy of further investigation and research as it might suggest a connection between psychotherapists' capacity to ask for help and effective psychotherapy.

As I have reflected on the clusters of HIDING and SEEKING I have felt deeply appreciative of those with whom I have learned about these virtuous cycles. Supervisors and mentors who witnessed my own struggle to reach out and helped me learn how to seek have been a central part of my development, not just as a psychotherapist, but also in my other roles in life, as mother, sister, partner and friend.

5.4.3 Cluster 3: MANAGING VULNERABILITY and the evolution of Hide and Seek

My research showed how hard participants found asking for help. Their vulnerability was core. How much they could risk? Through the process of data analysis, I understood their vulnerability as pivotal. Hence the concept of the MANAGING VULNERABILITY seesaw emerged, with HIDING at one end and SEEKING at the other, and a dynamic model of 'Hide and Seek' (Fig. 18) to conceptualise and understand the experiences of needing and asking for help.

MANAGING VULNERABILITY conceptualised how participants balanced the tension and movement between interrupting needing or asking for help and actively seeking help in order to manage vulnerability, safety and risk. It has 3 categories: *Daring to ask, Tipping back and Emergent struggle.*

Connecting theory from attachment research, neuroscience, child development and psychoanalysis Hudson-Allez (2010) proposed a model of linking secure and insecure attachment styles and Panksepp's emotional circuits (Fig. 19).

The categories of *Daring to ask* and *Tipping back* correlate with Hudson-Allez's idea that in a secure attachment the SS are active and form positive connections with the PLAY and CARE circuits, supporting a sense of freedom to seek what they need, to be curious and to give and receive care in relation to their needs. I would suggest, from my research, that this is the experience psychotherapists describe when they can lean in and reach out to others. Panksepp (2005) and Hudson-Allez's research may be the neurobiological basis that underlies the phenomenology of asking for help. This positive connecting of the SS, CARE and PLAY circuits has strong links with the SEEKING cluster described above and then the category, in this cluster 3, of *Daring to ask*.

Daring to ask involved dignifying needs in order to seek help and managing, rather than being overwhelmed by, dynamics of a negative shamer/shamed internal dialogue. It also involved challenging personal and professional orthodoxy. Participants spoke of how they had to go against the grain of their early story, culture, or their natural disposition. It felt daring for them to do so. James described it as a *"leap of faith"*. They told me stories of how they had transgressed the limits of their camouflage and found dignity in vulnerability. This seemed very important part of the analysis of learning to ask for help.

Tipping back captured descriptions of being overwhelmed by negative affect and (re) interrupting the capacity to identify needs or ask for help. Here the potential to hide and return to defensive ways of relating fits with the "insecure cycle" which describes the neurobiological underpinning of insecure attachment using Panksepp's circuits. Here the SS are minimised and the circuits of PANIC, RAGE and FEAR are dominant. Hudson-Allez proposes that different systems are

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dominant in different attachment styles (see Fig. 19). I found her distinction interesting, but again, I was not able to comment on participants attachment styles. However, I found her use of secure and insecure in this context of value and they offered some overlap between HIDING and SEEKING, as experiences of defensiveness and non-defensiveness.
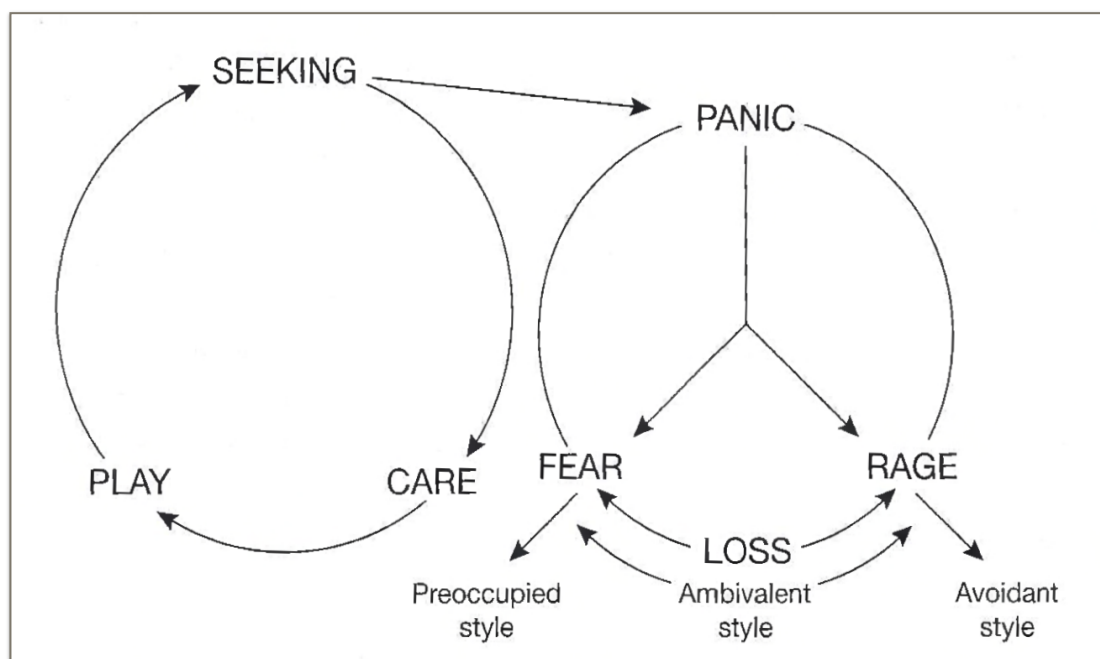
Figure 19. The insecure attachment template showing different behavioural styles. The preoccupied over-uses the FEAR side, the avoidant over-uses the RAGE side, while the ambivalent swings between the two. (Hudson-Allez, 2010, p.44)

Whilst the theory of attachment styles is a well-researched and used model my preference was to build a non-pathologising theory. So, the clusters of HIDING and SEEKING can offer a way for psychotherapists to explore their experience, rather than be defined by it.

Participants described how when shame was the primary affect it can overwhelm their capacity to ask for help and they could tip back into Hiding: "*asking for help*

then was challenging because I felt people could start thinking that I'm not a good

therapist." (Elliot)

> *"And then there's sometimes the shame in going too far, or going on for too*
>
> *long, and then somebody says, why on earth didn't you ask for help, you*
>
> *think well I would have done if I'd known I needed it, but I didn't know I*
>
> *needed it.*" (Wilma)

Elliot showed how he can be tipped back, with some awareness. Wilma showed how she was not aware. This suggests different levels of awareness, or lack of awareness, around managing vulnerability and is an aspect of the dynamic model of Hide and Seek - the seesaw of MANAGING VULNERABILITY.

Being shame prone or drenched in persistent shame means the seesaw is weighted down on the HIDING side. I know, from my research, that the 'weight' of the early story of *Learning to hide needs* impacts the capacity to ask for help. If the early story is heavily camouflaged too and the sense of identity as a professional helper is without much reflexivity then the capacity to identify needs and ask for help will be limited and the person is likely to be loaded down at the HIDING end of the seesaw.

If the variables around HIDING are lighter, i.e., the early story is more coherent, the camouflage is softer and the professional has more awareness around their motivations for helping, then the seesaw will have the potential for more dynamic movement.

If a person has strong SS, with PLAY and CARE circuits working well, then they will have more capacity to identify and ask for what they need. If they feel PANIC, FEAR

or RAGE they will have positive secure circuits (Hudson-Allez, 2010) and virtuous cycles (as described in the cluster SEEKING) to help them mitigate negative affect.

Tipping back and *Daring to ask* capture the result of how dynamic tension between HIDING and SEEKING is resolved. The seesaw helps to play with the question 'to ask or not to ask?'. Tip back or dare? However, the model did not work as a binary expression as participants experience had been much more nuanced and complex. It was not so simple. I had to delve deeper into the data to understand more about how they managed vulnerability and that helped to crystallise my understanding further and develop the model. The next category really helped me to understand the HOW of what helps tip the balance either way.

Emergent Struggle is the crucial tipping point of catching ambivalence, navigating vulnerability, acknowledging needs and seeking help or not. It conceptualises the dynamic tension and movement between HIDING and SEEKING. It may be experienced as a rigid impasse (Mellor, 1980) or as a more fluid and conscious point of decisional balance (Miller & Rollnick, 2012).

Participants spoke of engaging with the challenge of acknowledging their needs and overcoming shame in order to seek help. How they navigated this struggle, how they navigated vulnerability, rather than alleviating it, was what nudged them one way or the other, Hide or Seek. This category helped me to understand what makes the difference. What helps us dare to ask, emerge from hiding to seek the relationships that can help us deepen connection and trust in ourselves and others?

One participant who works with young people with disorganised attachment histories said, "*how do you know you have a problem if you don't know you have a problem!*" This important statement of confusion really caught my imagination regarding this tension of *Emergent struggle*. It raises questions about levels of consciousness and is why this category was an important addition to the understanding of asking for help. How do we become aware of something we aren't aware of? The data showed that sometimes when participants hid, they hid from themselves as well as others. The literature on this covers psychopathology, dissociation and trauma (see earlier literature chapter) and is beyond the focus of this research question. The subcategories of *Detecting internal clues, Detecting external clues* and *Testing the integrity of the other* came out of my focus on the research question and grounded theory methodology's question about 'how do participants resolve the main concern?' was a guide during times when the literature integration became overwhelming. Perhaps a parallel process to my own *Emergent struggle* in the research process.

We are wired to both protect and connect. Panksepp's work, along with a whole spectrum of biological, developmental and psychoneurobiological research provide evidence that humans, along with other mammals, are born and develop to be alert to the environment, both internal and external, to protect and connect with others for survival and social needs.

In researching the literature here, I came across (and memoed) a fact that fascinated me. Dogs investigate new smells with their right nostril (novelty) and they continue to investigate it with their right nostril if it is potentially arousing (vet smell or adrenalin). For non-aversive smells they switch to investigate with their left nostril

(Siniscalchi, Pepe, Dimatteo, Vallortigara & Quaranta, 2011). I wondered about how psychotherapists might do the same. How do they stay open to internal and external clues that alert them? How do they stay open to novelty and danger without one shutting out the other? How do they cultivate a sense of smell and an inner detective that can find clues re their vulnerability?

Participants talked about identifying internal clues, such as feeling anxious, tired, sick, burned out; and external clues, such as their relationships in crisis or mistakes/complaints in their work. When they saw these as *clues* to needing help, as hints that they were more vulnerable than they let themselves or others know, they could begin to seek, to lean into investigating, learning and deepening their self-care. I understood this was also a process of dignification; bringing care and curiosity to what was previously out of awareness.

Another memo, from my data analysis, shows how I began to think about these questions. "A colleague recently described a new symptom she was having anxiety attacks. She had never had them before. It was an internal clue. Instead of going to the doctors for some medication she sniffed at it, smelling trouble, and realised how she had been staying strong through a painful divorce. Her inner detective decided it was a clue and opened up an investigation. She found that she was really stressed and distressed about her loss and how this nested with previous relationships rupturing. Nestled at the centre was an early story of witnessing parents have a nasty divorce. The current divorce stirred all the echoes of the past, as well as the strategies of the past. The anxiety attack was a great clue to seek help this time, rather than push through alone. She gave it the dignity she deserved" (Memo, 25.2.19).

As I have been immersed in contemplating these clusters and categories over the last year I have also experimented with them in my own life and practice. I know from personal experience that developing my capacity to sniff clues has been pivotal in being able to access more help for myself. I have learned to take clues more seriously, give them more 'weight' and this has helped me tip the balance towards seeking, rather than hiding.

We are also wired to connect. As early as 42 minutes outside the womb, infants will imitate the facial gestures of an adult (Meltzoff & Moore, 1993). Attachment researchers Fonagy, Gergely, Jurist & Target, 2002; Fonagy, Steele, Steele, Moran, & Higgit, 1991; Fonagy & Allison, 2014; Beebe, Lyons-Ruth, Trevarthen, & Tronick, 2018) along with other theorists of intersubjectivity (Atwood & Brandchaft, 1994; Stolorow, 2000; Mitchell, 2004; Bollas, 2018) evidence that we need the mind of another in order to know and to 'grow' our own minds and that how we were held in the minds of others will inform our capacity to trust.

Research participants described their own unique versions of how they gatekeep who they will ask for help and who they won't. *Testing the integrity of the other* is about having a 'unique trust test'. Each participant had their own set of rules, some explicit and some, more intuitive. Wilma spoke passionately, describing some of her criteria: *"who is willing to understand, that's the thread, who is not going to give up on me, I think, well, who is not going to impose something on me, who is going to want to really find out."*

Where this became even more complex, I discovered, was being an elder in the profession. Some more senior participants expressed how hard it was to find others

to be vulnerable with. The weight of being an elder, it seems, can be both a privilege and potentially an ivory tower, especially if they have stayed hidden all along. Participants described struggling, as their seniors and supervisors retired, leaving them feeling an enormous loss, a bereavement without death. They spoke of their difficulty with knowing where to go now and the profound struggle they felt as to who to trust.

The literature on epistemic trust lends validity to this category. Fonagy & Allison define it as "trust in the authenticity and personal relevance of interpersonally transmitted information" (2014, p. 372). This is the idea of how we develop trust in another. It is about the transmission of trust and goes right to the heart of this trust test participants were speaking about.

Research has provided evidence of the links between attachment security and the ability to generate epistemic trust. In a longitudinal study of attachment, 147 children whose attachment was assessed in infancy were tested twice for epistemic trust at 50 and 61 months of age (Corriveau et al., 2009). For the test, the child's mother and a stranger made conflicting claims to the child concerning (a) the name of an unfamiliar object, (b) the name of a hybrid animal made up of 50% of each of two animals (e.g., an image made up of 50% horse and 50% cow; the mother might call it a cow, while the stranger says it is a horse), and (c) the name of a hybrid animal made up of 75% of one animal and 25% of another. In the latter case, the mother always made the improbable claim (e.g., that a picture made up of 75% squirrel and 25% rabbit was a rabbit), while the stranger gave the more likely answer ("squirrel"). The study aimed to gather data on which adult the child would spontaneously turn to for information and which they would believe, and whether this behaviour was

moderated by history of attachment security. The nature of a child's attachment

relationship turned out to have a powerful effect on the child's trust in information

imparted by the attachment figure (mother) and others (stranger). Children who

were securely attached in infancy used a flexible strategy, showing a preference

toward accepting claims made by their mother when they were plausible but trusting

their own perception when the mother's claims appeared improbable. They had a

good sense of their own intentionality and agency. They expressed loyalty, but not

blind loyalty.

In contrast, those with a history of attachment avoidance believed the stranger,

generating epistemic mistrust; those showing anxious attachment believed the

mother, even when she was wrong, leading to epistemic uncertainty through over

reliance on the views of the mother. Both of these attachment styles drew more on

the other as the source of knowledge and did not generate confidence in their own

knowledge and seeking.

They found disorganised attachment can create epistemic hypervigilance, the

mistrust of both the attachment figure and strangers as sources of information. If

neither source can be trusted, an unending epistemic search may ensue, and the

child left with the unresolvable question "Who can I trust?"

This research supports an understanding of *Testing the integrity of the other*. Our

patterns of epistemic trust determine how we can safely acquire knowledge and ask

for help from others. Participants talked about how they had expanded their circles

of trust, or what I am calling 'trust maps'. This had involved challenging their unique

trust tests over time, re-evaluating earlier versions so they could improve and

deepen trust in others. Their testing the integrity of others was part of their pattern of epistemic trust and expanding it, or not, linked to their experience of the struggle between HIDING and SEEKING.

This integration with the literature supports the suggestion from the data that in order to tilt towards SEEKING we might need to cultivate our trust maps and widen our circles of trust. These can be a resource to us and encourage us in *Daring to ask.* If this has not come easily to us we will have to be active. The good news is that small movements all add up, tilting gently in the right direction can be the positive nudges needed and were the main thrust of how participants' spoke about their own changes.

5.4.4. Hide and Seek model

Larson, Chastain, Hoyt, & Ayzenberg (2015) propose a model of self-concealment. Their model is a complex flow diagram that leads from self-concealment to help-seeking. Their research was an extensive empirical literature review and involved varied populations (e.g., adolescent; intercultural, lesbian, gay and bisexual; intimate partner). Whilst this study validates self-concealment as a core psychological phenomenon, it did not involve direct enquiry into the phenomenology of experience of self-concealment. The model has some overlaps with my proposed model of Hide and Seek but is more focussed on the motivation and effects of self-concealment whereas my model is primarily focussed on the experience of asking for help and understanding the psychodynamic factors that are involved in psychotherapists experiences of this. Hide and Seek is a grounded theory model rooted in participant interviews.

This model of Hide and Seek has arisen through my conceptualisation of the data, through identifying clusters, categories and subcategories and the theoretical integration of coding. I aimed for a theory that would be straightforward, accessible and non-pathologising.

I will make some summary points about the model here before expanding of the possible implications of this research.

- Hide and Seek is not presented as a binary model. I can be hiding in some ways whilst seeking in others. It can be interesting to note these differences and the dynamic tensions. How might I be regressive and progressive at the same time? The model holds open the option for both to be happening at once.

- HIDING has not been linked to psychopathology, but more to a defensive action of self-preservation.

- SEEKING is not over-privileged. The model aims to offer a neutral framework.

- Being private is not the same as hiding. Being private may be an aspect of seeking, a positive, conscious choice, rooted in the present moment not to disclose something is different to an internal lock-down or secret that is not speak-about-able.

- As an intra-psychic model - it has the potential to help understand what happens inside me. It shows potential links or impasses between any core shame, camouflage and professional identity. For example, when my profession says - go to supervision; my thoughts say, "prepare well so they can't see how bad I am" and my physiology says "hide!" It can help me track myself and support myself to nudge towards seeking and consider who to trust and how to approach them. It has potential as a self-supervision tool.

- As an interpersonal model - it has the potential to help understand any tensions between asking and not asking for help when I need it. What happens when we signal for help from HIDING vs asking for help from SEEKING? It offers a model of health and difficulty and how we might play psychological Games (Berne, 1964) when seeking help, but that at times signalling our need for help, in this way, is our best shot!

- Enactments - I wonder whether this model has potential to help psychotherapists think about the theory and practice of working with enactments. From the perspective of this model an enactment would occur when both people (client and therapist or supervisee and supervisor) are in hiding. My interest, going forward, is in how the model could be applied to a two-person dynamic: two hiding: two seeking: one hiding, one seeking. This has interesting potential to consider within both clinical work and in supervision.

- Ethical implications - as psychotherapists we need to know our own capacity to hide and be willing to keep enquiring into ourselves, watch for our

emergent struggles, get to know our inner detectives and build trust maps

that hold us in our vulnerability. How can the profession support

psychotherapists to be bolder, rather than to hide behind a professional

mask and potentially shelter behind our clients' vulnerabilities?

5.5 Products, impact and implications

I will now discuss the applications and implications of the research and Hide and

Seek model. I outline the products that have come from this research and consider

the impact on research participants and attendees in subsequent workshops. I then

discuss the implications for clinical work, supervision, training, professional ethics

and the wider helping professions. Finally, I will discuss the limitations of the study

and ideas for further research, ending with some personal reflections.

5.5.1 Products and impact of the research

Each of the participants reported being impacted by the research question and the

process of the interview. The impact was varied. All participants were reflective of

their own experience of, and resistance to, asking for help. For example, Ed

realised, during the interview, that his discomfort with the word 'help' was linked to

his sense of shame and that, he preferred, the word "support" because it doesn't link

with shame. This aspect of feedback, from him and other participants, encouraged

me to keep the impact of shame in my mind as I conceptualised my model and

theory.

Others were emotionally impacted from the conversation. Don described feeling

"wobbled" from the interview. My memo after our meeting was: "He was generous

with his story and left saying he was deeply impacted, pointing to his heart and saying he was wobbled by the conversation, "in a good way, manageable." I am amazed at the potency of these conversations I am having with people" (Memo, 13.11.18).

At the end of her interview, Laura said she had "*been helped more than I realised*", although in my memo afterwards I had wondered about the difference between being helped and asking for help.

Two participants reported making direct changes as a result of being involved in the research. James described in the interview how he had concluded he was burnt out, had taken a few days out of work and re-contacted a therapist to ask for help. Wilma decided to change her supervision arrangements to have a more trusting relationship in which she could risk more of her vulnerability.

5.5.1.1 The Hide and Seek model

The first product of this research was the model of Hide and Seek, which, following participant feedback and consultation with focus groups, is now in its third version (Appendix XIII).

5.5.1.2 Impact on participants and participants' impact on model.

Focus group 1 showed their engagement with the model and in-depth reflections on their own patterns of hiding and seeking (Appendix VIII). This first group had been invaluable to me to support my data analysis and proposed model. They had been very open about their own experiences and one woman had felt quite emotional as she considered her patterns of hiding. I could really see the potential impact of the model. Their appreciation of its value was summed up in a closing comment: "*I*

really like how you've taken a hugely complex subjective process and made it into something universally understandable."

I wondered if I had over controlled the group by "teaching" the model to them and whether this had influenced their engagement with it. I decided to send the model ahead of my meeting with the second focus group to give them time to digest it in their own minds. I was also reflective about keeping the model simple and how they had engaged more with the categories of *Leaning in* and *Reaching out*, and not at all with the subcategories*.* I looked again at the data and wondered if the latter were overcomplicated and might need rethinking, but I was not quite sure how.

I then took the model to a teaching group at Metanoia and from their feedback (Appendix IX) amended the cycles of *Reaching out* and *Leaning in* to condense them and expanded the category of *Emergent struggle* to include *Detecting clues* and *Testing the integrity of others*. This led to version 2 of the model (Appendix VII). Checking that what I had done bore correspondence with what participants had reported and could relate to is a key part of good research ethics and credibility of the research. I provided participants with a short and accessible account of the findings and proto-model (Appendix VII). Their feedback (Appendix XII) supported the model with a high degree of identification and appreciation. Interestingly their main feedback was pertaining to shame.

I was surprised at how little feedback I had from participants. I may have been unrealistic. I was dwelling in my research. For them, the interviews had been some time ago and I cannot know what was happening in their lives when they received my follow-up email. In fact, one participant had been in hospital for the last six months. On reflection, I wish I had taken more time to discuss the findings with

participants. I would, in retrospect, have preferred to have had a conversation with each of them. This would have given me richer data for the validity of the model. However, they did all validate it, with some comments to show they had considered it. I am aware sometimes I might seek more critique and miss out the value of appreciation. If I was repeating this research strategy I would contract to speak with participants when they received the findings.

Focus group 2 was more critical of the model, both positive and challenging (Appendix X). They challenged me to consider the cluster name of SHAME. Considering their feedback, and that of the participants, I decided to rename this cluster MANAGING VULNERABILITY in version 3 of the model.

5.5.1.3 First keynote

In September 2018 I was invited to do a keynote speech, at a Transactional Analysis conference in Cumbria, in February 2020. I was excited and honoured, as it was an opportunity to speak about my research, which I thought I'd be at a good stage to do by then. The following month the conference organiser wrote to me saying that their speaker for 2019 had cancelled and they wanted to ask me if I would be available for March 2019 (Appendix XV). I took a sharp intake of breath. After some supervision with my Academic consultant I agreed. This gave me such a good focus for my data analysis and fits with my learning style. I was really motivated to talk to people about my research, and a little daunted. I am an experienced tutor, used to teaching groups on a Master's programme and I have taught groups all over the world. However, I had not done a keynote. This different style of presenting was a challenge from my usual dialogic engagement.

It also really brought my research to life for me in a personal way. How might I find a way to deliver my research without hiding my vulnerability? How could I both tell people about my research and personally model what I was talking about? I felt the challenge of presenting my own material, rather than teaching other peoples', especially as it was my research. I asked for, and accepted, support to manage my sense of exposure.

I delivered the keynote on 2nd March 2019 to 150 attendees and a wider virtual audience (Appendix XV). The speech was videoed and live-streamed. This was another new experience for me, and one I would usually hide from. The experience was a professional peak-experience for me. I was proud of my Version 3 model and the feedback I received was overwhelmingly positive, both immediately from conference attendees, and afterwards by email from those who had watched on-line. I received three further invitations to present at conferences.

One piece of feedback came from a child psychotherapist who had watched the keynote on-line and gone into a session with a very distressed young client of 12 years of age with a disorganised attachment style. She had shared the model with him and talked with him about how he might ask for help at this difficult time. In the session he constructed a seesaw in Lego and refers to it as a resource at times of struggle. She wrote how he had really grabbed the concept of the seesaw and how he moved between hiding and seeking. The therapist sent me a photo of it, with his permission (Fig. 20). This impact was very heartening; to know how my research might reach, not just to psychotherapists, but also to clients.
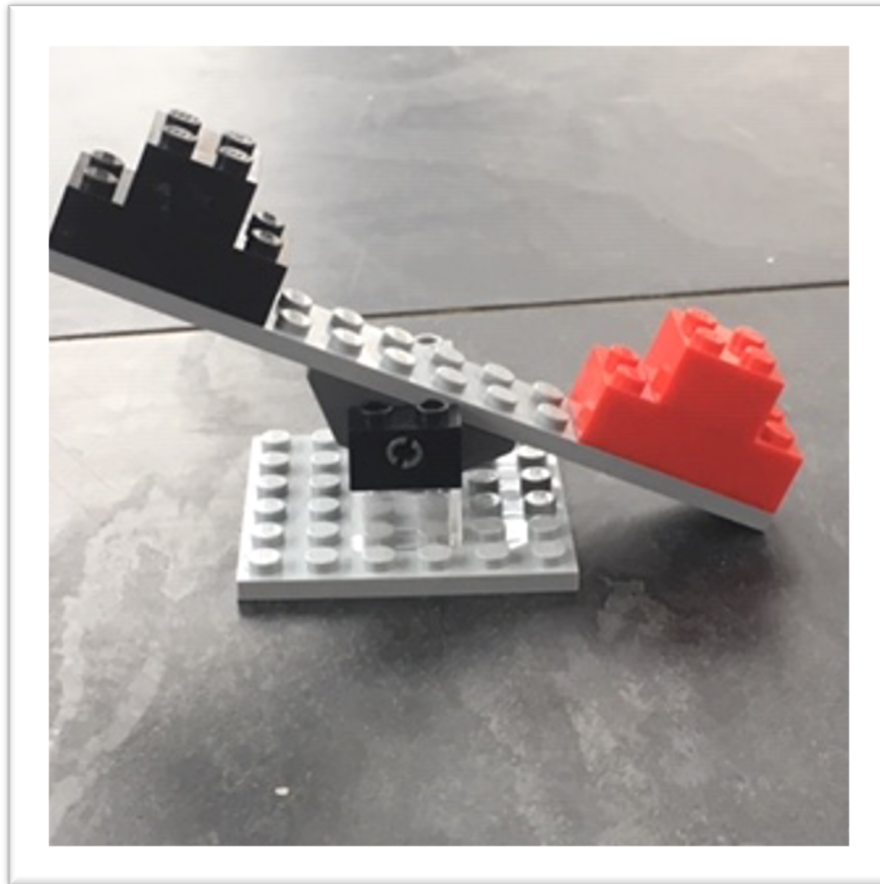
Figure 20. Lego model of Hide and Seek, with client tipped into hiding.

5.5.1.3 First workshop

I also delivered a workshop at the same conference. I wanted interaction with people and wanted to keep the feedback-rich culture I had been immersed in as part of the research. Part of managing my vulnerability was to **reach out** to people and find out what they were doing with the model.

The workshop was attended by 20 participants. Appendix XVII shows feedback from both the keynote and workshop collated by the conference. I had used a questionnaire in the workshop that I had developed from the *Detecting* data. I collated a list of questions from participant data on detecting internal and external

clues. This was received with interest and people were keen to use it as a self-supervision tool (Appendix XIV).

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Reflections

Workshop went well and feedback was good. Many people reported feeling disturbed as they realised they were in hiding and felt very challenged to confront that in themselves.
People also spoke of their supervisees and that they could see this in them.

I think I was hiding in the workshop. I was aware of feeling a little underdeveloped as a workshop presenter. As I had given all my material in the keynote, I was not sure what to give them more of, so I had decided to keep it experiential. This worked well, but also meant I got less engagement with me in the workshop. They had a lot of time in pairs/small groups, but I had less time. So, for them a good experience, and for me, more like a teaching gig.

What did I learn?

- That the material is engaging, and the exercises helped people. They all reflected on them and no-one came back saying they didn't understand.
- They appreciated the DETECT questionnaire. One person advised me to put my name on it!
- I can be bolder with my material and have faith in it. It speaks to people and is challenging to their settled senses of themselves.

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Figure 21. Memo of reflections from the Cumbria workshop (5.3.19).

This was my first outing with my research, past research participants and focus groups. I had a sense of the impact of the model and an appreciation of the methodology I had been immersed in which had helped me to come to this conceptualisation of asking for help and that might make a difference to practitioners.

5.5.1.4 Subsequent keynotes and workshops

I have continued to take my research to conferences and been invited to do more keynote addresses. This has helped me to build confidence in my model and test its

impact by engaging with colleagues from many different countries and cultures. The model has stood this test of cultural difference. In the workshop in Ukraine there were many different nationalities present and one attendee expressed her surprise, that across all the different cultures and languages in the room, the experience of struggling to ask for help in supervision was shared. Another commented, giving feedback on a reflective exercise: "*I have a new question for supervision - why do I never know what to bring to supervision?*" This was an experienced supervisor and trainer in psychotherapy talking about his struggle to be vulnerable.

In workshops, the impact has always been of people engaging in discussing their difficulty in asking for help and there has generally been a strong sense of relief as psychotherapists realise this is a common experience in the profession. I have learned to keep the focus on finding dignity rather than repeating shame and this has really impacted attendees to help them return to supervision with different questions and challenge themselves to find ways to dignify their needs and build courage to ask for help.

Title and format of presentation (no. of attendees)	Date	Place
Hide and Seek - the experience of asking for help. Keynote (150+)	2.3.19	Cumbrian TA Conference Appendices XV & XVI
Hide and Seek - Finding dignity in need and asking for help without shame. Workshop (20)	2.3.19	Cumbrian TA Conference
Hide and Seek in Groups - Finding dignity in asking for help. (translated into Italian) Workshop (50)	8.3.19	Rome TA Conference Appendix XVII
Relational Transactional Analysis - Asking for help. Teaching day with research included (50 from 10 countries, translated into 4 languages)	19.5.19	European Association of TA (EATA) - Summer school, Budapest

Hide and Seek in exam processes. (25) Training in preparation of Master level vivas	23.5.19	Metanoia, London
Hide and Seek - the experience of asking for help. Keynote (200) (translated into Russian)	6.7.19	EATA Conference Cherkassy Philharmonic Hall, Cherkassy, Ukraine Appendix XVIII
Hide and Seek in Supervision - the experience of asking for help. Workshop (30)	6.7.19	EATA Conference Cherkassy University Ukraine
Hide and Seek in troubled times. Keynote (60)	5.10.19	Iron Mill Conference, Exeter
Hide and Seek in supervision. Keynote (60)	23.11.19	UKCP Supervision Conference, Edinburgh Zoo, Scotland Appendix XIX

Figure 22. Summary of presentations (completed and booked).

5.5.1.5 Products in the pipeline

There are two keynotes booked for autumn 2019. I am currently holding back on booking further conferences, partly because I want to travel less for a while and take a break. I plan to take some more time to plan and write a book on Asking for Help aimed at the helping professions.

Other products I am in the process of developing or plan to develop are:

- Training inputs for psychotherapy and supervision trainings

- Paper(s) for submission by Spring 2020

    o Transactional Analysis Journal

    o Supervision Journal

- Checklist to review the experience of asking for help in supervision

- Website and blog on asking for help

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I also serve on the management committee of an adventure playground in a deprived inner-city area in Bristol. I plan to run some psycho-educational mini workshops with young people about asking for help. I also have plans, along with an illustrator, to write a children's book. I have been working on metaphors informed by many of the categories.

5.5.2 Implications

This research supports the growing body of literature that suggests that asking for help is a complex experience for helping professionals and specifically psychotherapists. It concludes that:

Asking for help is experienced as an act of courage to reach out, predicated on self-awareness of need(s), together with enough trust that the request will be met with dignity.

Asking for help is a complex, non-linear phenomenon. The proposed model of Hide and Seek is a visual and dynamic grounded theory model of asking for help.

The model normalises and predicts that psychotherapists will vacillate between hiding and seeking in navigating their vulnerability in helping relationships. This includes therapeutic learning and supervisory relationships.

I now consider the implications and make recommendations based upon this research in five different areas: clinical work, supervision, psychotherapy training, ethics and professional practice and finally the wider helping professions.

5.5.2.1 Implications for clinical work

Nadler's (1997, 2012, 2015) binary model of two forms of orientation towards help, autonomy and dependency, has some overlap in both clusters of HIDING and SEEKING that suggests participants were looking for both kinds of help. However, this research adds to his binary distinction by raising the additional factor of how psychotherapists *avoid* help in ways that might over-promote autonomy to a position of isolation and withdrawal.

The findings of this research were conclusive that all participants, at times, sought to hide their need for help, from themselves, colleagues and supervisors. For some, the hardest time to ask for help was when they needed it most. This finding has implications for the health and well-being of practitioners and potential implications for a negative impact on clinical work.

This research predicts that hiding is a common experience for psychotherapists, rooted in early experiences of caring for others and patterns of camouflaging vulnerability by focussing on others' needs. One of the implications of this is that psychotherapists will not always be able to get the help they need and are, at particular times of stress, or difficult times in their clinical work, at risk of reduced self-care and potentially professional burn out.

One implication is that the notion of risk-assessment could be extended to thinking about psychotherapist health and well-being, as well as client safety. The model of Hide and Seek could provide a way for practitioners to self-assess, or review with colleagues or supervisors, how they are managing their vulnerability and consider options to improve their self-care or reach out to others for more help.

The research also showed how psychotherapists learned how to ask for help by developing ways to lean into their experiences and find people they could trust. The implication of this finding is that it is possible to increase seeking behaviours as a result of learning how to better manage vulnerability. This links to both the training and supervision of professionals as potential sources of learning relationships.

An increased awareness and understanding of the experience of asking for help has the potential to support practitioners to be better resourced through being able to ask for the help they need in their clinical work. This could help protect practitioners from burnout and also, potentially, positively impact their clinical work.

Cornell, (2018) writes of how the therapist's own personal history and unconscious motivations can deepen or distort the therapist's understanding of the client. My research found some evidence of therapist-reported reduced competence due to hiding their needs and not asking for help. However, this research is not able to make any conclusive statements about the impact of this reduced competence. I suggest it is an area of importance for further research as it has potentially significant implications for the profession.

Williams & Levitt (2007) contend that analyses of therapists' experiences often function to alert therapists to internal processes that underlie case conceptualisation, intervention, and approaches to treatment. They argue that this work can shed light on the stressors, intentions, and developmental experiences of psychotherapists. It can be useful for facilitating therapists' self-reflection, training program development, and informing the process of clinical decision making.

My research and model have the potential to be used for such analyses that could help alert therapists to their internal processes and reflect further on their clinical work. This would need further research and evaluation.

5.5.2.2 Implications for supervision

One of the assumptions and core ethics in the profession is that psychotherapists will use supervision to get help with their clinical work. It is an aspect of professional orthodoxy that is complied with by most. All psychotherapy professional associations require members to submit annual 'continuing profession development' summaries, showing the number of hours of supervision they attended. The focus is on measuring hours, rather than learning. This research found that psychotherapists often struggled to use supervision due to their experience of power dynamics, shame and fear of judgment.

5.5.2.3 Performing as a supervisee

Participants universally spoke of how they hid in supervision and why. I was surprised at the level of common experience and understood this as 'performing' in supervision and is linked with the therapist-reported reduced effectiveness. This implies that psychotherapists struggle to use supervision effectively, even if they are experienced practitioners and supervisors themselves.

This research supports the growing evidence that effective psychotherapy supervision depends on supervisees' willingness to disclose important clinical information to their supervisors (Amerikaner & Rose, 2012; Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996).

My research findings also align with those that suggest failure to disclose relevant clinical material is particularly likely when the supervisee is feeling negatively about the supervisor or about the overall supervision experience (e.g., Gunn & Pistole, 2012; Hess *et al.*, 2008; Jakob, Weck, Höfling, Richtberg, & Bohus, 2014).

Bernard & Goodyear's (2018) research that the decision to avoid bringing up dissatisfaction with supervision or difficulties with clients is likely because of the non-voluntary, evaluative nature of supervision is also in line with the finding of this research.

Importantly, nondisclosure of relevant clinical information limits the supervisor's ability to evaluate and guide the trainee's work with clients (Bernard & Goodyear, 2018; Rønnestad & Skovholt, 2003). In extreme cases, the supervisor may be unaware of a serious ethical violation on the supervisee's part or some other threat to a client's welfare. This has significant implications for clinical work, for clients and for the profession.

It is interesting that the responsibilities of supervisees are not described by UKCP other than:
"4.1. The registrant must satisfy themselves that the supervision they have meets the Practice Guidelines for Supervisors, their College requirements and if applicable, those of their Organisational Member" (UKCP, 2018, p. 5).

This suggests that their responsibility is to make sure their supervisor is doing their job, rather than the idea that they have their own job to do as supervisee, with its own set of responsibilities to fulfil the dual nature of a good and effective supervisory relationship.

The language in UKCP's documents pertaining to supervision mostly uses the term 'trainees'. However, after qualifying this term is not appropriate. The research literature is minimal about the experience of being a supervisee and even sparser about being a 'qualified supervisee'. I propose that this role is under researched and that my research makes some contribution to the literature. I also suggest further exploration of the mature practitioner/supervisor relationship is needed, including research into the experience of supervisors' experiences and use of their own supervision.

A further relevant reason named for not disclosing more vulnerability in supervision was the perceived professional orthodoxy of the differentiation between supervision and therapy. It seemed that when the supervisee (or supervisor) held a clear demarcation of supervision being about client work and any personal vulnerability being for therapy, then this interrupted their capacity to be more vulnerable in supervision. The shared frame and purpose of supervision seemed more complied with, than negotiated. Only two of the participants were in current personal therapy, and, in my experience, it is not unusual for more senior practitioners to not be in their own therapy. This raises the question as to where senior therapists, or therapists not in therapy, take their vulnerability and whether this demarcation helps supervision relationships or hinders them. This research suggests it might support more of a 'performance' of competency rather than an exploration of difficulty. I suggest that each supervisory relationship may benefit from paying attention to this aspect of potential hiding. Drawing from the model, useful questions for a supervisee might be:

- How does this supervision relationship help and hinder me in my vulnerability?

- What won't (and don't) I take to supervision?

- What is the impact of this omission on my clinical work?

- What do I need to do to increase the dignification of my own, and my clients, needs?

- What might I need, and ask for, from my supervisor to improve my experience of dignity in our work together?

5.5.2.4 Collaboration, contracting and power in supervision

There were two further significant factors that the findings suggested hindered the use of supervision; the method of direct contracting and the perceived power of the supervisor.

The methodology of contracting in supervision is common and part of what Bordin (1983) and others recommend as good practice. Participants talked about being tipped back into hiding and evoking their camouflage when invited to contract with supervisors. My research suggests that an invitation to reach out, from the supervisor, does not always lead to an experience of being reached. This is something we also know from our clinical practice. Clients do not always find it easy to ask for help, even though they are sitting with their psychotherapist. An important question here is *how* do you contract with those who are weighed down with shame and camouflage their vulnerability?

There seems to be a strong distinction between seeking collaboration and some supervisors' method of how they do this. My findings support the seeking of mutual goals and bonds in clinical supervision. However, there is some data to suggest that HOW this is done is critical to the supervisee staying on the SEEKING side of asking for help.

A routinised question such as "what do you want from supervision today, or from me?" seemed to have the potential to tip the seesaw back towards HIDING for participants. As I have discussed this in workshops, with a wider, cross-cultural audience, the signs of recognition have validated this further. It is commonly experienced as an interruption to collaboration and deepening trust and potentially invites a shift to performing and hiding. It seems hard to know what you want ahead of surrendering to your vulnerability.

My proposition is that contracting needs to be held at the level of principle and attention paid to the practice of how contracting is done so that collaboration can be found, rather than assumed. This is important for supervisors to be aware of and have ways of reflecting on how their methodology may both help and hinder a supervisee using supervision, rather than adapting and hiding in it. This also has implications for the training of supervisors.

Desirable personal qualities of the supervisor were described by participants. Watkins, Hook, Mosher, & Callahan (2019) contend that supervisor humility is a critical variable for effective supervisory practice. My research would support this as a desirable quality in finding more collaborative experiences in supervision. The most significant factor was linked to participants' perceived power of the supervisor and how this is navigated in the supervisory relationship. On the positive side participants clearly felt able to make their own arrangement for supervision that suited them best. A key determinant of these relationships was the navigation of shame, vulnerability and power. If shame-evoking transferential relationships are the organising experience of supervision, then this can reinforce the constellation of HIDING. Attention is needed to how supervisors can support the SEEKING cycles.

- The model has some suggestions about this, again in the form of questions that might be helpful in supervision:

- If the supervisee tips back into hiding how can they recover?

- How can the supervisory relationship learn about and deepen trust from such experiences?

- How can the supervisee support themselves, and seek support from others, to increase their capacity to recover?

My research implies it is important to normalise *Tipping back* into HIDING, to prepare for the inevitability of it and improve recovery times to re-establish SEEKING. This has some overlaps with cycles of recovery used in the addictions field (Miller & Rollnick, 2012) where *Tipping back* might be associated with relapse. Some of their strategies for 'relapse prevention' might be helpful here too.

Expanding 'trust maps' is a meaningful way to expand SEEKING. This might not be about adding more people to the address book, but about deepening the trust with significant others on the current map. Whether it involves more relationships or deepening existing ones with self as well as others, the message I have taken from my research is that trust is like the 'good fat' in a healthy diet. It provides lasting sustenance, you don't need a lot of it, but it is essential to a healthy life. It adds weight to the SEEKING side and helps counter any weight on the HIDING side. Detecting it and finding it are important ways to support a practitioners' capacity to ask for the help they need.

Gabbard writes about the selection of a good supervisor as an endeavour that requires considerable thoughtfulness. He says:

"The consultant must be an individual with whom the analyst feels that he or she can share anything. On the other hand, one must be wary of a consultant who is so accepting that he or she might uncritically agree with whatever the analyst presents rather than offer constructive criticisms where necessary. In the optimal situation, the analyst carries the consultant into the analytic hours with him or her as an internal presence. This internal consultant, a variation of the "third" is in an ongoing dialogue with the analyst throughout the session as the analyst contemplates various interventions with the patient." (Gabbard, 2017, p.155)

This form of thoughtfulness is an articulation of how to find a supervisor with whom you can maximise SEEKING and minimise performing or HIDING. The result of internalising the relationship to support the practitioner in their clinical work (also described by Casement, 1985) is like having a trusted detective in accompaniment, to encourage leaning in and a source of self-care. It is a way to potentially increase dignity during times of vulnerability and ambivalent moments of emergent struggle.

An additional issue is that despite the presence of multiple models and approaches of reflective practice (Gibbs, 1988; Johns, 2004; Rousmaniere, 2016), ways of incorporating reflective practice into training (Curtis, Elkins, Duran, & Venta, 2016; ParkTaylor *et al.,* 2009), and evidence that reflective practice can be developed in a learning context (Mann, Gordon, & MacLeod, 2009), there is scant evidence on structured and feasible methods for clinical supervisors to help develop reflective ability in their trainees. Across systematic reviews of reflective practice in the training of health professionals (e.g., Mann *et al*., 2009; Scaife, 2010) one complication that arises for the supervisor interested in implementing such a method is that the reflective practice literature is quite dispersed across fields (e.g., nursing,

education, psychology), terminology (e.g., values, cognitive maps, normative

schemas), settings (e.g., courses, supervision groups, mental health centres), and

methods (e.g., blogging, diaries, narratives). Moreover, the time and production

demand of many of the methods is quite considerable and likely untenable within a

clinical training and then ongoing practice. I know, from my own experience as a

tutor on the final year of a master's programme, that the "learning journal'

requirement of the course was regularly an unsatisfactory experience to read. Most

of the students complied to the task as a demand of the course, rather than

embracing the practice as a resource to them as practitioners. As such, it is

challenging to identify a simple evidence-based method within the available

reflective practice literature that is useful and feasible.

Supervisors need ways to review and assess the supervisory experience and

effectiveness of the supervision that inquire into the level of trust and vulnerability of

the supervisee. I propose that such reviews need to happen regularly, to reflect on

the supervisee's learning experience, regardless of their years of experience or

seniority.

The feedback from keynotes and workshops I have done so far suggest that the

Hide and Seek model may be useful as a reflective practice tool for both

supervisees and supervisors. It could be used individually and also directly in the

relationship. It might support the dyad to build a shared understanding and level of

trust so that more vulnerability can be tolerated. This has the potential to improve

the experience of supervision and its effectiveness. The questions outlined in this

section have been informed by it. However, further research would be needed to

discover its impact and validity.

5.5.2.5 Senior practitioners - it's lonely at the top

The research suggested that the more senior some practitioners were, the harder they found it to find people with whom they could risk their vulnerability. The implications of senior members of the community feeling isolated and vulnerable has implications for the profession, as well as their psychological and emotional well-being.

Supervision is one way that learning is cascaded by implicit modelling as well as explicit teaching. The implications of supervisors modelling competence, but not how to manage vulnerability, could risk implicitly supporting a practice of HIDING. This is an area that needs further research and understanding.

5.5.2.6 Implications for the training of psychotherapists

The research also has implications for the way we think about the 'personal factor' in the development and training of psychotherapists. The findings suggest that the ability to reflect upon one's own capacity to ask for help is important as is considering the motivation for entering the helping profession and developing awareness and skills in *Leaning in* and *Reaching out*.

My research showed that positive cycles of SEEKING were valuable to experienced psychotherapists and that these could be developed and learned through the process of training, therapy and supervision. It also showed that, despite all the training, HIDING was still a significant experience of being a practitioner.

My participants attended a wide array of training different institutes. Although training had clearly impacted their capacity to identify their needs and ask for help,

there are questions as to whether trainings could do more to improve trainees awareness and skills in asking for help, particularly in relation to the use of supervision. Further research would be needed to establish whether this is also a factor in personal therapy.

Interestingly the capacity to ask for help is not named as a competency or requirement in any of the UKCP standards of training or supervision. The closest I found was in their policy 'Standards of Education and Training':

"2.3. Have systems for candidates to demonstrate that they have personal qualities that make them suitable for the psychotherapy profession" (UKCP, 2017a, p. 5).

and

"4.9. Trainings must ensure that students gain an understanding of self-reflective process in recognition of the necessity for psychological maturity" (UKCP, 2017a, p. 8).

Requirement 4.9 could be understood as a requirement to 'lean in'. There is, however, no corollary in the requirements for *Reaching out.* With this research in mind, this seems like a gaping hole that needs addressing.

My recommendation would be to discuss, teach and model asking for help in the early years of training and deeply embed this into any training programme and supporting supervisory arrangements. Building this into a training programme has potential for an extended research project, with other institutes as controls, to evaluate and learn further how to improve psychotherapists' capacity to ask for help.

I think there might be a need for a parallel training for tutors and supervisors, in order to consolidate the practice and maximise the learning outcomes for trainees. Drawing inferences from this research suggests that current tutors and supervisors may already be unaware of their own capacities to hide and some training to help them reflect on their own patterns would be an important aspect to improving training. Often it is necessary to start with the teachers in order to teach the students.

5.5.2.7 Implications for ethics codes and professional practice

Gabbard, writing a 30 year retrospective on sexual boundary violations in psychoanalysis says: "… the decisions regarding *whether* to consult, *whom* to consult, and *when* to consult must be made on the basis of a thoroughgoing desire to uphold the ethical standards of the profession" (2017, p. 155).

Whilst ethics codes may differ the majority declare that practitioners must act in the best interests of the client, rooted in the ethical principles of 'do no harm' (non-maleficence) and do the best for the client (beneficence). This research, along with a wide range of literature, suggests this code is perhaps simplistic and does not help a practitioner consider how this can be done. The struggle to use supervision effectively suggests this code is hard to maintain in the face of one's own, perhaps unconscious 'best interests' of self-protection. The idea of being an 'ethical practitioner' is one I have always found complex and in my work on ethics committees witnessed psychotherapists using ethics codes as shields to defend themselves.

My research has helped me to understand this further. If a practitioner is working and being supervised from HIDING then an ethical complaint against them is experienced as a direct (and potentially archaic) attack on their integrity. Inevitably their response will be to hide further, increasing their camouflage in order to defend their notion of professional integrity and keep their vulnerability and shame safe from further hurt. In the light of a threat of complaint, or informal complaint from a client, I have frequently witnessed therapists seeking confirmation that they have done nothing wrong, and they are ethical. This usually involves blaming or pathologising the client. It seems hard to stay on the SEEKING side of the street in these situations.

UKCP's (2017b) code of ethics and professional practice make reference to securing supervision. It seems to assume that having the arrangement is the same as using it well. This research challenges this assumption and I suggest that these codes, in some way, leave both practitioners and clients vulnerable. By not including any acknowledgment of practitioner vulnerability in the clinical work there is a modelling, at the very core of professional identity, of invulnerability. This seems paradoxical in a profession where theories of the unconscious abound, and as relational theories inform more and more models of psychotherapy we have to acknowledge the co-influencing and bi directionality of any relationship. I do not wish to deny professional responsibility and the different roles of therapist and client, or supervisee and supervisor. The responsibility is clear, but it is also responsibility with complexity. I believe it is this complexity that needs acknowledging and without this the professional is set up to be more than is possible.

Bond describes an ethic of trust as one that "supports the development of reciprocal relationships of sufficient strength to withstand the relational challenges of difference and inequality and the existential challenges of risk and uncertainty" (Bond, 2006, p. 82). In essence he is arguing that trust is a core factor for psychotherapists and their clients and argues for the relational and existential challenges to be considered. I think this would go some way to opening our codes of ethics and professional practice to include the vulnerability of the practitioner. This would help to normalise and predict HIDING and support appropriate SEEKING.

Bond's focus is on the therapeutic dyad, rather than the supervisory dyad. I believe my research demonstrates that trust is a core factor for psychotherapists in seeking help in their work and that Bond's ethic of trust extends to the supervisory relationship.

My recommendation is that we have an understanding of ethics that includes the possibility of practitioners hiding and having criteria for the anticipation of, and recovery from this defensive strategy.

5.5.2.8 Implications for wider the helping professions

The two main implications for psychotherapists have been related to their health and well-being in the work and their capacity to get the help they need to be effective in their work. I postulate that these implications are relevant to the wider helping professions.

The implications discussed above are all founded in the dynamic of the helping relationship between client and therapist, and supervisee and supervisor. This

helping dynamic is common across the helping professions and therefore I argue

that my research may have some relevance to the wider professional community.

Whilst it is beyond the remit of this present research, I would like to undertake

further research on the relevance of the Hide and Seek grounded theory model to

other helping professions and possibly learning relationships.

5.5.2.9 Summary of implications

Asking for help is an important aspect of a psychotherapists' professional

experience, one which they often struggle with, especially when they might need it

most.

This research proposes that asking for help is experienced as an act of courage to

reach out, predicated on self-awareness of need(s), together with enough trust that

the request will be met with dignity.

Asking for help is a complex, non-linear phenomenon. The proposed model of Hide

and Seek is a visual and dynamic grounded theory model of asking for help.

I suggest that the implications of this research are:

1. Asking for help is an unrecognised professional competency in
   psychotherapy.
2. A psychotherapists' struggle to ask for help may have a negative impact on
   their health.
3. A psychotherapists' struggle to ask for help may have a negative impact on
   their clinical effectiveness.

4. Supervision is a potential source of help for psychotherapists, but the helping dynamic between supervisee and supervisor needs thoughtful attention by both parties.

5. The training of supervisors could include input on their own capacity to ask for help and how they attend to it in their own practice, as well as how they tend to it with their supervisees.

6. Psychotherapy trainings need to actively teach and model asking for help.

7. The profession needs to consider how it includes practitioner vulnerability in its codes of ethics and professional practice, in order to promote accountability being held through reflective learning and effective help-seeking rather than defensive practice.

I propose this research and the model of Hide and Seek has potential to:

- Raise awareness of the complex experiences involved in asking for help as a psychotherapist.

- Promote the dignification of vulnerability in professionals as well as clients.

- Provide a model of education to help practitioners at all levels of training and experience.

- Provide a model of intervention for helping relationships, to assess collaboration and negotiate managing vulnerability with dignity.

Based on this research my recommendations for the psychotherapy profession are that:

- Training programmes teach trainees to think about their experiences of asking for help, to normalise their struggles and en-courage them to take risks to seek help when they feel vulnerable in their clinical work.

- Supervisors and supervisees explore the dynamics of the helping relationships they are in and understand what might help and hinder asking for help.

- Psychotherapists reflect on their needs, vulnerabilities and resources in order to maximise asking for help.

- The model of Hide and Seek be further researched to analyse its relevance to the helping dynamic between any two, or potentially more, parties. For example, this could be within the therapeutic relationship, the supervisory relationship as well as in the wider helping professions.

5.6 Limitations and further research

When considering the implications of these findings, it is necessary to take account of the limitations of the study. Some of these limitations can be the foundations for future research.

5.6.1 Methodology

Demographically, I sampled psychotherapists who were predominantly white (90%), although their ethnicity was more diverse (60% white British; 10% black Caribbean; 10% Jewish; 20% white "other"). The gender split was 60% females and 40% males. Whilst this research and model has had feedback involving people from over 20 different countries, the majority were from western cultures. Therefore, this research is not able to make claims about universal human experience or comment across diverse cultural identities or gender.

I sampled experienced psychotherapists, so it is no surprise that the mean age was 54 years and the age range was between 40 and 62. In the focus groups this was higher, with the second focus group having a mean age of over 70. This research is able to make some conclusions about seniority, but not age.

Further research on difference in gender, age and cultural practices of asking for help would be complementary research projects but such conclusions were beyond the remit and reach of this research.

It is possible that the snowballing sampling might have yielded a set of like-minded individuals. Those who agreed to be interviewed all shared a history of struggling with asking for help. Many respondents to my research call declined to be interviewed because they did not believe they were very good at it! This has clearly impacted the data and it would be interesting to identify people who identified being good at asking for help and compare and contrast with this study. On reflection I wish I had asked people about their motivation to agree to be involved in the research. Future research might also give consideration to adopting an alternative recruitment strategy.

5.6.2 Researcher influence

This is my first experience of completing a piece of grounded theory research. I took supervision and read widely about the methodology. However, as a novice researcher in this field, my lack of experience may have set unknown limitations on my analysis of data.

It seems highly likely that my humanistic and relational orientation was reflected in the construction of the interview prompt sheet and the conversations that took place

during the interviews and the way in which analytic themes were interpreted and organised.

My basic assumptions about therapy and human development seem to have resonances and recognition with participants and stimulated them to open up and explore. This was a strength in the research. I believe I got better over time at eliciting data by learning to speak less and probe deeper as a researcher.

However, my expectations and biases may have influenced the findings. I did take some precautions in selecting a co-researcher with whom to review the coding and critically question my own interpretations during the analysis. I have also been as transparent as possible with my own assumptions throughout. Testing the findings in focus groups and in the wider psychotherapy world helped me to question my assumptions and interpretations.

Finally, in keeping with my constructivist approach, I offer this analysis with the awareness that these findings are not the only possible interpretation of these data, but instead are an interpretive understanding that is based on the rigorous analysis of clients' interviews.

5.6.3 Further research

The model of Hide and Seek and the Detect Questionnaire have potential usefulness in the profession of psychotherapy and beyond, into the helping professions. However, they are not proven models and need further research to validate their use in the profession.

The findings of this research suggest that psychotherapists' struggle to ask for help might have implications for their health. Further research in this area would be of benefit for practitioners.

This research has also raised questions about possible links between a psychotherapist's experience of asking for help, their use of supervision and their effectiveness in their work with clients. This has been based on therapist-reported incidents and is a significant area for further research.

The implications of the findings are also relevant to the training of psychotherapists. Further research would be valuable to assess trainee's capacities to ask for help and how learning inputs, such as the model proposed, might improve this in both training and supervision. Such research could also be linked to effectiveness studies.

There is more to learn about the experience of psychotherapists, and those in the helping professions, experience of needing and asking for help. Different kinds of research would help the profession understand how to best to help practitioners be active in getting the help they need. It would be interesting to further this research study by cross comparing it to other helping professional to see if the issues are shared, different and what can be learned from such cross fertilization.

I also believe there is room for further research in the educational settings where learning relationships are central to the work. A considerable amount of research exists in this field about what helps students learn, but less regarding teachers, tutors and educationists. More cross fertilization of this kind would add to the data

about the experience of those in the position of 'helper' and how they ask for help in their work.

5.7 Personal reflections

I began and conclude this research with the firm belief that asking for help is an important capacity to have as a psychotherapist and helping professional. I consider that practitioners have an obligation to seek the help they need to the best of their ability, for their own health as well as that of their clients.

My research has given me significant food for thought over the past four years. Whilst my core belief might have been confirmed, I have learned a considerable amount about the psychodynamics of asking for help. The research findings and model of Hide and Seek represent a peak in the learning process of this doctorate, but I also have a sense of there being another beginning.

During the five years I have been on the doctorate programme I have also been a student of karate. I have enjoyed the contrast of mental and physical learning as I have moved between the two. In December 2018 I achieved my black belt grading. I was proud as it was a significant milestone at my age. At the same time, I realised that I had become a beginner again. A black belt is considered a beginner to a whole new level of training and learning. As I write this last section I feel similarly regarding my research. I feel like I have achieved a lot, and, as I go forward to finish the thesis, I am aware of a new phase ahead of me, as a researcher. I feel like an expert beginner.

I have relished the experience of becoming a researcher. I enjoyed writing my research proposal as the vision became clear in my mind. Developing interviewing skills, as a researcher, was a steep learning curve and I was appreciative of having two participants to practice this with before I went 'live'. I found identifying participants the least favourite part as it was uncertain, and in some ways was a form of *Reaching out* to people I did not know. However, I was impacted by every interview and listened to each one over and over. The data analysis phase felt like rolling around in participants' words. I remembered a phrase from a masterclass at Metanoia by Linda Finlay (May, 2015). It was my first professional knowledge seminar on the doctorate programme. She talked about "dwelling in her data". Her words stayed with me and I got to know them from the inside during this study. At times this has been frustrating and overwhelming, but mostly it has been a form of 'play', (in the Winnicottian sense of the word). Bringing it home in the integration of theory and discussion of the implications has really crystallised the process for me. The challenge of taking my products out, into the world has also stretched me and helped to consolidate my identity as a researcher, and in my area of 'expertise'.

I have improved my own capacity to ask for help along the way and appreciate the help of many who have contributed in different ways to my evolution.

There are two areas I am currently busy with personally. One is dignity and the other is loss.

My research findings and subsequent engagement with participants in the workshops I ran has really opened up my mind to the experience of dignity and the dignification of vulnerability. I am interested in understanding this further, in myself and others.

Loss is also foreground for me as I bring this phase of my research and learning to a close. All through the study I have had to make decisions about what to include and what to let go of. The whole process has involved gain and loss. This seems a good place to end, to acknowledge that learning and loss have been central to this research. I have gained confidence in them as robust partners in both research and my own creative development through this doctorate.

6.0 Conclusion

This constructivist grounded theory research explored psychotherapists' experiences of needing and asking for help inside the profession, a helping profession. The purpose was to gain a better understanding of the core processes that underlie asking for help as a psychotherapist.

Through the process of interviewing ten senior psychotherapists and analysing the data, a core category and model were developed. These were explored and amended through two focus groups, participants' feedback and an additional teaching group. The proposed model of Hide and Seek is a visual and dynamic grounded theory model that indicates and organises the significant factors relevant to acknowledging need and asking for help. It conceptualises the phenomenology of psychotherapists' experiences of asking for help. I have subsequently presented it at two UK and three international conferences.

This research suggests that asking for help is experienced as an act of courage to reach out, predicated on self-awareness of need(s), together with enough trust that the request will be met with dignity.

The implications, inside the profession, are to include the development of this competency during training and supervision of psychotherapists. This may lead to better use of supervision and could have a potential positive impact on professional practice. These are both areas for further research. The proposed model will be of interest for training and supervision programmes to help psychotherapists navigate their vulnerability with dignity in their professional contexts.

The distinction between making help available (and even a requirement) and how people bring themselves to use help, has been an important clarification from this study. My own learning, through the research, has changed the way I ask for help and speak with others about reaching out. This impacts my practice as a psychotherapist, supervisor, educator and woman.

This doctorate has taken me right into the heart of both a personal and professional inquiry. Beyond the research participants I have had many more conversations with colleagues at conferences, supervisees and also strangers (who dared to ask about my research). So many of these dialogues have confirmed to me the complexity of asking for help, not only for psychotherapists and helping professionals, but for many people who may struggle to trust they will be met with dignity if they reach out for help. I think the core category and Hide and Seek model are potential contributions to understanding these complexities and think further research is indicated, outside of the profession of psychotherapy, and into the wider field of human experience.

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HIDE and SEEK

A Grounded Theory Study of Psychotherapists' Experience of Needing and Asking for Help

Volume 2 (of 2)

Final Project submitted as part of the
Doctorate in Psychotherapy by Professional Studies
[DPY 5360]

Degree Awarded by Middlesex University
A joint programme between the Institute of Work Based Learning, Middlesex University and Metanoia Institute

Sue Eusden

Candidate Number: M00519976
October 2019

8.0 Appendices

APPENDIX I Research Ethics Committee Approval Form

Metanoia Institute and Middlesex University Metanoia's Research Ethics Committee

DETAILS OF APPLICANT AND RESEARCH SUPERVISOR

1. ***Applicant's name:*** *Sue Eusden*

1.1. ***Email address:*** *smeusden@gmail.com*

1.2. ***Telephone number:*** *01453 833965*

1.3. ***Research supervisor(s) name, qualifications and contact details:***

Dr. Marie Adams

5. ***Institution/contact details (if applicable):***
   Metanoia Institute

6. ***Do you have any external funding for this project?*** *|No (please circle) If yes, please provide brief details including the name of the funding body:*

N/A

1.7. ***Project title:*** Asking for help as a psychotherapist - a grounded theory study of the experience of asking for help.

ETHICAL CONSIDERATIONS
Note: The items below cover all of those in the A/B categories of Middlesex University

	YES	NO	N/A
1. Will you describe the research procedures in advance to participants so that they are informed about what to expect? Please attach a copy of any recruitment letters and information sheet to be used.	x		
2. Is the project based on voluntary participation?	x		
3. Will you obtain written consent for participation?	x		
4. If the research is observational, will you ask participants for their consent to being observed?			x
5. Will you tell participants that they may withdraw from the research at any time and for any reason and inform them of how they may withdraw?	x		
6. Will you ensure that participants are not subtly induced, either to participate initially, or to remain in the project?	x		
7. Will you give participants the option of omitting questions from interviews or questionnaires that they do not want to answer?	x		
8. Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	x		
9. Have you made provision for the safe-keeping of written data or video/audio recordings?	x		
10. Will you debrief participants at the end of their participation?	x		
11. Have you ensured that your research is culture/belief/ social system sensitive and that every precaution has been taken to ensure the dignity, respect and safety of the participants?	x		
12. Is there a realistic risk of any participant experiencing either physical or psychological distress or discomfort? If YES, what will you tell them to do if they should experience any problems (e.g. who they can contact for	x		

13. Is there an existing relationship between the researcher and any of the research participants? If YES, please describe the ethical implications and the safeguards in place to minimise risks.	x		
14. Your research does not involve offering inducement to participate (e.g. payment or other reward)? If YES, please describe the ethical implications and the safeguards in place to minimise risks.		*x*	
15. Will the project involve working with children under 16 years of age? If YES, please describe parental consent and safeguarding procedures.			x
16. Will your project involve deliberately misleading participants in any way? If YES, please explain why this is necessary.		x	
17. Will you need to obtain ethical approval from any other organisation or source? If YES, please attach letter confirming their ethical approval.		x	
18. Are there any other ethical considerations in relation to your project that you wish to bring to the attention of the Research Ethics Committee that are not covered by the above? If YES, please describe on a separate sheet.		x	

If you have answered 'NO' to any of the questions listed in 1 to 12 above, then please provide further details on a separate page and attach it to this application.

If you have answered 'YES' to any of the questions listed under 12 to 18 above, then please provide further details on a separate page and attach it to this application.

CANDIDATE DECLARATION

I have read the BACP and the BPS guidelines for ethical practices in research and have discussed this project with my research supervisor in the context of these guidelines. I confirm that I have also undertaken a risk assessment with my research supervisor:

Signed: Sue Eusden (Applicant)

Print name: Sue Eusden

Date: 12.10.17

RESEARCH SUPERVISOR DECLARATION

- As supervisor or principal investigator for this research study I understand that it is my responsibility to ensure that researchers/candidates under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.
- I confirm that I have seen and signed a risk assessment for this research study and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.
- I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see http://www.wma.net/e/policy/b3.htm).
- I confirm that I have reviewed all of the information submitted as part of this research ethics application.
- I agree to participate in committee's auditing procedures for research studies if requested.

Research Ethics

Metanoia's Research Ethics Committee

Attachment to supplement Ethical

Considerations

Q.12   Is there a realistic risk of any participant experiencing either physical or psychological distress or discomfort? If YES, what will you tell them to do if they should experience any problems (e.g. who they can contact for help.)

Answer: Yes

Details: I will use my skills in the interview to help them to express and manage their feelings as appropriate and make meaning of them in the context of the work they have described. If they are still distressed at the end of the interview, or afterwards, I will invite them to be in contact with me as a further debriefing session may help. I also hold the possibility of arranging a supervision session as appropriate for them. They will already probably have supervisory arrangements, and I am willing to pay for one supervision (or therapy, if appropriate) session. There is also the focus group where participants can discuss the impact of the research on them. If participants experience distress in, or following on from, this, then the same possibility applies of being in contact with me and arranging for supervision.

Q. 13   Is there an existing relationship between the researcher and any of the research participants? If YES, please describe the ethical implications and the safeguards in place to minimise risks.

Answer: Yes, this is a possibility.

Details:

Ethical Implications	Safeguards to minimise risk
Risk to Autonomy Are they truly free to take part? Possibility of abusing collegial relationship to assert pressure to be involved in research.	I will use professional networks. Colleagues may be approached by email so there is no direct sense of pressure. They will have time to reflect on whether they want to take part and there will be no consequences if they choose not to or withdraw at a later stage. This is also made explicit in writing in the written information they receive about the research.
Risk of participant experiencing distress as a result of being involved in research, with insider researcher. Principle of Do No Harm	Researcher skill and experience in compassion, empathy, acceptance and curiosity in participant experience. I will draw on my experience working clinically and discussing ethical practice with supervisees and trainees. This will involve mixing my professional ethics (UKCP) with research ethics (Shaw 2008). Acknowledging a pre-existing relationship will be important and part of the contracting process. We will need to create an atmosphere of mutual trust and respect. A good research alliance can mitigate against unhelpful power dynamics (Gabriel & Casemore, 2009). Insider researchers need to have a particular sensitivity to colleagues. Participant can stop the interview at any time and edit transcripts or withdraw from research by informing the researcher verbally or in writing. I will be available to the participant after the interview for them to be in contact if they are distressed as a result of the research. The focus groups will also check with participants about their interview experience. This protocol will be included in the detailed information sheet, given prior to the interview. If distress continues arrangements can be made for participant to see a supervisor as appropriate.

Confidentiality Risk of being identified or confidentiality being breached	The limits of confidentiality will be explained at the outset of each interview. It is likely that participants may disclose specific details in relation to themselves, their clients or colleagues. Confidentiality will be protected in a number of ways. Participants will be allocated a pseudonym in order to protect their anonymity. Names of clients, colleagues and places will be anonymised. A copy of the transcript will be sent so that the participant can read the interview and either approve the document for analysis or request changes be made. They will also be given the opportunity to declare that certain sections be removed from the transcript. All data, including audio recordings and transcripts will be stored in a combination of lockable units, password protected computers and encrypted pen-drives (for the transfer of material). The focus group will be clear at the initial point of contracting and the contract for the focus group will include confidentiality between participants.
Informed Consent	As Eisner states (1991) we do not always know what is going to emerge in research and so cannot give completely informed consent. What I can do is keep consent as a live process at each stage of the inquiry. There will be time for debriefing at the end of each interview. Stacey (1988) referred to the problem of 'the delusion of alliance' in qualitative and feminist research, as a consequence of which participants may reveal more than they intend. Findings will be disseminated to and discussed with all participants, who will have a right of veto over their own contribution in any material for publication.
Self-care as insider researcher - risk of negative impact on working relationships with colleagues or distress from hearing participants' stories.	Careful attention to working relationships with participants. Identifying participants where there are no power relationships (i.e.: managerial, supervisory). Use of reflective journalling and inclusion of this in the research to maximise reflexivity. Regular use of supervision to support reflection on impact of research on myself and relationships with participants. Potential to attend a supervision with a participant if any distress occurs that cannot be contained between us. Giving enough time for reflexivity in my working week to support myself in having the space to pay careful attention to my research.

APPENDIX II Information and Consent form for participants

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Information and Consent Form for Participants

Research Title - Asking for help as a psychotherapist - a grounded theory study of the experience of asking for help.

Invitation
Thank you for considering this invitation to take part in this research. In this document I explain why the research is being done and what it will involve. Please read the following information carefully and discuss it with myself or others if you wish. Feel free to ask me if there is anything that is not clear or if you would like more information.

Purpose of the Study
The purpose of this study is to learn about the psychotherapist's experience of needing and asking for help. What are the internal and external factors, from the therapist's perspective, that make the difference between asking for help or not?

The aim is to learn about what works, and does not work, regarding asking for help and to develop a theory that will help practitioners reflect on their capacity to use help as a professional helper.

Why Have I Been Asked to Take Part?
You have been approached as someone who is a qualified psychotherapist with over five years clinical experience.

Do I Have to Take Part?
No, it is entirely up to you whether or not you take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.
What if I Change My Mind?

You are free to withdraw from the research at any time without giving a reason. Transcripts from interviews will be destroyed and recorded data will be erased.
What Happens Next if I Say Yes?
For this study the researcher aims to collect information to answer the research question through the use of audio-recorded interviews with up to twelve people. There are two stages

to the research. Firstly, each participant will be interviewed individually by me. The interview is aimed to be a dialogue to explore your experiences.

Secondly, all data will be analysed and coded and presented (with full anonymity) to two focus groups to test out any emerging themes, theories and ideas and gather feedback for inclusion in the study. The participants for the focus group will be recruited as a separate group, at a later stage, to those individually interviewed.

So next I (the researcher) will be in contact with you to arrange a mutually convenient interview time.

What Do I Have to Do?
Interviews - You will be interviewed in person by me for up to 60 minutes at a mutually convenient time. I have a sheet with some prepared questions to prompt our dialogue. You can see these before-hand.

The interview will be recorded and transcribed. The transcript will be shared with you to ensure accuracy and anonymity. I will then analyse the transcript from your interview, alongside transcripts from the other individual interviews to identify any common themes.

What are the possible disadvantages and risks of taking part?
   a)   It is possible that you may feel distress at some point in the interview experience as feelings emerge. Hopefully this will be contained within the interview. If this should happen and it cannot be contained within the interview it can be arranged for you to be seen by a supervisor for a limited time.
   b)   Confidentiality may be broken if at any time during the research you disclose any grossly unethical practice such as explicit or malicious abuse of your client (e.g. sexual exploitation). Under these circumstances I will consult my supervisor and make a decision as to the most appropriate action, i.e. inform a manager (if relevant)/ ethics committee.

What are the possible benefits of taking part?
This research aims to draw on your clinical experience of needing and asking for help, it is not supervision. However, the exploration of your experience may contribute to a deeper understanding of, and learning about your relationship to seeking help, which may offer you some helpful reflections on your practice as a psychotherapist.

By agreeing to take part in this study you will be sharing your experience of asking for help and this may well have a valuable contribution to make to the understanding and development of clinical work and the development of professional practice for psychotherapists.

Will my identity be kept anonymous?
All information that is collected about you during the course of the research will be kept anonymous. Any information about you which is used, such as, examples from practice, will be anonymised so that neither you, nor anyone you talk about, will be recognised.

All of the data will be stored, analysed and reported in compliance with the UK Data Protection Legislation. Data will be stored in encrypted format and will be destroyed one year after the end of the study.

Consent Form

I understand that I am being invited to participate in the above research study.

I have had the research study explained to me and have received written information about the purpose of the study and my involvement in it.

I understand that I have the right to say no to being involved in this study.

I freely give my consent and agreement to participate in the study and understand that I will be:

> ➢ Interviewed individually for approximately 60 minutes

I understand that at any time I may withdraw from the study without explanation and that this will not adversely affect any services I currently receive or relationships that I have with anyone involved.

I understand that my confidentiality and anonymity will be preserved unless I give written permission for disclosure. Further I understand an exception to this clause would be in the event of information received that is considered to be grossly unethical, for example the explicit or malicious exploitation of a client through sexual misconduct.

I give my consent for the use of audio tape recordings and understand that these will be stored and destroyed in accordance with the Data Protection Act of 1998 and used solely for the purpose of:

> ➢ Recording my interview and then the tape will be destroyed within 30 working days

> ➢ Some of the transcribed content may be used to illustrate examples or contribute towards general conclusions about asking for help in psychotherapy. This may involve being used anonymously in publications (journals/books), training and/or presentations.

Further I have been informed that any changes to the study as explained to me today will require the researcher to re-gain my written consent and that this will be voluntary.

I understand that in the event that I have any concerns about the conduct or nature of the research that is being undertaken I can contact Sue Eusden or Dr. Marie Adams at Metanoia Institute.

Signed and dated by the participant ………………………..
Signed and dated by the researcher ……………………………

APPENDIX III Prompt Sheet for Interview

What is the experience of asking for help as a

psychotherapist?

Preamble

Thank you for agreeing to take part in this research. The interview will take a maximum of 60 minutes. It is intended to be a dialogue, rather than a question and answer session, and these questions are just prompts for conversation.

The interview is recorded, then transcribed. I will send you a copy of the transcript and you may let me know if there is anything in it, that on reflection, you would like removed.

Is there anything you would like to ask me before we begin?

Introductory Questions:

GENERAL INFORMATION

  1.1   NAME ……………………………………….…

  1.2   AGE ………………………….

  1.3. MALE / FEMALE /

  1.4. How long have you been qualified? ……….……

  1.5. Date of Interview …………………

Prompt Sheet:

1. What has been your experience of wanting or needing help as a therapist?

2. What are your positive and negative fantasies around receiving help?

3. What influences whether and how you ask for help? Who do you go to and how do you choose?

4. What promotes you asking for help? Can you give an example of asking for help and it going well?

5. When do you avoid asking for help? Are there times/people you don't ask? What might get in your way?

6. When has it been hardest to ask for help? What are the circumstances around you asking for help and it not going well?

7. Can you tell me something about your personal history of asking for help? Are there similarities / differences between your professional self and personal self when asking for help?

8. How does your relationship to asking for help influence you as a helper?

9. In relation to asking for help, how does your perception and experience shift from the therapist's chair to the supervisees chair?

10. Regarding asking for help, has your experience changed over time? In what way? Any significant events/people? How has that impacted, or not, your work?

APPENDIX IV. Key texts for clusters, categories and subcategories

This appendix lists the key identified texts for each cluster, category and subcategory.

Cluster 1: HIDING
Category 1.1: Learning to hide needs
Category 1.2: Camouflage (3 subcategories)
Category 1.3: Becoming a professional helper

Cluster 2: SEEKING
Category 2.1: Leaning in (3 subcategories)
Category 2.2: Reaching out (3 subcategories)

Cluster 3: MANAGING VULNERABILITY
Category 3.1: Emergent struggle (3 subcategories)
Category 3.2: Tipping back
Category 3.3: Daring to ask

These are identified key texts, rather than the whole data sets in order to present a manageable sense of how I have gathered MUs into codes, subcategories, categories and clusters.

Key to tables:
   P = Participant
   / in text represents a slight pause in the flow of speech

Cluster 1: HIDING

Definition: Asking for help directly is interrupted due to a history of experiencing shame in relation to needing help, perpetuated through family and/or cultural messages and creating self-protective mechanisms to best manage the tension of having needs and staying attached.

Three categories:
Category 1.1: Learning to hide needs
Category 1.2: Camouflage (3 subcategories)
Category 1.3: Becoming a professional helper

Category 1.1: Learning to hide needs

Definition: Early experiences of being shamed, inhibited or interrupted in seeking help leading to conscious and unconscious learning to hide needs and limit help-seeking.

Table 21. Category 1.1: Learning to hide needs - key texts with links to properties and focus codes

P	Key Text	Properties	Focus codes
	Property 1 - These confirmed that my needs were not valid, welcomed or safe to express	1. Early messages/beliefs	
	Property 2 - The circumstances of my birth supported it being hard to be vulnerable as a child	2. Circumstances of birth	
	Property 3 - Adopting a role/identity in the family that took care of others at the expense of my own needs being expressed or met.	3. Role/identity in family	
1	being the elder of two and my mother had post-natal depression when my sister was born and it was kind of you know I mean I don't remember this but I'm sure my father must have said you're Daddy's big girl. You know, help Mummy, all of that.	1,2,3, Post-natal depression	Needs being shut down at an early age
1	I mean I do wonder about after I was born because her father / I was born in the / 47 / and her father died / he got pneumonia just some time while she was pregnant and then her mother had Meningitis and there was a family row around about when I was born, so I do wonder if things go back earlier than / but the sort of the family stories, I was a very happy baby, until my sister was born. Things went wrong, the separation it was too long, and you know, that kind of thing. A separation / From well / they had arrangements in place for me when my mother went in to hospital but she went in to labour early in the middle of a flu epidemic so I got sent / shunted off and then I think she was in hospital for more than the two weeks, so it was a longer separation than I could handle and then umm then she had post-natal depression and I can you know imagine that it was stop grizzling and help Mummy.	1,2,3, Eldest with sick parents, too long early separation	Needs being shut down at an early age
2	I realised that uhh that I was you know I was seen as a youngster I was in a very mad family, in every sense of the word, and umm and never could make sense of it and had my own systems around me that helped protect me against a lot of the damage / Hmm.	1,2,3, Mad family, middle child	Developing early protection systems

	/ that was going on and those systems were / were / were all about helping others and so it was no accident that I came / I was a mediator in my family, without knowing it, middle child stuff		
3	What age did you go to boarding school? Six years old. Okay. And the abuse started at six. Okay. And this went on until around 14, so I think up to this point, feelings, wanting, needing was not a safe, so I just shut everything down.	1,2, Boarding school. Being sexually abused	Hard nut to crack
3	so to go back to the point about needing help, so my Mum wasn't really available, so there was nobody to ask. I think I had to find my own way and I think when I became an adult I realised that actually, if I don't ask, I'm not going to get, so needing help / I think I became very self-sufficient and needing help was not something in my repertoire, I don't need anybody.	1,2, Finding own way	Hard nut to crack
3	But also actually going back I realise that I had a mother who never really listened to me. She wasn't interested in me and she wasn't, not because she was a bad person, she had too much in her life going on and she didn't want to have children, she was over run with them and I assume I must have been quite a needy child.	1,2, Large family of unwanted children	Confusion - why won't anyone help me?
4	that's the seat of some trauma for me in that I think, with my father, I was exposed quite a lot to, well here's a situation, you should just be able to do it, so I mean the classic thing was riding horses and I don't know other stuff, but largely speaking, I've not had in my history experiences of being helped to learn how to do something. It's here's something, just do it, and getting a lot of strokes for being just suddenly competent without needing anything in that process from him particularly. And if I showed any vulnerability in that situation he would get quite angry because it was pulling upon him I think to know what to do about it, I think he got anxious, that was what happened, but he would get	1,	Developmental story

	very angry and he was quite umm shaming of me, of us children, you know, it's like, well hopeless and he used to laugh		
5	You know my whole early experience was you know that looking back now, that whole adoption experience is you can't trust anyone really, you know, I'm on my own, and gradually making sense of like, oh right, that's why that's my / that is my / that's my world view, that's why I do what I do, that's why I'm like I am,	1,2,3, Adoption	Not trusting others
5	What age were you adopted? Six weeks. Wow. So it's like right in / it's like the Brighton Rock, it's like right in there, so it's not like you can go oh well it's because of this and this and this, it's like / yes, it's really ugghhh / umm / so to get to that stage you can't even talk about it really. It's very much that umm implicit trauma and that's umm / I realise now I'm doing quite a lot of work with implicit trauma with refugees and that's quite phewww / impactful,	1,2 Adoption	Unpacking my early story
7	So I think that's where the thread goes back to, that's where it starts, because that / never ask for help, we're always okay, we show that we're okay, so it's all tied up in that I think.	1,2, Adoption	Family influences
8	I think there would be a story of caretakers being pretty damned inefficient, so there's a kind of you know a strong thread of not trusting the parents.	1,	Early story
9	Well not least also because my mother had very severe mental health problems when I was a child growing up, umm, and was often incarcerated or heavily medicated or recovering from an episode of incarceration, so yes, she wasn't a very stable character until / she was a very exciting and interesting character but she wasn't very stable until well after I'd left home.	2, Mother MH problems	Early story

9	I failed my 11 Plus and I went to a really pretty bad secondary modern school and the expectation was every child at that secondary modern school would go in to the local economy, in to the factories and so forth, or farming, because I came from quite a farming area and I must / in some ways I stood out from the crowd because I was top of the class in every subject, like for four years, until I stopped trying, and started being sort of naughty and delinquent and experimenting with drugs and my aspiration was to go to university but I could not put that in to words. It was like / it was an aspiration which was completely and utterly unspoken. It couldn't be spoken of. I was embarrassed by it. I couldn't ask for help with it. So the teachers who were teaching me a lot of them were Welsh and from the Welsh Valleys and they had been to teachers training college and you know they are pretty bright outstanding people but that was as far as they'd got. They hadn't even got to university themselves. It was that sort of / it wasn't around, it just wasn't around in the conversation one had.	2, Class and education	Early story
9	I never really asked them for practical advice. Also because they'd had such working-class beginnings to their lives and so the places I found myself, like university, and beyond, they were sort of rather wide-eyed with wonder and they only times they encountered university I found it so cringingly embarrassing, in a way that sort of almost hurts me to look back on it, to think of how embarrassed I was	2, Class and education	Early story of shame
9	as I sort of retrieved sort of various scenarios in which I had asked for help as a psychotherapist, or not asked for help, umm, I thought back to my relationship with my father and my mother for that matter and I would have to say that from my early teenage years onwards I never ever asked them for help. I just didn't think of them as being available for help.	1,	Early story
10	I see a very strong and quite direct link between my childhood experiences, not being able to ask for help, because of my particular / the particular	1,2,3, War, Being Jewish, MH problems for parents, parented child, cultural indoctrination	Early story

parenting or lack of parenting that was going around and my sense that I can only rely on myself. So my / my parents were incredibly well-intentioned and very / my father in particular quite loving, my mother struggling to connect to emotionality in any shape or form but very there practically but the general feel was / so my father very loving but weak in many ways and with clinical depression on and off, so there was / the role that I had in the family was very much kind of a / to hold the whole / the bits together so the sense of / I was a middle child as well so I also felt that I was holding my brother and my sister, they were not quite holding each other. I was holding the parenting that I was parenting my parents, you know, all of that, the outcome was that I felt very prematurely self-reliant and almost probably not believing that I can leave. I think all of this was fed by a much larger cultural context. I grew up in Israel. 10 years / I was born 10 years after Israel became an independent country so the kind of messages, the implicit messages, and explicit messages, was that vulnerability and acknowledgement of vulnerability is basically life threatening, so I think that kind of the atmosphere, the mentality, the messages, the value system, was / had a kind of a heroism to it and anti-vulnerability, strong reaction to the Holocaust, you know, it will never happen again, all of that and I think it was a form of indoctrination and I think that it fed beautifully in to what was happening in my family, my personal history, so the collective narrative and the personal narrative really came together, so I'd say that I had very little relationship with asking for help and a very strong relationship with being the helper and probably got a lot out of it, a sense of identity, sense of centrality, sense of importance and it took a long time and many decades to realise the damage behind it, which I believe is serious.

10	And of course there were you know / I think umm my sibling relationship had something about it that meant we were like a sub-group and there was some of that going on but again it wasn't like a conscious asking for help, it was more / it was really helpful to have this sub-group and I think it has an intensity to it that was to do with the fact that there was no one to lean on	3, care taking siblings	Early story
10	Yes, but also because I have very complex relationships with being the do-er, as the occupier, umm, I struggle with that too.	2, link with BPH	Personal is political
10	So I think I can say now that the collective message, the political collective message, and my history, my narrative, created in combination a kind of an indoctrination which meant asking for help is a weakness, asking for help is much more than / it can lead to a terrible / it's dangerous, it's dangerous and I had to work against that indoctrination. I had to kind of believe that it's a necessity.	1, 2, 3 indoctrination	Personal is political
10	I think it's worse. I think it's in my body. I think it's an imprint. I think it's where the life threatening umm message means that if I attempt / I'm actually feeling that I'm in danger, I'm endangering myself.	1, Life threatening, body level	Being vulnerable is weak and dangerous
10	Yes, before / which is / I think it's the relationship between my / because of the political background I think there is an association for me, again, indoctrination, between being a victim, being the done-to. Those who ask for help are the victims, so my / there's a value / a judgement there, there's a value system, so my dis-identification with being a victim meant I had a lot of huge influence on my struggle I think to ask for help, so something goes on around power, so power and positioning and I'm not proud of it but it's there, you know, it's as if, on some level, I still associate, not intellectually any more, but emotionally, bodily, umm, asking for help with victimhood.	1, 2, 3 links with political and personal and asking = victim	Political indoctrination

Category 1.2: Camouflage

Definition: Adaptive strategies of managing needing or finding help without asking for it.

3 subcategories:
1.2.1: Retreat
1.2.2: Recruit
1.2.3: Rebel

	Table 22. Subcategory 1.2.1: Retreat - Key texts		
P	**Definition - Manage needs by withdrawing into self and away from others.**	**Properties**	**Focus codes**
4	that's the seat of some trauma for me in that I think, with my father, I was exposed quite a lot to, well here's a situation, you should just be able to do it, so I mean the classic thing was riding horses and I don't know other stuff, but largely speaking, I've not had in my history experiences of being helped to learn how to do something. It's here's something, just do it, and getting a lot of strokes for being just suddenly competent without needing anything in that process from him particularly.	Developing self-reliance, not needing any support to learn	Achilles syndrome
4	I do not have language in that moment.	Thinking and language is shut down	Survival mode
4	I think I had been for some therapy a few years before that and I'd just been / it was in the NHS I think, yes, it was, and I'd gone in and this / I think I was in my early 20's or something and I just went in and this woman started asking me stuff and the whole thing was completely overwhelming and I bolted basically,	Retreat by bolting	Survival mode
4	it's a tricky old one because my process really is to be quite self-reliant so you know the notion of asking / I mean that's actually / I was just thinking about it, in my early days as a therapist, the problem that / the question / it has caused me a problem was "what do you want", you know, no, it was umm / "what do you want from me", not "what do you want", "what do you want from me", so I would go to supervision, present something, and then the classic question was, and "what do you want from me", which is not an unreasonable question, I know that, but for me it used to send me in to an absolute tailspin.	Being self-reliant and threatened by being asked what she wanted, not able to answer	Default defence of self-reliance

5	I suppose looking back now, because of my biographical history, which is adoption, there was quite a lot of time when I didn't think I needed any help and that's taken a while to build that relationship and part of being / training and my own therapy is that really, recognising that actually, yes, it's okay to ask for help.	Dissociated from needing help	Having everything sorted
5	It was because it made me think / you made me think, oh, do I need help, because I've been the last / I got flu, and then when I was like / you know where, lying on the sofa, thinking, fuck, so many difficult cases, and my supervisor saying, these are really quite difficult cases, you're doing really well, and everyone saying, oh yes, R., he's / a bit of a go-to guy for the difficult cases and I'm going, yes, great, yes, Mr. Fix It, I can do everything, and then it's sort of like, uhh, actually, that's quite difficult, (pauses) so umm / yes / but it means I can / you know I can work with these looked-after kids, umm,	Getting ill as so focussed on others needs and disconnected from own	Having everything sorted
5	In the kids, you know, you see yourself, so there's a sense of one of the difficulties is / I was thinking of one particular boy I was working with, who is quite young, umm, but everything is sorted, he's only seven, but you know he's got everything sorted, there isn't a problem, because why would you go there, that's / and that was quite uhh / that was / I recognised something of that.	Can identify with client who shows up as "having everything sorted", ie not needing any help	Having everything sorted
5	Umm / yes, I suppose it's that sense of / it is quite difficult to ask for help, you know, umm, not to the extent that it stops me doing / it's not / stops me doing it, but / you know / you've got to open up I suppose to recognise that and that's quite difficult to see sometimes and like getting ill is / you know / sometimes you can't see it til you are ill.	Getting ill and struggle to open up	Having everything sorted
7	Yes, so I think because I'm so aware of it though, that's what informs and I do try and check-in when I'm not being genuine with what's really going on and I do wonder if sometimes if I / if I do need help with something whether I'm hopeful that a supervisor will ask.	Struggle to ask a supervisor and hopefully waiting	Waiting
10	I certainly feel that I was struggling with my self-sufficiency, so I was struggling to not bring my internal supervisor to my supervisor.	Self-sufficiency mean internal supervisor competes with external supervisor	Being self-sufficient
10	I still find it very hard to ask for help on a like / from somebody bigger than me, older than me, umm, stronger, it's through equality, it's through / so there is a kind of a	Power relationships	Being self-sufficient

	twist to it, where I still haven't given up on self-reliance, or relying on people who are equally capable.	evocative still	
1 0	I think I can still say that umm with all my awareness and all the therapeutic work it's not my natural disposition. I can't easily ask for help, until now, and it needs to be quite severe to truly reach out, so the self-sufficiency is still running.	Needs to be severe before risk asking	Being self-sufficient
1 0	They need to be quite subtle and sophisticated to realise the degree to which / I mean I can appear open and giving myself but I know that I'm self-preserving, self-sufficient, so it takes subtly and I got there but it was hard and as a therapist this is what I'm good at I think, to get to people who struggle to ask for help.	Other needs a high degree of skill to get past defence and how this also makes her good at these kind of defences in her clients	Being self-sufficient

Table 23. Subcategory 1.2.2: Recruit - Key texts			
P	**Definition - Manage needs by recruiting others to get active on behalf of individual.**	**Properties**	**Focus codes**
1	I do remember / it had to leak out and I remember kind of deliberately crying louder and louder so that she would hear but it never occurred to me to go downstairs and get her.	Crying, inviting care taking	Learning to leak rather than speak
1	I would cry in bed and it wasn't until I cried really loudly that my mother would come.	Mother reinforced behaviour	Learning to leak rather than speak
2	And I think I did it through aligning myself, unconsciously, to people who would help me.	Being helped rather than asking	Recruiting allies
2	I think I never really remember asking people for help and this is what I do now. What I did was to align myself to people who could help / and watch them. And I still do that now.	Still a working strategy	Recruiting allies

2	And so therefore I did ask him / I didn't say can you help me, I would say they are after me, I need to get out in your car, and he knew exactly what to do and he just said duck down, as I drive out, I did, and he let me off at the bus stop and I got on the bus and / I paid for it later, when they realised	Signalling the need for protection	Recruiting allies
3	And I wasn't really asking for help, I was just really sharing with colleagues the experience of what was going on, so the help probably was to listen and to support, that was probably what I was asking for.	Hinting at needs	Masked vulnerability
3	I've got to have people who I can / it's easy access. I mean I had a supervisor who lived in Ealing and she was / K. was really good, and I must have / an hour and a half, that's three hours, plus the one hour / I said it's half a day. I said I haven't got time to do this and the energy, I mean, so I tried to make sure / I went to / when J. came here, J. was my supervisor, I remember saying to him, I said, J. I'm cheeky, but I'd like you to move to my office! I need you at door, I need you, actually, and it was cool, because he was working from home and he said I'll think about it and J. has been here for the 12 years I've been here. My other supervisor M. has been there for 12 years. V. my sex offender supervisor is here and K. who is in the U.S. so we do Skype, but umm / yes, so I try to keep / I don't directly need them here, but it has to be something which is accessible, where I don't have to travel for an hour.	Seeking supporters and working in teams	Keeping control
6	I don't know how I could have possibly forgotten this. When I went to the XXX I was put on a disciplinary for bullying my colleague and umm I had lots of help from the Union, but I asked / I didn't even ask for help for these three, but the three who saved me were all male colleagues, came in and waded in	Hinting and signalling need for protection	Accepting help rather than asking for it
6	I / was Miss Gullible, Miss Naïve, and you know, if I go la la la la la and I behave nicely, then it doesn't work like that at all.	Being naive and gullible	Having loyal supporters
	we were just talking about kind of being in survival mode and I just said is that what happened to me, yes, you went in to complete and utter paralysis, you couldn't even kind of function in Adult so I lent you mine until you could kind of get back in to it, just for a bit, and I just said well thank you very much and he said you're welcome, but I mean, that kind of help is invaluable really.	Signalling need for care taking	Having loyal supporters

P		Properties	Focus codes
6	Yes, I mean, I / just as you were talking then S., I was thinking about a couple that I've worked with for a long time and umm I had found her increasingly difficult and I felt it had gone on for years, I felt like I'd said everything I've possibly got to say, 25 times over, and they had / I had seen / predominantly worked with her and my colleague, Z., had worked with them as a couple and then he'd had a car accident so they / anyway, got messy, but umm I happened to be speaking to her on the phone and I said I've just seen him, I just / aahhh! and he said do you want me, I said now I've had an e-mail or a voicemail from him, saying that she's suicidal and … he went do you want me to do it? And I went that would be fantastic, thank you, are you sure, he said, yes, leave it with me, it's fine, and he picked it up, so that was professional, but that was really personal because he just totally umm helped me.	Signalling and hinting to invite rescue from supporter /team member	Having loyal supporters
6	Yes, yes, I've been helped more than I had realised, I think until I started talking, so thank you for reminding me of that, it's quite good to reflect on. And in some ways the times that have you know really come home to you, like they've really been brilliant moments, you haven't asked for it, its been offered. Yes, offered, I've been scooped up.	Being helped rather than asking for help	Having loyal supporters

Table 24. Subcategory 1.2.3: Rebel - Key texts			
P	**Definition - Manage needs by pushing against help and carving own way.**	**Properties**	**Focus codes**
8	So I was consulting. I think there's a kind of / I think actually, as I'm talking to you now, you know I think / I was about to say I think there's a basic mistrust, that doesn't feel personal, it's like oh if I can't do it, going to sound rather arrogant though, but if I can't do it then I don't know that anybody else can do it.	Arrogance and belief if I can't do it no-one can	Being defiant
8	I think / I think I probably didn't want somebody to say you can't work with her. That's back to the arrogance /It's like I don't like being / believing I can't do it.	Arrogance and belief if I can't do it no-one can	Being defiant
8	Yes, think about that analogy to supervision, then I kind of look like I'm trusting you, but probably deep down I'm not, umm, and actually then because I'm not trusting you, I'm not really telling you how much help I need.	Mistrust and hiding by dodging	Being defiant
8	like there is a part of me that sometimes thinks I'm almighty, so I can pay somebody whilst doing their job and my job at the same time.	Arrogance	Being defiant

	the bit that I'm still / my growing edge on this, my painful growing edge at the moment I think, is making a demand, so it's like I'm bringing myself more honestly and then I want the / there's something I want, like I want / it's like I want / I probably want to say to the supervisor just be a robot and actually if I get interested in you, stop me! - because I think what's still there is that / that / as a defence, is that curiosity in the other that hides my own vulnerability,	Rejection of having a real person and preferring a robot, who won't tell me about themselves, who I won't manipulate to talk about them in order to hide my own vulnerability	Preferring a robot
9	I failed my A Level quite spectacularly. I didn't go to / I didn't show up. I was too involved in the student politics and writing poetry for an alternative newspaper and youth theatre workshop and having my first sexual experiences and all of those things where / and being a hippy, I was a hippy, I dropped out. I intentionally dropped out.	Dropping out	Not fitting in
9	everyone else seemingly had a bad experience with him too, feeling that he was holding on to them, beyond his actual usefulness to them as a supervisor. But I was much more ruthless at sort of throwing him off, umm	Overtaking/rejecting supervisor	Poor experiences of supervision
9	I experienced some as trying to help me, yes. I did. Yes. Yes, I did. Yes. Yes. I wasn't very good at receiving that help.	Rejecting help	Rejecting help
9	and then I threw off my group work supervisor	Language of 'throwing off' - pushing away/against	Surpassing helpers
9	I was always having that experience, like I was quickly surpassing what was on offer and it was so familiar to me, like I got there too quickly, for my own good, or for everyone else's good.	Overtaking those who helped and arrogance	Surpassing helpers
9	I then became the Head of / yes, he / he sort of facilitated me being the Head of Group Work, but then expected to be supervising me, yes, and I didn't want that, I wanted to find my own supervision and find my own independence, so that was also part of that pattern, so you can see how complicated it can get, looking for help, being offered help, being offered help but one didn't want it actually, umm /	Cycle of not receiving help and not wanting it, wanting to forge own path	Surpassing helpers

Category 1.3: Becoming a professional helper

Definition: Identifying with the role of helping in order to focus on others' needs and hide own. The outer display of 'expert' to obscure internal vulnerabilities.

P	Key Text	Properties	Focus codes
**Table 25. Category 1.3: Becoming a professional helper - Key texts**			
	Property 1 - Early role as helper. Historic role.		
	Property 2 - Taking the expert role (convert need into expertise) to manage /hide vulnerability. Use of projection and splitting between powerful and vulnerable Consequences are stigma, isolation and cult conditions. Defensive negative property. Relates to supervision (being in the role of asking) too and a performance of asking, not relinquishing the power and not yielding to need.		
	Property 3 - Skills in understanding others' vulnerability. Able to identify needs and defences in others. Enhanced capacity for empathy. Positive property.		
	Property 4 - Healing cycle. When the defensive and the identification properties combine this can lead to a healing cycle and this is a possible link to Seeking.		
1	I should never have / I would never have done medicine if my father hadn't been a doctor and I hadn't made up my mind aged about three that that's what I was doing.	1, Early influences and decisions to be expert helper role	Deciding to become a professional helper
2	I started teaching supervision, because I've always been in those controlling roles, you know.	2, Taking expert role	Converting need into expertise
2	the last piece of work I did, on myself in therapy, was about meeting my son because it brought the shame forward, umm, which was very painful and can be very painful, so I do workshops on shame, which really outs myself and what I've learnt is to be tolerant of those feelings and not get to where the dysregulation is, so as to calm myself	2, Taking expert role to manage own affect	Converting need into expertise
2	I was a very much a helper and very much a person who would umm try to make sure everybody else was right in the hope that I would then be alright.	2, Taking on role of helping other to manage self	I'm the one to go to

2	so I went in to helping professions to help everybody else and hoped that in the world I might be alright, psychologically, not knowing that all unconscious, so when you ask 'who do I ask for help', well I'm the one people would go to, that's how I was, always, even in the General Nursing, and in Psychiatric Nursing, I was the one who would umm you know sort of devour all the information and learn how to use it.	2, Becoming the expert/helper	I'm the one to go to
2	everything else can go wrong in my life and I'm in the session and it's great while you're in there because that's the only thing you are focussing on.	2, Helping others distracts from my own needs/pain	I'm in the best profession for helping myself
2	consciously I'm going out saying I'm helping others. Unconsciously and more consciously now I'm aware that it's symbiotic.	2, Aware of the mutual meeting of needs that occurs in helping relationships	I'm in the best profession for helping myself
2	I'm in the best profession for helping myself. You know, when I'm working with clients, I'm learning stuff all the time about myself also and about my relationship.	2, Use my professional role to learn about my own needs	I'm in the best profession for helping myself
3	I see myself more as a vessel that people use to sort of move from one point in their lives to another.	2, Being a container for others	Being a vessel
5	I was able to recognise that actually there's something about working with these looked-after kids, and recognising I didn't get what I needed when I was that age and that's quite poignant and it's also / but also I am giving them what they need, so there's a sort of healing cycle.	4, Role means looking after own losses	Looking at myself through work
5	I can work with complex adolescents some people can't work with, umm, because I / whether it is or not, I don't know, but I put it down to the fact that, first of all, I / I know what it means to be wounded, at a very deep level.	3, Identification with clients' needs	Looking at myself through work
5	In the kids, you know, you see yourself, so there's a sense of one of the difficulties is / I was thinking of one particular boy I was working with, who is quite young, umm, but everything is sorted, he's only seven, but you know he's got everything sorted, there isn't a problem, because why would you go there, that's / and that was quite uhh / that was / I recognised something of that.	3, Identification with clients' defences	Looking at myself through work

5	Well I suppose what I / I suppose, again, what I'm getting now in the work I'm doing, looking after kids, is that sense of looking at myself.	4, Clear link between looking after others and looking at self	Looking at myself through work
5	Yes, I think it grew out of my experiences at X, some difficult experiences, and that started / that kind of got me on track and then when I got in to it, I thought actually I need to do more of this and then just stayed with it and then got in to a sense / and then got a sense of my own / you know I'd got a sense of my own adoption stuff really and all that.	4, Linking how work lead to discovery of own developmental story and needs	Looking at myself through work
5	It was because it made me think / you made me think, oh, do I need help, because I've been the last / I got flu, and then when I was like / you know where, lying on the sofa, thinking, fuck, so many difficult cases, and my supervisor saying, these are really quite difficult cases, you're doing really well, and everyone saying, oh yes, R., he's / a bit of a go-to guy for the difficult cases and I'm going, yes, great, yes, Mr. Fix It, I can do everything, and then it's sort of like, uhh, actually, that's quite difficult, (pauses) so umm / yes / but it means I can / you know I can work with these looked-after kids, umm, and they want to come back and see me.	2, 4, Split between awareness of own needs and focus on the client	Mr. Fix-it
6	I think people come to me and pay me money, they don't want us to have a chat, they want to tap in to what expertise I've got and I hope I do that diligently and ethically, but that comes with an expectation, probably much like a GP actually, that they expect me to be well and they expect me to be sorted and I expect me to be sorted, because otherwise I don't think I should be necessarily at that moment if I'm not practicing, so I think the pressure is on there, so where do we go when we're not sorted, safely, where it won't be banked, you know, and come back and bite us later and I think that is a real difficulty in the profession.	2, Role of expert, supported by her own defences and by the professional expectations and the stigma of needing help as a professional	Being clean

7	I ended up going to the school and just going I don't know what to do and the question was there, oh, you do this sort of thing as a living, yes, but / and I said, yes, but I'm here as a parent, and as a parent I don't know what / still don't know what to do, you know, all of my box of tricks won't help E., because he's my son and it wouldn't be ethical in any way for me to get / I can help a little bit, but / and who do I go to, because of course a child of a fellow therapist who you are a colleague or / this ethical minefield isn't it, so yes, that was really difficult thinking what do I do. … but yes, very very difficult, so considering I'm in the helping profession, to actually get help for people, who are my nearest and dearest, is very very tricky.	2, Expectation of the helper/expert knowing what to do when they are vulnerable and it being hard to find help for the helper	Professional Isolation
7	Yes, this was what was very difficult, because obviously as a parent, umm, talking to my husband about it, he would also look to me to go, well, you know, so kind of your area of expertise in the house, you point him in the right direction, which is huge.	2, Expectations of family member	Professional Isolation
7	Obviously, the people I trust are ones I am often quite close to, it's a bit like well that makes it really tricky, so considering I have all these contacts, it's a very isolating time.	2, Can't go to those I know for help (stigma) so feeling isolated	Professional Isolation
7	Who do we go to help, and then / we can't go to them because we know them all.	2, Stigma of needing help	Professional Isolation
7	I guess, as a trainee, I felt a bit more freer to ask and I think now there's assumption of competency in my work, so I feel like there might be a bit of umm either stigma around asking	2, Stigma - asking for help suggest incompetence	Myth of the untroubled therapist
7	I think that the main bit for me is that stigma bit, that I think is out there, publically, and then gets played out in supervision and our clients think we're sorted. So, there's a big message that we're getting that we're sorted.	2, Public and professional stigma	Myth of the untroubled therapist
7	Because, yes, there's a kind of unwritten rule we've signed up to apparently where we're alright and oh are you, umm, so I don't think we help ourselves.	2, How professional perpetuate stigma	I don't think we help ourselves
7	I am working to invert it and I don't necessarily think that's what always goes on. I think / unfortunately I think supervision can perpetuate the myth.	2, 4, Supervision can perpetuate myth	I don't think we help ourselves
7	so I think we like to come across as competent, and also there's a lot around the world of being umm you're alright, you're sorted, either personally or professionally, or you must be okay.	2, Myth/stigma of having to be OK as a professional	I don't think we help ourselves

7	Umm I think we don't help ourselves! I think we do like to perpetuate the myth of us being competent, we don't like uhh the fear of a supervisor or a colleague going, that's really not okay …	2, Professional perpetuate myth	I don't think we help ourselves
8	That's the constant then is the hiding, well, and the / hiding sounds a bit more conscious than it is because I think it's umm / yes, like I'm hiding you from my own awareness, that's the dissociative aspect, I think. And then there's sometimes the shame in going too far, or going on for too long, and then somebody says why on earth didn't you ask for help, you think, well I would have if I'd known I needed it, but I didn't know I needed it.	2, How as a professional she can hide from her own awareness/shame and the fear of being stigmatised	Losing myself
8	to be interested in the supervisor's internal life is just fucking compulsive.	2, Compulsive attention to the other	Losing myself
8	I'm not sure that it was in my awareness really. I knew I'd got some tricky cases and I knew that I was / I was kind of perfunctorily taking it to supervision, which is rather shameful to admit, but you know, it's a bit like a tick off the list, but I'm not sure I was really expressing any struggle. I think I was asking for a kind of, oh how about this then, rather than I'm really struggling, so I was asking for a conversation but I wasn't asking for help.	2, Performing asking for help as part of the professional expectations but hiding from real needs	Losing myself
8	Yes, so there's a continual and constant theme of losing myself in the process, either losing myself in the process, of being the helper, or losing myself in the process of becoming the person they want to help.	2, Getting lost through the roles of helping others	Losing myself
8	What shocks me a bit though is that I didn't talk to anybody. In some ways I kind of relied on the / you know the supervision, even though, at one level, I kind of knew it wasn't helping me. I didn't then say, oh, I'll phone up my mate and say do you know what I'm having awful trouble with this.	2, Performing roles not getting needs met	Losing myself
8	I thought I was providing enough containment by consulting in that I've got a cut finger kind of way / rather than my insides are falling out.	2, Hiding own needs to perform competently	Falling through the net
8	I presented for myself as I thought the supervisor would want me to present myself. So looking back on it now, you know, there was a profound umm performance really, umm, yes, just a profound performance, umm, now I'm much more aware of that need to perform which is still there.	2, Becoming a professional helper means not being good at asking for help for self	Performing supervision

8	There's a kind of over-reliance on my competence. There's an over-reliance on my competence from me and then there's an over-reliance on my competence from the other without really believing or without even looking for the vulnerability	2, Performing competence and hiding vulnerability	Performing supervision
8	Well I think there's a gradual, like if I think of myself at beginning of my practice umm it was a level of adaptation was such that I you know I think there was nothing of me I presented in the cases I presented for supervision.	2, Adapting to what was expected and hiding self	Performing supervision
8	Yes, think about that analogy to supervision, then I kind of look like I'm trusting you, but probably deep down I'm not, umm, and actually then because I'm not trusting you, I'm not really telling you how much help I need umm /	2, Performing trust whilst hiding vulnerability	Performing supervision
9	I'm still the expert aren't I, I'm still the expert. At that time I was also having my own personal psychotherapy so umm and the question I was asking my personal psychotherapy is why am I working with survivors of torture, yes, so I had pretty much eight years of three times a week exploring that.	2, Link between being expert and working with vulnerable groups	Needing to be the expert
9	she was always able to sort of make observations, rather tongue-in-cheek observations, about me and my need to be the expert, yes, not to be in a position where I was a supplicant. Yes, she knew that apparently, but she also knew that it was a / it was a false position, it wasn't good for me, so we could have those sorts of conversations and she eased me and teased me towards that.	2, Contrast between being expert or supplicant and expert as false position	Needing to be the expert
10	so I'd say that I had very little relationship with asking for help and a very strong relationship with being the helper and probably got a lot out of it, a sense of identity, sense of centrality, sense of importance and it took a long time and many decades to realise the damage behind it, which I believe is serious.	2, Asking for help v being the helper	Becoming a helper

Cluster 2: SEEKING

Definition: Asking for help is a mixture of leaning in to know what you need and reaching out to seek help from others.

Two categories:

Category 2.1: Leaning in (3 subcategories)
Category 2.2: Reaching out (3 subcategories)

Category 2.1: Leaning in

Definition: A positive, virtuous cycle of internally focussed curiosity. Investigating own patterns of needing help, decoding defences, learning and deepening self-care.

3 subcategories:
2.1.1: Investigating
2.1.2: Learning
2.1.3: Deepening self-care

Table 26. Subcategory 2.1.1: Investigating - Key texts			
P	**Definition: Exploring awareness, significance and meaning of potential clues to detecting vulnerability.** It is the HOW of Leaning In.	**Properties**	**Focus codes**
5	Well it was about loss of trust in somebody I knew, a breakdown of trust, and a trusting relationship and me misreading that and then needing to make sense of that,	Seeking to make links.	Needing to make sense of experience
9	… just through the visceral experience of reaching the end of a week and knowing how tetchy and exhausted and depleted and not ready for my family life, it takes me a / you know probably 12 hours to sort of land and just knowing that and also knowing on holidays I can be you know tetchy for several days and then settle in to it, just want to be in my own space. So it's those things and then my / and then the acknowledgement of when one has a longer break of how one / how I sort of land in what I would describe as my own mind, yes, so it's knowing the difference between that place of being in my own mind and the place I find myself at the end of a week of work, umm, so what I try and do, as far as possible, is think in the course of a working day, what is hurting me about this particular work.	Shows investigating, learning and self care through asking questions, landing in own mind. Key text for *Leaning in.*	How is this work hurting me?

9	… one of the questions I ask myself of course in my encounters, how much of this work are you doing for them, how much are they doing for themselves, that's a really key important question umm and umm that's one of the questions which I take to D. for us to think about, yes and he's a very sort of thoughtful presence in that regard.	Asking self-reflexive questions that probe beneath the surface. Using supervision to support him to ask the questions.	How is this work hurting me?
9	One of the questions I ask myself is how is this work hurting me, that for me is an important question, umm, and so what I do with D., as far as possible, is take the work that's hurting me and then ask the questions why is this hurting.	Asking self-reflexive questions that probe beneath the surface. Using supervision to support him to ask the questions.	How is this work hurting me?
10	I started being very interested in that and again the political situation was very / by then I'd experienced about three wars so growing up in a particular / in a war zone umm I could also feel that there was a / I started to be aware of a gap between what I believed was going on and what I was brain washed to believe was going on, so / and in it was the idea that we should know not to show vulnerability, so I started questioning it and I started feeling that my / as my political awareness grew that I was becoming more and more left wing, that I was just really seeing that this lack of connection with vulnerability had massive political implications and that we were growing in to becoming oppressors.	Key text that links categories of Developmental story and Creative Adjustments from HIDING with SEEKING as she describes Detecting clues and Investigating. Investigating cultural myths and political influences. Starting to question and feel different and difference from original story. Exploring own mind and beginning to see learning.	Seeking
10	I could see that everything I was writing about was to do with all that I didn't get, which is like reaching / facilitating a student to feel, to find their identity through emotionality, creative writing, poetry, all of that, so I started making links in to the psychological world and the psychotherapy world through that and then I knew that I needed to do it directly, not through academic work, so yes, so this is where I started, I going to therapy and very quickly studying psychotherapy.	Probing into her writing and asking questions. Starting to make links as a result of investigating. Identifying learning needs as a result.	Seeking

Table 27. Subcategory 2.1.2: Learning - Key texts			
P	**Definition: Decoding defences, understanding and assimilating the results of investigating.** It is the PURPOSE/WHY of *Leaning in.*	**Properties**	**Focus codes**
1	… it wasn't until I started therapy and the course and I realised the material was so interesting, I'd take books away on holiday, whereas when I was studying medicine, it was just like school, something you had to do in order to get to the next step.	Hunger for learning and developing	Feeling liberated in a new culture
1	There are times when I think oh, I should ring her and then I think / and I think there were times in the past I probably wouldn't have done but now I am. I'm kind of better able to look after myself.	Showing learning and link to Deepening self-care	Being different with remnants of old beliefs
1	Yes, well I'm / yes, I think that there still are / I am much better at asking for help, but there are still remnants of you know I should be able to do it on my own.	Showing learning as an active cycle rather than an end product.	Being different with remnants of old beliefs
3	She taught me how to cry. Up until then I was just a cold, withdrawn individual, who just kind of moved their way through / manoeuvred their way through life like a robot.	Learning to express feelings	Learning new languages
3	So, I think I had to start learning the dialogue of knowing what I want, being very specific, being very clear.	Learning new language and way to speak	Learning new languages
3	It's learning to trust someone that actually you can ask for something and they might be able to help or they might not be able to. I think it's doing it through a very adult place, that's it.	Learning new skills and to take risks	Learning new languages

Table 28. Subcategory 2.1.3: Deepening self-care - Key texts			
P	**Definition: Integrating learning to deepen self-care and compassion. It is the POSITIVE OUTCOME of *Leaning in.***	**Properties**	**Focus codes**
2	… as I've got older the trust issue has been more that I can trust myself to sort this out even if it goes wrong. So, I've found actually, in an odd way, I've trusted more people by being able to feel that / I've met most types of people now in life and I will trust myself to deal with whatever.	Sense of getting older and integrating learning. Deeper sense of trust in self	Developing trust
2	That's why / I think that's why I've come to that view of that I can / if I can look after myself then I can trust. If I'm not able to look after	Deepening sense of trust in self lined to self-care	Developing trust

	myself then I would probably not trust in that scenario.		
2	The commonality is trust I think, again, that's unconscious, and not so conscious. I kind of trust myself with this person umm more as I get older I realise the trust comes from me but actually I learnt to / that there were some people I could implicitly trust, umm /	Unconscious competence developed in trust in self	Developing trust
2	Well I found I was umm using colleagues a bit too much, umm, and it was there, it was from that time, that there was two things I would do, one, make sure I got what I called a proper supervisor, not somebody who I feel is learning, you know, but somebody who is … that's probably where I chose somebody who was older.	Moving from learning to action. Learning to lean by seeking an older, more experienced supervisor.	Developing trust
3	It's learning to trust someone that actually you can ask for something and they might be able to help or they might not be able to. I think it's doing it through a very adult place, that's it.	Deepening trust to reach out to ask someone and doing it from a different place in self.	Developing trust
3	It's practice, I think. It's learning to trust people.	Link between practice and trust. Action. Suggests it is the practice of trust that deepens self-care.	Developing trust
3	I trust that things are what they are and if someone has another motive then we'll deal with that really. Just getting older, coming up to 50, just become more mellow I think, where I don't need to control everything any more.	Sense of him moving from paranoid as younger man to more capacity to just trust in himself and let go of need to control.	Opening to kindness
4	And by it be okay I can get / thinking about getting help, I can get help with this, I can get help with what I'm supposed to be getting help with, but I can also get help with this, this implicit problem of getting help actually. So yes / yes / yes.	Deepening her capacity to help with getting help.	Attending to the process is helpful
4	Yes, yes, I have learnt to enjoy that.	Relaxing into learning.	Attending to the process is helpful

5	I suppose looking back now, because of my biographical history, which is adoption, there was quite a lot of time when I didn't think I needed any help and that's taken a while to build that relationship and part of being / training and my own therapy is that really, recognising that actually, yes, it's okay to ask for help.	Move from Hiding to recognising needing help and asking for it. Key text for showing links between categories. Deepening self-compassion and capacity to ask for help.	Gaining self-compassion
5	… it's given me a little bit more self-compassion.	More self-compassion.	Gaining self-compassion
6	I mean I do think / I do feel quite strongly that you help where you can to the best of your ability, the best of the capacity that you've got, if you can help that you do, that's my / you know background, that's how I was brought up.	Increased sense of being linked and in community with others. Deepening sense of mutual care and value base. Being met in integrity	Engendering reciprocity
7	I think I allowed myself, after I'd / I just needed to open the door and then I was okay, need to talk about this.	Allowing self to ask.	Giving self-permission
7	I think so. It's a very well threaded part of the tapestry, you know, it's a very ingrained part, which is why I have to work hard at it, because I know that, and okay, I'm doing the no I don't need any help with anything, I do need help, that's why I perhaps have to give myself permission, particularly with my son, to go, do you mind if I ask for help, yes, you can ask for help, okay, thank you, maybe that's the link back.	Transgression of original messages, supported by detecting clues, investigating and learning and deepening by using learning on behalf of self and son to get help.	Giving self-permission
7	Yes and I think / I've got a really good relationship with my supervisor so I felt able to, I didn't feel there would be judgement there, even though, I think that just allowed me to / I don't think that was about her, I think it was about me going, okay, how am I going to pitch this, so I can ask.	Deepening risk with supervisor to put learning into action and ask for help.	Giving self-permission
7	Yes. And sometimes it can be about allowing myself to just ask the kind of silly question, like I just need to check that out, and I might have already got the answer, but I need to use someone as a bit of a spring board to make sure that that's where I am with it.	Allowing self as an act of self-care and seeking support for needs.	Giving self-permission

| 10 | I also think there is a kind of a spiritual growth that helped / that happened over time, umm, that is connected to it. I can't quite get a hold of it, but you know, a kind of / a place where it's asking for help on a bigger scale, like where it feels this is beyond another person, or beyond me, or / and brings my relationship with whatever we call / I wouldn't call it God, because it's not how I speak, but there is something about is there something bigger or sometimes there is a feeling there is something bigger and then I can feel a different level of asking for help. | Deepening sense of what supports her and where she can seek help. | Asking for help from a bigger power |

Category 2.2: Reaching out

Definition: A positive, virtuous cycle of seeking help from external sources. Seeking collaboration with others, surrendering to vulnerability and deepening trust in relationship.

3 subcategories:
2.2.1: Seeking collaboration
2.2.2: Surrendering to vulnerability
2.2.3: Deepening trust with others

Table 29. Subcategory 2.2.1: Seeking collaboration - Key texts			
P	Definition: Seeking others with whom to form strong collegial bonds.	Properties	Focus codes
2	and it felt like I needed a lot of support then, umm, so I used my supervision group, I used my supervisor, I actually changed my professional body because of it.	Drawing on established collaborations and changing others.Seeking sources of help and support includes professional bodies as well as supervisors and groups. Part of clarifying professional identity to chain professional body.	Professional bodies
2	I do have a phrase that I don't look to find out who my supervisor is, so much as, where I'm getting my supervision.	Learning to look at where help comes from and be open to help coming from a range of sources.	Building teams

2	I might need specific information somewhere, and that's where I was reading that, well, I have been, I've been / I've got a Psychiatrist friend and she has done supervision with me. I've got a Psychologist and I've been to him about things. I've got / there is a Counsellor who does alcohol counselling and if I get stuck. So I'd go to her and I've been to her a couple of times and other clients like that and also working with somebody umm with DID, two people in my practice with DID, I've met it in psychiatry as well and umm and so I went to Pottergate.	Identifying a range of collaboration - knowing who to call on. Seeking expertise by asking for specialist advice/different expertise where needed.	Building teams
2	I do tend to have people around me who really support me in the same way as my work becomes my life as well in that way, umm, and I like to think I support others as well. It's not just them supporting me, it's me supporting as well, them.	Identifying people who have a shared set of principles and practices. Mutuality is important in the experience of asking.	Building teams
3	Clinically, umm, I don't / I suppose because I don't work on my own, there's about 20 other people here, so there's always somebody I can talk to, have S., my assistant, but there are always people I suppose, for me, I can talk / I can pick up the phone and ring someone, ring M. my supervisor, or somebody and say I'm having this problem, what do you think, so I suppose for me I talk to people.	Building a strong community -surrounding self with support and using it.	Surround sound of support and supervision
3	… so in terms of asking for help, I feel that I'm in a position where (1) I can ask for it and I feel very blessed, I can afford to pay for it, if I couldn't afford to pay for it / because I think I work in / I believe / not believe, I know I work in an ethical way. I think I'm pretty good now at asking for it and at times if there are problems I'll go to colleagues.	Being able to pay for help means he can reach out to build contacts that really support his practice and his sense of identity as an ethical practitioner. Also valuing his colleagues as close collaborators.	Surround sound of support and supervision
6	I was very clear as well, I was quite brave, I got a brave head on and went in and said it, I thought no ambiguity.	Identifying who is needed and seeking collaboration for personal needs.	Being brave enough to ask

P		Properties	Focus codes
6	I don't find it hard to ask for help, usually, umm, because I think / I think certainly in our line of work isolation is to be viewed with some caution, so I have always been / I've always worked in teams, actually, umm, private sector and public sector, and then in a practice, so it comes quite easily to me to refer to colleagues	Protecting against isolation and building identity through being in teams and connections. Investing in working relationships. Equates asking for help with referring to colleagues. Interesting link, as if this is the main area of asking for help she considers?	Working/building teams
10	I think I'm leaning into the camaraderie, I am leaning in to the joint enquiry.	Identifying what is important in the collaboration and part of her identity too.	Collaboration is best

Table 30. Subcategory 2.2.2: Surrendering to vulnerability - Key texts			
P	Definition: Taking emotional risks with others to ask for help. This is the phenomenology of asking for help.	Properties	Focus codes
1	Partly that it helps me understand what happened but also, I guess there's something about being accepted anyway.	The experience is of risking my mistakes and being accepted	Confessing mistakes
1	Then I think / I don't know / I think I kind of use supervision a bit / I mean I am not a Catholic and I've never been to confession, but there is some kind of a sense of needing to talk about my mistakes somehow.	The experience is like confession - getting things off my chest/cleansing/getting absolution from another. Confession is a systemic ritual/religious practice in Catholicism.	Confessing mistakes
1	Well, yes, in spite of the mistakes, I'm still doing okay, somehow, because I can get in to I'm a terrible therapist and I shouldn't be doing this and ahh /	Experience of risk and vulnerability. Keeps me from my negative self-talk/shame.	Confessing mistakes
3	Friends have been really helpful. I mean I've relied quite heavily on my friends for many many years and my friends became my family. Because I was at boarding school, I sort of just rejected my own family, I wouldn't have nothing to do with them and so about 20 to 35 when I felt I'm alone, I can survive the world. I want to do it on my own, you know they were my	The experience of *relying* on others has helped to create new experiences.	Creating a new family

	family and they were really really great.		
3	And they became family so I then started learning actually it's about creating a new family and wanting something, wanting affection, wanting love, wanting safety, wanting closeness and also needing it and allowing myself to be vulnerable,	Learning to reach out and experience vulnerability. Learning to need and *want* more openly and fully: Wanting something Wanting affection Wanting love Wanting safety Wanting closeness	Creating a new family
3	H and S.D. and these two women became my mothers. I remember them saying *we will support you and we will help you*, that was actually / suddenly I felt I'm at home, I was at home, and I did actually ask H. to have a look at the paper and H said, *R, I'm not going to look at it*. She said *I'm not going to*. She said listen, you're now here, that's the past, lets close that door and lets move forward.	Feeling 'at home', a new experience. This is a late-found experience of maternal care and home as an adult, very different experience to when he was a child/at boarding school.	Creating a new family
3	I remember saying to H. I said, listen, I need / I have / I need at therapist who I feel can kind of help me to repair the relationship I didn't have with my mother. So, I think I had to start learning the dialogue of knowing what I want, being very specific, being very clear.	Experience of needing and asking for help. Learning how to ask - a dialogue of knowing what I want - seeking to create a new experience of repair.	Learning new languages
4	I think it was just a sense of needing / I need something for me, from someone else, it was a bit vague, but there was some discomfort somewhere that got me moving in that direction.	A sense of needing and feeling discomfort.	Pushed into getting help
5	So you're just going out on your own for four days and nights so there's that sense of / and it is a symbolic death, you know, it's like umm / it's a conscious symbolic death, so umm / you know that vision quest work enabled me to go to therapy, really, without that, I wouldn't / you know I can imagine / because / that's right, because what the vision quest work does is it blows open the / that	Opening to nature in a vulnerable making way. Being alone in the wilderness and surrendering to all experiences. Being blown open in a safe way.	Moving between

	imaginal world, but not in an inter-personal way, so it's quite safe in a sense.		
8	Yes, yes, I think knowing him outside of the role does help me surrender to my role as a client and it does feel like a surrender and then I think I have learned much more about surrendering to help umm / surrendering / well no, I've not, I mean, I'm in that process of learning about surrendering to help umm / and it does feel like a surrendering to help, you know, it's really so weird isn't it.	Learning to surrender to receive help from another. Surrendering to the role of client.	Surrendering to help
8	my therapist has been, kind of relentless in not allowing me to hide from myself by being interested in him and you know its been brutal at times I think, it has felt brutal, but I don't think it's actual / it's been painful and productive.	New experiences emerging of not hiding from myself by being interested in the other. Feeling of vulnerability - Painful, productive and brutal at times. Conscious struggle	Surrendering to help
8	the bit that I'm still / my growing edge on this, my painful growing edge at the moment I think, is making a demand, so it's like I'm bringing myself more honestly and then I want the / there's something I want, like I want / it's like I want / I probably want to say to the supervisor just be a robot and actually if I get interested in you, stop me! - because I think what's still there is that / that / as a defence, is that curiosity in the other that hides my own vulnerability, so /	Making a demand feels painful - feels vulnerable doing it. Risking bringing more of myself then wanting to hide again. Feeling exposed and vulnerable. Growing edge.	Risking more of myself
10	The easiest place to ask for help is when I feel very loved but it's not in question.	Feeling loved. Positive feeling of surrendering.	Balance of self-sufficiency and asking
10	Yes, when I feel that umm / in a way when I can lean on my self-sufficiency and ask for help, it's easier, when I'm truly helpless, umm, it's the hardest.	Feeling a balance of my competence and vulnerability. Surrendering is not about submitting to the other, but holding onto sense of self and strengths too.	Balance of self-sufficiency and asking
10	I also have to say that umm when I *manage* to ask for help, when / the experience of melting and there is an experience of opening up sort of heart opening, there is also / and humility in the positive sense.	Feelings of - Opening, melting and humility. Opening up her heart.	The experience of melting

1 0	The good experiences and which are very significant umm so I think I'm also actively conscious of it. I'm searching for where I'm missing out, by skipping it or denying, so there's a slightly more conscious awareness of umm / or longing to have this feeling, positive side, or being helped.	Longing for a positive experience. Seeking where I am missing out - a vulnerable state.	The experience of melting
1 0	I also think there is a kind of a spiritual growth that helped / that happened over time, umm, that is connected to it. I can't quite get a hold of it, but you know, a kind of / a place where it's asking for help on a bigger scale, like where it feels this is beyond another person, or beyond me, or / and brings my relationship with whatever we call / I wouldn't call it God, because it's not how I speak, but there is something about is there something bigger or sometimes there is a feeling there is something bigger and then I can feel a different level of asking for help.	Spiritually connecting. Asking for help on a bigger scale.	Asking for help from a bigger power

Table 31. Subcategory 2.2.3: Deepening trust in relationship - Key texts			
P	**Definition: Building relationships of sufficient strength to withstand challenges. This is the outcome of asking for help and deepening trust with another.**	**Properties**	**Focus codes**
3	I remember going to supervision and I said, J., I need your help, need you to help me to think this through and I think I'm pretty good at saying, I need to understand what I'm doing, or not doing, that could be either contributing or not to this situation, so that's for me how I turn it around, because I strongly believe at the core of that actually / getting the support to do this work is immensely helpful and I see it as a privilege we have that you know I'm not just / because sometimes I'm sitting with a client to think I don't know where this is going, I don't know what the hell I'm doing, so for me supervision becomes something which is enriching, something which is deeply valuable and a space, because you know, this work, as you know, it's really challenging and you don't / cannot know all the answers	Using help in supervision feeling met in his vulnerability and respected by supervisor. Valuing helping relationship. Enriching. Outcome of asking for help in a trusted relationship over time.	Supervision helps me step out of the ring
3	Strong, trusting bond. She was very very available and she said, just call me whenever you need to … so I suppose the time when I really really needed her, she was there for me, and that's the bit that I shall always have. You can never trust people, they will never be there for you, they will always let you down and she never actually, she was very very available, and she made whatever time I needed at that time.	Creating new experiences by being met in his vulnerability by supervisor who took extra time with him and engaged in a struggle on his behalf too. Reparative. Building strong trusting bonds.	Surround sound of support and supervision

3	I would say the way / asking for help has influenced me / because I didn't have an advocate in terms of asking for help and I've had to learn it, I think what I've done is most of the men I work with I've become like a father for them, actually encourage them that it's okay to have feelings, it's okay to be emotional, it's okay to ask for things and to be aware that you may not always get it, but it's okay to ask, so I think I've also become an advocate and find a voice for the people who don't have a voice really. Yes, so I think that's sort of what I've done, I've kind of transferred the things I've learnt.	Had to learn it.

Using vulnerability, rooted in deepened self-care, to help others reach out. His experience of asking for help informs his work deeply.

Useful to help others - transferring learning.

Informing his work. Principles of good practice. | Using what you know |
| 3 | It's learning to trust someone that actually you can ask for something and they might be able to help or they might not be able to. I think it's doing it through a very adult place, that's it. | Learning to trust involves respect, even if they can't help you. | Learning new languages |
| 4 | yes, with a sort of a more of a relational piece of work and it / the person just sort of hung in there with me and we kind of de-confused that patch, umm, and that took the sting out of it. | Feeling met in vulnerability and respected.

Working through the process. Struggling together to sort out the confusion. | Turning point |
| 6 | I had him as a supervisor for nay on 20 years, so it was him, really, and I knew him very well, know him very well. | Finding trusting relationship and investing in it over time. Being known and knowing as experience of deepening trust. | Valuing my supervisor |
| 6 | we were just talking about kind of being in survival mode and I just said is that what happened to me, yes, you went in to complete and utter paralysis, you couldn't even kind of function in Adult so I lent you mine until you could kind of get back in to it, just for a bit, and I just said well thank you very much and he said you're welcome, but I mean, that kind of help is invaluable really. | Reflecting on how supervisor had helped her at a time of crisis.

Being met in her vulnerability and respected. | Valuing my supervisor |
| 7 | so it's very unique, I don't actually know what I would quite do if I didn't have a L. and I'm kind of hoping that most people do, umm, and I wonder if there's some quality about how, when she's seen me | Deep trust in relationship over time.

Being known and knowing the other. | Unfiltered supervision |

	from training, upwards, we've seen both each other grow and be vulnerable and grow and stumble and grow a bit more and / it's something about the journey of it that feels very safe.		
7	I think / well one of my peers, she's / we trained together and kind of set up private practice together and shared an office and then grown as we have, so / and we joke about having umm / we have like a peer / a very informal peer supervision arrangement on top of all other supervisions, but like a catch up and how you doing, and umm and we always joke that, if one of us called the tab in, we always say stick it on the tab, so we're like thousands and thousands of hours later, so I think I would go to her, because she knows me very well, as a whole, umm, she isn't just seeking work me, she knows my family, she knows / so she's / she's got a good idea of who I am, so I think I'd go to her.	Being known and knowing the other.

Idea of a 'tab' is interesting. An informal exchange system.

High level of mutual vulnerability. | Unfiltered supervision |
| 7 | No, she / I can really do ouch things, you know, oh God, this, or this happened or / | Deep trust in sharing vulnerability. | Unfiltered supervision |
| 7 | So yes, I can / I think it's the level of vulnerability. I think because she's known me for a long time now. | Being known over time. | Unfiltered supervision |

8	Well I think what I'm realising is what helps is a regular contact with somebody who knows how I work, like a relationship, with someone who knows how I work and then for us to grapple with uhh ways in which we differ, so this supervisor that I'm now back in regular supervision with, has a very different attitude towards umm / don't even know how to describe it, but / towards / deeply primitive processes or towards madness actually is what I really want to say, so this supervisor him and I would often get in to struggles about madness, because he doesn't really think it exists, so then I would go and find a supervisor who knows quite a lot about madness and then I think I've really learnt oh actually it isn't in the / it isn't in differentiating who knows what, she knows about this and he's not interested in that, umm, it's more about struggling with someone to think about your different approaches I think is what I'm thinking, so if I were now to take these clients to my regular supervisor, I'd / I think I'd feel a little more able to ask him to grapple with me, with it.	Returning to a long-standing relationship, after taking time with other supervisors. She is returning to a familiar relationship she has learned to deepen her trust in as her sense of her own self-care also deepens. Importance of struggling together.	Wanting rough and tumble
8	Yes, well, actually, will this person understand me and will this person see my defiance in a way, like will they see my blind spots and argue with me, you know, to a point where / and really grapple, not impose, but grapple.	Questions she asked herself when re-engaging with an old supervisor. Importance of struggling *with* her to strengthen trust in relationship.	Wanting rough and tumble
9	I think back to those moments now and I think of some of those teachers who sort of, yes, stepped forward to help me. I wrote to several of them for years following / you know / 10/15 years after being there, sort of regularly, once or twice a year I'd exchange news with them.	Early experiences of finding help and investing in relationship over long period. Showing a depth of appreciation and connection. Time as factor.	Encouraged to ask
9	Yes and that's sort of conversations which are acknowledged between the two of us, the vulnerability of these / this place I find myself. I find no difficulty in bringing that and acknowledging that with either N. or D. actually.	Deep trust in relationship over time. Being known and knowing the other.	Bridge to connection

9	I was part of a supervisors group and then I started umm not employing but employing as volunteers people in the team that I was in charge of, the Family Therapy Team, who were more qualified than I was, and really enjoyed what they brought in terms of not having any axes to grind, but loads and loads and loads of clinical experience which I imbibed, through often doing joint work with them, so I would introduce them to the work, which I was an expert in, which was this refugee human rights psychotherapy work, but they were of course experts in their version of psychotherapy, I was bringing those two worlds together, which somehow I was good at facilitating, and good at meeting them and imbibing their skills. I still think / I've still got / part of my internal world is populated by those working relationships, which I think of now as being incredibly fruitful.	Experiences of fruitful working relationships that have stayed with him and deepened his trust in helping relationships.	Imbibing learning

Cluster 3: MANAGING VULNERABILITY

Definition: Balancing the tension and movement between interrupting needing or asking for help and actively seeking help in order to manage vulnerability, safety and risk.

3 categories:

Category 3.1: Emergent struggle
Category 3.2: Tipping back
Category 3.3: Daring to ask

Category 3.1: Emergent struggle

Definition: Crucial tipping point of catching ambivalence, navigating vulnerability, acknowledging needs and seeking help or not. Dynamic tension and movement between HIDING and SEEKING.

3 subcategories:
3.1.1: Detecting internal clues
3.1.2: Detecting external clues
3.1.3: Testing the integrity of others

	Table 32. Subcategory 3.1.1: Detecting - Internal clues - Key texts		
P	**Definition: Detecting potential clues of vulnerabilities/needs. Internal signs and sensors of needing help.**	**Properties**	**Focus codes**
2	Yes, and it's not in language, it's in sensing, it's a gut feeling.	Being informed by sensations and 'gut feelings'	Trusting my guts
4	Umm I suppose I / there are various things, I mean, one is you know crisis help, umm, so when I get very anxious about something, I've got to go and get some help, because I don't like feeling anxious, umm, but it's an indicator for me, so I've learnt how to listen to that, umm, when I'm curious, interested, the process that's going on between me and people I want to go and get / the help, I want to explore it.	Feelings of anxiety and curiosity have become flags that inform the need to listen, explore and ask for help	Curiosity and anxiety as flags
4	And by it be okay I can get / thinking about getting help, I can get help with this, I can get help with what I'm supposed to be getting help with, but I can also get help with this, this implicit problem of getting help actually.	Developing awareness of implicit processes involved in getting help as a clue	Curiosity and anxiety as flags

5	Umm / I suppose / I suppose when I sort of got a sense of my own / stronger sense of my own feelings, umm, and that it was possible to do something about it.	Using feelings as a guide to awareness	Connecting with feelings
5	There was a sense of unrest in me.	Internal feeling state that ignited awareness	Sense of unrest in myself
5	I had questions, and I didn't really know what I was looking for. I knew there was something there /	A sense of something inside, questions - but unknown	Sense of unrest in myself
7	I know why I had that gut reaction, but I had to process it, I couldn't just keep it, so *it just felt a bit too big* I suppose.	Feelings that were not to be ignored	Trusting internal signals
7	Hmm, so I think maybe it's that, maybe that's how I've / how I / target what I need to ask, if it's still bubbling away.	Language of bubbling, visceral and internal sense	Trusting internal signals
7	I think now it's more about there's something going on here, and I need to work that out, or I'm feeling stuck about this or I'm not feeling okay about something, maybe that's / what I / so it's often about me (laughs) that I need the most help with.	Internal sense of stuck or disturbance as clues	Trusting internal signals
7	So what was it that helped you to ask? Umm / I think because, like my physical reaction, it was there.	Physical reaction is clue	Trusting internal signals
7	Uhh it's often, strangely, physical reaction so it's umm / I get / this is something that I used to get when I was in probation, I used to get a physical reaction of / and I could never verbalise what it was, it was just something about this is not right, a gut, and an internal alarm, something, and so when that / when I feel that happening, I trust that, because its helped me out a lot before, so whenever I hear that, or I can feel it in myself, I go, okay, I need to flag that up, whatever that is, even if it's little, I need to at least talk that through with someone and it might not be something in terms of a very specific asking for help, it might just be about formulating my thoughts rather than did I do this, or shall I do this, or umm / so yes I think it's a physical / not like a shiver down my spine, it's not quite that, it's like in my gut, my gut responds to something and it's / and I can really feel it and go, "that's … oh no, this isn't right."	A physical reaction, in guts, hard to language, internal alarm that raises a flag that help is needed	Trusting internal signals

7	Yes, recently I had it with a client, who actually, even just from the initial enquiry, something was pinging, ping, ping, ping, you know wow, okay, whatever that is, and even the day leading up to it I was really like unnerved, like I just can't / and even though there's nothing / what they were coming to see me for wasn't necessarily what was pinging, talking about their relationship made me go that's what it / that's what I was reacting to, so I sought help for that because I needed to process that, so it wasn't a risk issue, they weren't suicidal, they weren't committing a big crime, they weren't in harm, so it wasn't anything / it wasn't a glaringly obvious ethical dilemma.	Language of pinging, feeling unnerved - visceral language and signals that participant uses as clues to seek help	Trusting internal signals
7	… there was a period when I think things came crashing down, not crashing down, so much, to the ground, but just felt far more wobbly than I liked and just went and had some sessions and she was very / again, she was very good, but I just / I don't know why I've broke the mould of that, inverted the uhh / asking for help thing.	Language of crashing and wobbling	Going into therapy/against the grain
8	in thinking about the interview, its kind of got me thinking in what depth / as we've been talking about it, all the way along, in some ways, and then I was thinking how timely it is, given some difficult cases that I've been managing lately, so its been in my awareness. So uhh / yes, its been in my awareness and actually how vulnerable making it is I think when you realise you haven't been / when I realised I haven't been asking for as much help as I needed.	Reflecting in the interview about how she has been hiding her vulnerability and now realises she has been struggling.	Catching self
8	Well I think that's the challenging thing because I'm speaking with hindsight. I don't think I realised is that there's a kind of dissociation that occurs. I'd like to think of it as a soldiering on but I'm not actually sure it was even a soldiering on. I'm not sure that my awareness of needing help / I'm not sure that it was in my awareness really. I knew I'd got some tricky cases and I knew that I was / I was kind of perfunctorily taking it to supervision, which is rather shameful to admit, but you know, it's a bit like a tick off the list, but I'm not sure I was really expressing any struggle. I think I was asking for a kind of, oh how about this then, rather than I'm really struggling, so I was asking for a conversation but I wasn't asking for help.	In her reflecting in the interview she shows something of the process of emergent struggle. As she reflects, she reapplies her struggle and how she has been hiding it. She feels shame as she tells the researcher how she has been going to supervision as a professional tick box, rather than using supervision to ask for help.	Catching self

Table 33. Subcategory 3.1.2: Detecting - External clues - Key texts

P	Definition: Detecting potential clues of vulnerabilities/needs. External signs and sensors for needing help	Properties	Focus codes
4	… and part of me wants to say to you, yes, but I know that that's part of what I probably do need to work out, how to ask for it, but it just seems like too much to do, you know, all at once, especially if you're a novice therapist as well, you know, I mean, I know people are going to come and give you loads of content and sort of talk about it and he said this and then I did that and what do you think about that and I remember being in that place and that all of that being kind of swept aside with and what do you want from me, it was like I don't want to hear all that, and again I do relate to that as a supervisor now, you know, the sense of, well, having loads of content laid out can be tiring and a bit like, oh well you know, we've got this amount of time, we need to get to the nub of this, but I think there are ways of doing that umm yes / it's help with the navigation really I think, just thinking about it now, I don't think I had much of that in the early stages.	Ongoing struggle on how to ask for help in the face of overwhelm.\n\nExperience of moving from shame to reflection.\n\nIdentifying needing help with the challenge of asking for help.	Navigating new territory
4	It didn't feel quite / it's not felt quite the same in therapy. I think there is a difference. There's something about competence in this. Getting help with competence, so the doing of something.	Separating professional competency from personal therapy.	Navigating new territory
4	That's really interesting because that is how / you know starting out, that's how it felt to me, you know, it's like what the fuck is this, you know, I'm done all this training and now I've got to learn how to do this job, but actually that's not the main problem, it's the navigating of the helping and /	Engaging with the challenge of navigating getting help for self.	Navigating new territory
4	Yes and I'd know how to use supervision, I mean, I think that was it, you know, because not only have I got to navigate a new territory as a therapist, you know, a new therapist, I've also got to navigate this new territory of the helping of me with that and it felt like it / I think, just thinking about it now, it felt like it was all on me, you know, the whole frigging lot was umm / that felt like it was too much really.	Engaging with the challenge of navigating getting help.\n\nMoving between engagement and overwhelm.	Navigating new territory

5	Definitely. It was because it made me think / you made me think, oh, do I need help, because I've been the last / I got flu, and then when I was like / you know where, lying on the sofa, thinking, fuck, so many difficult cases, and my supervisor saying, these are really quite difficult cases, you're doing really well, and everyone saying, oh yes, R., he's / a bit of a go-to guy for the difficult cases and I'm going, yes, great, yes, Mr Fix It, I can do everything, and then it's sort of like, uhh, actually, that's quite difficult, (pauses) so umm / yes / but it means I can / you know I can work with these looked-after kids, umm, and they want to come back and see me and I'm going, you know, uhh, adolescent girls who are saying, yes, another girl who is suicidal, adolescent, about 16, massively suicidal, really / you know I saw her for two years, and I was supposed to have discharged her ages ago, and I even changed my job, so I had the wrong job title to see her, but I couldn't let go of her, because every time I let go of her she took another overdose.	Getting sick Exhaustion/work overload Supervisor praising defences and missing stress Going over boundaries of professional limits	Decoding defences
5	I'm working quite hard actually at the moment. I'm doing five days in four and some private work on / normally I have my Friday's off, so I've got three day weekends, so it's like pheew, that's fine, so in the middle of the week I'm going this is quite hard, but then by the time it comes to Friday, thinking, you know, I don't want to do five days in five, this is really good, it's a three day weekend. And then I've got a bit of private work as well on Friday so I'm working quite hard but not quite too hard, umm, as long as I don't go in too deep.	Language is over detailed and story is confusing and dense to unpack conveying a sense of trouble, but all very cognitive.	Decoding defences
5	I've kind of exhausted myself a bit doing that. In fact, since you said can I come and talk to you, I've actually e-mailed my therapist and said can I come back for a chat.	Exhaustion	Decoding defences
5	Well it was about loss of trust in somebody I knew, a breakdown of trust, and a trusting relationship and me misreading that and then needing to make sense of that, so it was about being / about that inter-personal thinking that I'd got everything sorted, actually I hadn't in that sense.	Breakdown in interpersonal relationship	Initially code under Connecting with feelings?? Recoded on reflection to Decoding defences

5	also with you know working with adolescents often / people are often saying, oh, so in so, they've had this terrible thing, they must see a therapist and I'm saying, well, unless they think it's a problem, there's / that's not the right thing to do and actually it's not going to work anyway, so that / it's that sort of contracting-in process of like well what do you want, what do you want fixed, what's not working for you and then that enables people to do that, but no one ever asked me that when I was growing up /	Detecting a recognisable problem	Knowing there is a problem
5	My relationship with asking for help is I suppose it's linked to knowing there was a problem.	Detecting a recognisable problem	Knowing there is a problem
5	No, no, so that makes / so what happens with that is you kind of slide / you know you have that reflective thing of going, uhh, so how do you know there's a problem, how do you know if there's a problem, if you don't know you've got a problem.	Detecting a recognisable problem	Knowing there is a problem
5	Umm / yes, I suppose it's that sense of / it is quite difficult to ask for help, you know, umm, not to the extent that it stops me doing / it's not / stops me doing it, but / you know / you've got to open up I suppose to recognise that and that's quite difficult to see sometimes and like getting ill is / you know / sometimes you can't see it til you are ill.	Getting ill as a clue to there being a problem	Knowing there is a problem
9	Because I'd had a really really difficult disastrous relationship and I had to ask myself what was all that about. Then I / and I was, in my external / in my personal life, I was in a very very dark and depressed place.	Breakdown in interpersonal relationship Depression	Identifying need
9	I went to work for the Unit as a counsellor and there of course I was always on the back foot because I was qualified as a social worker, had really good assessment skills, but I had no legal skills and I was surrounded by people who had been trained as Barristers and Solicitors, done law degrees, and so I needed to ask for a lot of help there.	Recognising difference as a problem to solve	Identifying need
9	At that time I was also having my own personal psychotherapy so umm and the question I was asking my personal psychotherapy is why am I working with survivors of torture, yes, so I had pretty much eight years of three times a week exploring that.	Clue in the links between work and self. Is this more an Investigating MU?	Identifying need

9	she was always able to sort of make observations, rather tongue-in-cheek observations, about me and my need to be the expert, yes, not to be in a position where I was a supplicant. Yes, she knew that apparently, but she also knew that it was a / it was a false position, it wasn't good for me, so we could have those sorts of conversations and she eased me and teased me towards that.	External reflections from colleagues/supervisors	Identifying need
1 0	Hmm. I understood very / well firstly I think there is personal like break up of relationship crisis and I needed help, you know, the self-sufficiency stopped working.	Relationship crisis Defence stopping working	Recognising when I need help
1 0	So basically, I started to / I was kind of semi-falling apart in some ways.	Emotional breakdown	Recognising when I need help
1 0	Yes. So, I'm particularly good at helping melt umm defences, I think. I think that umm / I think I developed skills / I had to develop skills to actually umm recognise fear of vulnerability, you know, like it's invisible, it's / and I really / I have a particular radar around people who / and also affinity with people who are self-sufficient and maybe I struggle more with people who feel a kind of entitlement for help.	Identification with similarity/commonality as a clue	Understanding others' defences
1 0	As in I am encouraging people to do what I'm finding so hard to do myself, yes. But I can also feel that it gave me access to why people find it so hard to surrender to therapeutic process.	Detecting clues from what you encourage others to do	Teaching what I most need to learn
1 0	I could see that everything I was writing about was to do with all that I didn't get, which is like reaching / facilitating a student to feel, to find their identity through emotionality, creative writing, poetry, all of that,	Detecting clues from what write about	Teaching what I most need to learn
1 0	I was thinking how so much of my teaching became focussed on the therapists vulnerability and that it became quite a theme and I think with it it required me to really bring my vulnerability to the teaching and to the table and do it experientially, so I actually / I think I developed a skill at risking my vulnerability in the moment in a risky situation, so be it with clients, or students, or conferences or whatever, so / but it's interesting, it is not / in that moment it's not so much about asking for help.	Detecting clues from teaching choices	Teaching what I most need to learn

Table 34. Subcategory 3.2.2: Testing the integrity of the other - Key texts			
P	**Definition: Gatekeeping who is trustworthy by having unique trust tests to investigate the integrity of the other.**	**Properties**	**Focus codes**
4	Umm / it was a close friend of mine, who had gone to this person, and had found it helpful and also told me about what the process was like for her anyway, you know, of going, and that made me think it might be a good idea / or pave the way I suppose /	Investigating options and gathering support. Contemplating.	Finding accompaniment
4	Yes, payment, or something else maybe, but it's usually payment. Umm / yes, that sort of settles me down, otherwise I start to worry that I'm not / yes, I'm going to set something off and be on the receiving end of something negative in some way, either you know, I don't know, impatience at the mildest, or you know I've over-stepped the mark or / and then at its worst sort of an extreme version is to take me in to some sort of / what feels like some sort of relational trauma territory really, where I'm going to be exposed and left sort of hanging in some way, umm, I mean I can flesh some of that out, but it's all in there, yes, so I suppose I'm kind of trying to, in my head, sort of manage that, so that I can get the help I need actually yes.	Passing a test of integrity	Paying for help

5	It's a particular way of asking for help, but it's very / but it's all imaginal, whereas the psychotherapy is much more in the inter-personal. So you're doing two slightly different things.	His experience of asking for help is through wilderness work, questing alone and asking for help from the process that unfolds in nature. It is done alone and is HOW he started asking for some kind of external help -different from interpersonal asking for help. The WHO he was going to was nature in a structured setting. Investigating in different ways, with and without language, with and without people. Choosing different ways of asking for help, from nature and from people.	Moving between
6	… so where do we go when we're not sorted, safely, where it won't be banked, you know, and come back and bite us later and I think that is a real difficulty in the profession.	Anticipation of shamer/shamed dynamic as part of the struggle with who to trust professionally.	Where do you go/who do you trust?
6	I think it's hard to umm / I think sometimes you'll be in a difficult position because if there's anything to do with frailty or vulnerability in us, it tends to have seepage and it can leak and that has a professional knock-on and that's where I think it's quite hard.	Anticipation of shamer/shamed dynamic as part of the struggle with who to trust professionally.	Where do you go/who do you trust?
6	I've just been re-reading an article about psychologists and psychotherapists who take their own lives and I thought that was quite interesting. There was something that reminded me of P.C., … and it just kind of caused me to think about the whole issue of you know I'm not suggesting that she'd asked for help and it was declined, I think that was a particular circumstance, but you know, if somebody was feeling like that, and there is / perhaps / umm / as big a cheese as she was, lets put it that way, where do you go.	Reflecting on risk to self in struggle of who to trust vs. Isolation.	Where do you go/who do you trust?

6	Who can you go to? Who would you trust actually?	Struggling to identify who to trust. Use of third person language but really asking for herself. Part of the struggle to claim her uncertainty directly. Struggle is emergent.	Where do you go/who do you trust?
6	I just thought I'd alluded to it before. I've been there before and nothing had happened and I thought just go in and say it and I did and she was / she said oh you're very brave to come and talk to me about it and asked me what I did and it's interesting that even she, as a GP, she was a bit like, oh, you're a psychotherapist, okay, right then /	Moving from alluding to being clearer. Getting bolder. Testing the other and assessing the response. Being seen as "brave" by other.	Being brave enough to ask
6	I was very clear as well, I was quite brave, I got a brave head on and went in and said it, I thought no ambiguity.	Feeling brave in order to ask. Getting bolder and testing further.	Being brave enough to ask
6	So I thought, yes, interesting, the one time I was brave enough recently to ask for help and I think it / I think a part of the problem is that umm I've actually done some supervision with a supervisee of mine in London. If we look like we're coping and we put the veneer on and we have a good game-face, then it's not taken seriously.	How much vulnerability do we show? Assessing her vulnerability test. Brave is an interesting word. P6 uses it in 3 different ways in these texts: • Internal feeling state (preparing for asking) • Way of describing behaviour (impressing others - GP) • Way of discounting vulnerability (not taking it seriously)	Being brave enough to ask
7	I am still, yes, I am still more cautious	Being cautious about asking for help, even tho she is actively encouraging her supervises to do so. Actively aware of testing capacity of the other/how much can she make herself vulnerable.	Becoming a supervisor
7	I have to work quite hard at it actually.	Working hard at it. Conscious struggle - link to emergent struggle? She initiates for others but finds it hard herself. Active investigation is hard work.	Becoming a supervisor

8	I think actually I need somebody who won't submit to me, in order for me to surrender.	This is part of her test of others - will they submit to me?	Surrendering to help
8	the bit that I'm still / my growing edge on this, my painful growing edge at the moment I think, is making a demand, so it's like I'm bringing myself more honestly and then I want the / there's something I want, like I want / it's like I want / I probably want to say to the supervisor just be a robot and actually if I get interested in you, stop me! - because I think what's still there is that / that / as a defence, is that curiosity in the other that hides my own vulnerability.	Part of her test of the other is to find out whether they can interrupt her defence, which is to get overly interested in the other as a way of hiding. Risking bringing more of myself then wanting to hide again. Growing edge.	Risking more of myself
8	Yes, who is going to understand me, who is willing / who is willing to understand, that's the thread, umm, who is not going to give up on me, I think, well, who is not going to impose something on me, who is going to really want to find out.	Making explicit her key tests.	Recipe for the perfect supervisor
9	B. was great, she was such a thoughtful / she didn't want / she was external to the organisation, so there was no power involved.	Filtering/Choosing. These are qualities in the other he values and are part of his selection process. Seeking equality and mutuality.	Passing the trust test
9	I think what I put my finger on now is the difference between B. and J. was there was a sense in which B. sort of / there are people who know, who have been there, and there was a sense with her that she'd been there, umm, and the sense with J. was that he had never quite been there, umm, he'd only ever been there in an observing position, rather than actually being there.	Filtering/Choosing. Checking credibility - the test of "has she been there?"	Passing the trust test

9	It wasn't with S. the thought that she had / she / it wasn't / umm / that she'd been there, umm, she had a really embodied quality of knowing it, she knew it, she really, really knew it, she practised the practice and umm she practised I think with a very sort of, as I experienced it, a very open mind. She wasn't narrow in her conception of what psychotherapy looked like. She was very rigorous in the questions that she asked and what she demanded from supervision, yes, and she had compassion and humour. They are all good qualities. And she wasn't greedy and she was utterly reliable. There was a lot to be / what she had to offer was very reliable, that's important, it's important that people are reliable for me.	Filtering/Choosing. Checking integrity: Embodied quality Open mind Rigorousness Compassion Humour Not greedy Reliability	Passing the trust test
9	I would say I've learnt a lot from P. but I don't have a huge amount of respect for him. His teacher, R.K., I have enormous respect for and would go to R. with issues and dilemmas and problems and just completely utterly trust him because, again, the touch stone is he's been there and in a way I don't think P. has.	Filtering/Choosing. Trustworthiness and respect as measures. Credibility - "he's been there" These last few are about power, integrity and credibility.	Passing the trust test
9	Yes, umm, I think I'm terribly helped by my close supervisor D. and umm / the qualities that D.'s got / one of the questions I ask myself is how is this work hurting me, that for me is an important question, umm, and so what I do with D., as far as possible, is take the work that's hurting me and then ask the questions why is this hurting.	Filtering/Choosing. One of his core questions is: Take the work that hurting me and share with supervisor the experience of hurting in order to understand why. This is his test of integrity with the other… can they help him with this core question.	Passing the trust test
10	I think I developed a style, as a supervisor, and as a therapist, that has a lot of collaboration about it, which is what I was talking about, so as a supervisee I really need a supervisor that can work collaboratively or I can't work, yes, there is a way in which / if they need to be in authority, or knowing it, I lose interest, so you can say	Testing - Can the other work in collaboration? How do they deal with authority? Checking it out and deciding whether I open up or not.	Collaboration is best

	that I struggle to ask for help in this kind of way.		
10	Umm / I feel that where I / always felt much more able to cry, to lean, to really bring my struggles umm was with peer supervision.	Can bring vulnerability when test is satisfied. Peers have passed the trust tests. Mutuality and equality make it easier.	Collaboration is best
10	again, we're back to that umm / I think I've struggled to find a therapist that can truly get underneath. It took some time. I think I've got there but it wasn't easy.	Emergent struggle to find someone to trust.	Struggling to surrender
10	I certainly feel that I was struggling with my self-sufficiency so I was struggling to not bring my internal supervisor to my supervisor.	Struggling between defences and connecting to supervisor.	Struggling to surrender
10	I think the other side of it was that I probably / because I was recreating it all the time, the difficulty to lean, or you know, I also recreated disappointment as in umm here again I have to lean on myself, as in, you know, so I was / you know entangled in actually properly surrendering to the process and getting what I needed from people who were completely capable of giving me what I probably needed, but we had to go through a process before it could happen.	Struggle to lean, falling back on defences. Moving between surrendering to help and recreating old patterns.	Struggling to surrender
10	I think there is a strong connection between umm the difficulty to ask for help and my relationship with vulnerability.	Articulates challenge of asking for help and feeling vulnerable.	Struggling to surrender
10	I'd say that although it improved a lot and then it / when the subtle feel is still there it's / so I could be with the therapist and struggle to surrender to the process for all these reasons, so you know, the gap between what I understood and what I was striving for and what I was / in what was ingrained in me was still I think still is operating.	Challenge of what she wants to do and old patterns show how this is ongoing, active and emergent struggle.	Struggling to surrender
10	They need to be quite subtle and sophisticated to realise the degree to which / I mean I can appear open and giving myself but I know that I'm self-preserving, self-sufficient, so it takes subtly and I got there but it was hard.	Struggle to reach out is alive and ongoing. In the move between present and past tenses too.	Struggling to surrender

Category 3.2: Tipping back

Definition: Being overwhelmed by negative affect and (re) interrupting the capacity to identify needs or ask for help. Potential to be tipped back into HIDING.

P	MUs	Properties	Focus codes
	Table 35: Category 3.2: Tipping Back - Key texts		
2	Yes. I'm ashamed to ask for help.	Shame interrupts asking for help.	Being shame prone
2	I can think of the supervisor I used to dread seeing her, umm, because I didn't know what she was going to come out with, and it didn't feel like she was on my side, it felt always being adversarial, but not only that, shaming, always checking me and umm so I didn't bring everything to that supervision. So, actually you went but you didn't get any help? Didn't get the help, no, no, then I'd use my colleagues a lot more and it was after her that I stopped / I didn't have supervision for about six months. I was going to find out what it's like not going to… although I know it was contrary to the professional rules and everything, going to find ways of explaining that if I / but that was horrible.	Shame interrupts use of supervision and links to Hiding as P withdrew from supervision for 6 months as consequence.	Duck vs putting your head above the parapet
3	… but to go back to the question, in the asking for help then was challenging because I felt people could start thinking that I'm not a good therapist.	Anticipation of shame. Shamer/shamed dynamic is evoked.	Hard to do when you feel out of control
4	It's like I don't know how to ask for this and I'm bringing things here *[to supervision]* that / is this the right thing to bring, for help, I don't know, it's just something that's going on for me, you know, I don't know / umm / so the potential for shame, for me, was pretty high and that did / I did feel it quite a lot really.	Anticipation and fear of being shamed when asking for help in supervision. Shamer/shamed dynamic evoked.	Shame
4	Some sort of hostility, umm, I think if I'm getting a sense that the other person thinks, which they might, you know, but then that other person thinks I'm not doing something very well, that can set it off. I mean it's / you know / it's a bit of a kind of hair trigger really this, umm, I think if they stay silent that's probably one of the worst things that can happen because there's just a really big gap then opens up and I'm just floundering around and thinking I've got to get out of	Anticipation and fear of being shamed. Hair trigger to archaic shamer/shamed dynamic.	Shame

	here, usually, I've got to get out of this situation, so silence isn't very helpful.		
4	That's very particular and it's very particular to my you know I don't know pathology if you like where that's / that's the seat of some trauma for me in that I think, with my father, I was exposed quite a lot to, well here's a situation, you should just be able to do it, so I mean the classic thing was riding horses and I don't know other stuff, but largely speaking, I've not had in my history experiences of being helped to learn how to do something. It's here's something, just do it, and getting a lot of strokes for being just suddenly competent without needing anything in that process from him particularly. And if I showed any vulnerability in that situation he would get quite angry because it was pulling upon him I think to know what to do about it, I think he got anxious, that was what happened, but he would get very angry and he was quite umm shaming of me, of us children, you know, it's like, well hopeless and he used to laugh and /	Historic experiences of being shamed are restimulated. Archaic shamer/shamed dynamic evoked.	Shame
8	And then there's sometimes the shame in going too far, or going on for too long, and then somebody says why on earth didn't you ask for help, you think, well I would have if I'd known I needed it, but I didn't know I needed it.	Anticipation of shame. Shamer/shamed dynamic is evoked.	Shame
8	Yes. So then I kind of minimise them *[her needs]* I think because they are too big or too shameful or too exposing or …	Anticipation of shame. Shamer/shamed dynamic is evoked.	Shame
9	I think I'm most likely to avoid help when I'm shamed, that's when, yes, yes.	Shame interrupting asking for help.	Shame as the guardian on the bridge

10	I don't like describing it like that, but, I can't deny that I am a helper and I don't think it's my / I would have it as a title / I don't think I / no, it does make me feel a bit umm shivery, but it's undeniable, so yes, I think / and also it's kind of / in using this word you are making me face it, it's the thing that makes me/made me feel repulsed, it's the very issue /	Mix of present and past tense in language. Strong phenomenological descriptions of shivery and repulsion. Shamer/shamed dynamic is evoked.	Feeling repulsed in the face of helplessness
10	Yes, helplessness, helplessness is definitely / was associated with repulsion I'm sure and I think that *that* is partly the trauma of the Holocaust, I'm sure. It's like the extreme helplessness.	Mix of past and present tenses. Link between repulsion and extreme helplessness and intergenerational trauma.	Feeling repulsed in the face of helplessness
10	Yes. And where asking for help is umm / yes, particularly, also, in Muslim countries, they see it with umm / you know pride and it's terrible, honour, pride, it's all collapsing, if you ask for help, and in that way, my umm background is not dissimilar.	Cultural and faith-based practices influencing - honour and pride are part of shamer/shamed dynamic.	Feeling repulsed in the face of helplessness
10	Those who ask for help are the victims, so my / there's a value / a judgement there, there's a value system, so my dis-identification with being a victim meant I had a lot of huge influence on my struggle I think to ask for help, so something goes on around power, so power and positioning and I'm not proud of it but it's there, you know, it's as if, on some level, I still associate, not intellectually any more, but emotionally, bodily, umm, asking for help with victimhood.	Shamer/shamed dynamic. Cultural value system influencing. Overlay of past and present.	Shame
10	I think the shame bit / umm / no matter how my value system totally changed and I see strength in vulnerability and all of that, the indoctrination around vulnerability, i.e. when you show your need for help, you show a weakness. I believe I am up against it and I believe I always will be, even though totally disagree with it.	Indoctrination. Shamer/shamed dynamic. Overlay of past and present.	Shame

Category 3.3: Daring to ask

Definition: Dignifying needs in order to seek help. Challenging personal and professional orthodoxy. Potential to tip into SEEKING.

P	MUs	Properties	Focus codes
	Table 36. Category 3.3: Daring to ask - Key texts		
5	Yes, I don't know why / I don't know what it was that made me go to umm / I don't know what it was that made me go to that. I suppose because I'd done … a lot of other kind of soul-searching stuff, therapy was something I still hadn't done, and I thought I'm just going to do it. You know that kind of sense. So kind of leaping in to the unknown somewhat. And quite scary in a way.	Facing a fear. Taking decision to act and seeking help. Tolerating uncertainty, whilst also drawing on past experiences that support the leap.	Leaping into the unknown
7	And I wonder where that comes from. I don't know who has made that decision and why they have made that decision of why we say, no personal stuff in supervision, I don't know who / who said that. I can't find that anywhere. That could be a whole other debate. Umm so I have to really work hard so all / I've got four supervisees and at the outset I encourage it and I encourage it every single session, so one of my supervisees, their son was going on a very long trip, they weren't going to see them for a long long time and they were just mentioning it, but I encouraged them to sit with it for a bit and interestingly, after they sat with it for a bit, they could link it to their work and how they reacted with a client.	Going against her professional orthodoxy that says the personal is to be kept out of supervision. Actively working to do something different that supports supervises to seek personal help in supervision and still linking it to clinical work.	Breaking the mould
7	I think I'm getting better at not signing up to it weirdly, now I'm looking at myself a bit more, I'm going, yes, you know what, I just need to seek advice about that and that's okay.	Challenging professional myths that being competent means not needing help.	Breaking the mould
7	You've got to you know / you've got to be okay to do this, so therefore weirdly, as you go on, asking for help, might be seen as a little bit odd really, oh, why are you asking, why don't you know that, so there's an assumption of competency, which I think is unfair, because I don't position myself as particularly being always competent.	Challenging professional myths that being competent means not needing help.	Breaking the mould

7	I think I allowed myself, after I'd / I just needed to open the door and then I was okay, need to talk about this.	Developing internal support to open the door to her needs.	Giving self-permissions
7	It's a very well threaded part of the tapestry, you know, it's a very ingrained part, which is why I have to work hard at it, because I know that, and okay, I'm doing the no I don't need any help with anything, I do need help, that's why I perhaps have to give myself permission, particularly with my son, to go, do you mind if I ask for help, yes, you can ask for help, okay, thank you.	Actively has to work against old patterns using developed internal support of permission-giving.	Giving self-permissions
7	Yes and I think / I've got a really good relationship with my supervisor so I felt able to, I didn't feel there would be judgement there, even though, I think that just allowed me to / I don't think that was about her, I think it was about me going, okay, how am I going to pitch this, so I can ask.	Using positive internal support to ask for help.

Shamer/shamed dynamic absent. | Giving self-permissions |
7	I do try and check-in when I'm not being genuine with what's really going on and I do wonder if sometimes if I / if I do need help with something whether I'm hopeful that a supervisor will ask.	Reflecting on awareness that she still hides (not being genuine) Still some longing for the supervisor to ask her so that she does not have to.	Giving self-permissions
7	Yes. And sometimes it can be about allowing myself to just ask the kind of silly question, like I just need to check that out, and I might have already got the answer, but I need to use someone as a bit of a spring board to make sure that that's where I am with it.	Silly question shows she is still in an internal dialogue with a shamer/shamed dynamic. Here she is showing the development of better internal support to challenge this.	Giving self-permissions
10	I started working much more consciously with that, so before it was like crisis's but at some point it became okay there's more to it, I actually consciously need to tackle this because I'm in fact brain-washed.	Challenging her historic orthodoxy.	Going against natural disposition
10	I think its improved significantly but it's not my natural disposition, no, umm, and at times it makes me feel like a fraud, as a therapist.	Shamer/shamed dynamic is still influencing at times.	Going against natural disposition
10	I can but it takes long to develop and I always feel a slight umm / like I have to get over something in order to do it, it's not a natural thing.	The challenge to orthodoxy is active and ongoing.	Going against natural disposition

	Which is so big that it was really hard to tackle and then I started to understand that if I will not attend to my needs it will threaten my life, so it took … kind of turned on its head.	Turning on its head, language of going against an original direction.	Going against natural disposition
10	I suppose I haven't thought about it but there is something about / just feeling sadness about it. Yes, the grief of one having to lean on myself, so much, or what it takes to ask for help, I think it's a bit tragic. When I know my pleasure in being with the receiving end of / **Your respect for others?** Yes. Yes. Then it's absurd, in a way.	Feeling sadness and grief as she accounts for the cost of her defences/self-sufficiency and the absurdity of not asking for help when she gets pleasure in helping others who ask.	Feeling grief
10	and what it does to be at the receiving end of somebody who is asking for help, really helped me to know that I'm depriving people from experiencing me leaning on them, so you know, kind of a somersault that happened at some point where I really realised the pleasure in being at the receiving end of somebody, a few people that are close to me, that I love, that I respect, to reach out.	Somersaulting from giving to receiving. Language expressed the phenomenological feel of this move. Reflecting on how asking for help is an act of respect and trust in people.	Depriving others
10	But I think I also feel that hugely from actually working with clients and teaching experientially and so on that the experiences of people asking for help, being helped, there's the / you know I have so much growth in it, so much umm / being moved to my core, umm, melted my whole system over time, so yes / umm / I think that helped me a lot.	Witnessing others asking for help has been meaningful for her and growthful. Sense of humility in her seeing others asking for help that is challenging her own beliefs about neediness. Language of 'moved to my core' and melted my whole system'.	Witnessing the dignity of others asking for help
10	I certainly feel that the sort of the beauty of / in the kind of experience of being with people who can ask for help and the dignity of it.	Finding dignity in need and those who ask for help.	Witnessing the dignity of others asking for help

10	Strangely, though, umm, let's say when I see refugees on telly, or truly victims, I feel full respect / I feel a lot of respect, it's like that's / it's kind of an opposite admiration. There is something about / yes, it's undoing, I think it's undoing my indoctrination, it's like seeing it with new eyes.	Finding respect in vulnerability Undoing indoctrination. New eyes.	Witnessing the dignity of others asking for help

APPENDIX V Information and Consent form for Focus Groups

Sue Eusden
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GL6 0LB
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E-mail: smeusden@gmail.com

Information and Consent Form for Participants in Focus Group

Research Title - Asking for help as a psychotherapist - a grounded theory study of the experience of asking for help.

Invitation
Thank you for considering this invitation to take part in this research. In this document I explain why the research is being done and what it will involve. Please read the following information carefully and discuss it with myself or others if you wish. Feel free to ask me if there is anything that is not clear or if you would like more information.

Purpose of the Study
The purpose of this study is to learn about the psychotherapist's experience of needing and asking for help. What are the internal and external factors, from the therapist's perspective, that make the difference between asking for help or not?

The aim is to learn about what works, and does not work, regarding asking for help and to develop a theory that will help practitioners reflect on their capacity to use help as a professional helper.

Stage of the Study
All data from 10 individual interviews has been analysed and coded and the purpose here is to present the findings (with full anonymity) to two focus groups to test out any emerging themes, theories and ideas and gather feedback for inclusion in the study.

Why Have I Been Asked to Take Part?
You have been approached as someone who is a qualified psychotherapist with over five years clinical experience.

Do I Have to Take Part?
No, it is entirely up to you whether or not you take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

What if I Change My Mind?
You are free to withdraw from the research at any time without giving a reason. Transcripts from interviews will be destroyed and recorded data will be erased.

What Happens Next if I Say Yes?
Each focus group will be arranged by me. The aim is to read and reflect together on the findings outlined and have a dialogue to explore your experiences and test out any emerging themes, theories and ideas and gather feedback for inclusion in the study.

What Do I Have to Do?
The focus group will be recorded and transcribed. A summary of the meeting will be shared with you for validation.

I will send you a short paper to read ahead of time. It will be helpful if you can read and consider this before we meet. I will also have the paper available at the group and we will take time to go through the findings on the day.

What are the possible disadvantages and risks of taking part?

- a) It is possible that you may feel distress at some point in the group experience as feelings emerge. Hopefully this will be contained within the focus group. If this should happen and it cannot be contained within the group, it can be arranged for you to be seen by a supervisor for a limited time.
- b) Confidentiality may be broken if at any time during the research you disclose any grossly unethical practice such as explicit or malicious abuse of your client (e.g. sexual exploitation). Under these circumstances I will consult my supervisor and make a decision as to the most appropriate action, i.e. inform a manager (if relevant)/ ethics committee.

What are the possible benefits of taking part?
This research aims to draw on your clinical experience of needing and asking for help, it is not supervision. However, the exploration of your experience may contribute to a deeper understanding of, and learning about your relationship to seeking help, which may offer you some helpful reflections on your practice as a psychotherapist.

By agreeing to take part in this study you will be sharing your experience of asking for help and this may well have a valuable contribution to make to the understanding and development of clinical work and the development of professional practice for psychotherapists.
Will my identity be kept anonymous?
All information that is collected about you during the course of the research will be kept anonymous. Any information about you which is used, such as, examples from practice, will be anonymised so that neither you, nor anyone you talk about, will be recognised.

All of the data will be stored, analysed and reported in compliance with the UK Data Protection Legislation. Data will be stored in encrypted format and will be destroyed one year after the end of the study.

Consent Form

I understand that I am being invited to participate in the above research study.

I have had the research study explained to me and have received written information about the purpose of the study and my involvement in it.

I understand that I have the right to say no to being involved in this study.

I freely give my consent and agreement to participate in the study and understand that I will be:

> ➢ Involved in a focus group for approximately 60 minutes

I understand that at any time I may withdraw from the study without explanation and that this will not adversely affect any services I currently receive or relationships that I have with anyone involved.

I understand that my confidentiality and anonymity will be preserved unless I give written permission for disclosure. Further I understand an exception to this clause would be in the event of information received that is considered to be grossly unethical, for example the explicit or malicious exploitation of a client through sexual misconduct.

I give my consent for the use of audio tape recordings and understand that these will be stored and destroyed in accordance with the Data Protection Act of 1998 and used solely for the purpose of:

> ➢ Recording my interview and then the tape will be destroyed within 30 working days

> ➢ Some of the transcribed content may be used to illustrate examples or contribute towards general conclusions about asking for help in psychotherapy. This may involve being used anonymously in publications (journals/books), training and/or presentations.

Further I have been informed that any changes to the study as explained to me today will require the researcher to re-gain my written consent and that this will be voluntary.

I understand that in the event that I have any concerns about the conduct or nature of the research that is being undertaken I can contact Sue Eusden or Dr. Marie Adams at Metanoia Institute.

Signed and dated by the participant ………………………..

Signed and dated by the researcher……………………...

APPENDIX VI Hide and Seek model – version 1

Presented to Focus Group 1

Research Findings for grounded theory study of the experience of asking for help as a psychotherapist - summary of themes for participant feedback

I found three major themes I am calling clusters. These three clusters are:

1. HIDING

This cluster is about not asking for help due to a history of masking vulnerability, perpetuated through family and/or cultural messages, creating self-protective mechanisms to best manage the tensions of having needs and staying attached.

2. SEEKNG

This cluster is about experiences of needing and asking for help.

3. SHAME

This cluster is about the ways shame an impact the experience of needing and asking for help.

Each cluster has a collection of categories. I will describe each category that makes up the cluster.

1. HIDING

This cluster had three categories that came together to describe the process of hiding that participants described.

1a. Early shaming

This category explains the early experiences of needing and asking for help being shaped and shut down. Vulnerability was felt as threatening/shameful and needed to be hidden from others who, in the main, were not experienced as trustworthy. The

lessons learned on how to interrupt their need for help came from three sources: Negative early messages and beliefs passed on in families and through cultures (class, faith, ethnicity etc); circumstances of birth (position in family/being adopted/family dynamics) and role/identity taken in family.

1b. Camouflage

This category describes way to manage the stress/distress of needs not being recognised or met and there being no trustworthy help around. Defences developed to protect and mask vulnerability and support self-sufficiency and minimise the risk of sharing vulnerability whilst maintaining attachments.

Three sub-categories that describe different ways to defend against and manage the stigma of needing help:

Retreat - Withdraw into self and away from others. Preferring to manage alone and identify as not needing anyone. Needs to be a strong threat/danger before asking for help. Slogan might be 'I won't ask ever!'

Recruit - Draw others in to get active on their behalf. Find good supporters who give them help without being asked. Slogan might be 'You ask for me!'

Rebel - Push against help to forge their own way forward without support. Slogan might be 'I'll go ahead regardless!'

All three are ways of maintaining power over needs and managing a lack of trust in others while staying in relationship. These are not personality descriptions, but options for managing. One person may use one, as a primary defence, or all of these ways.
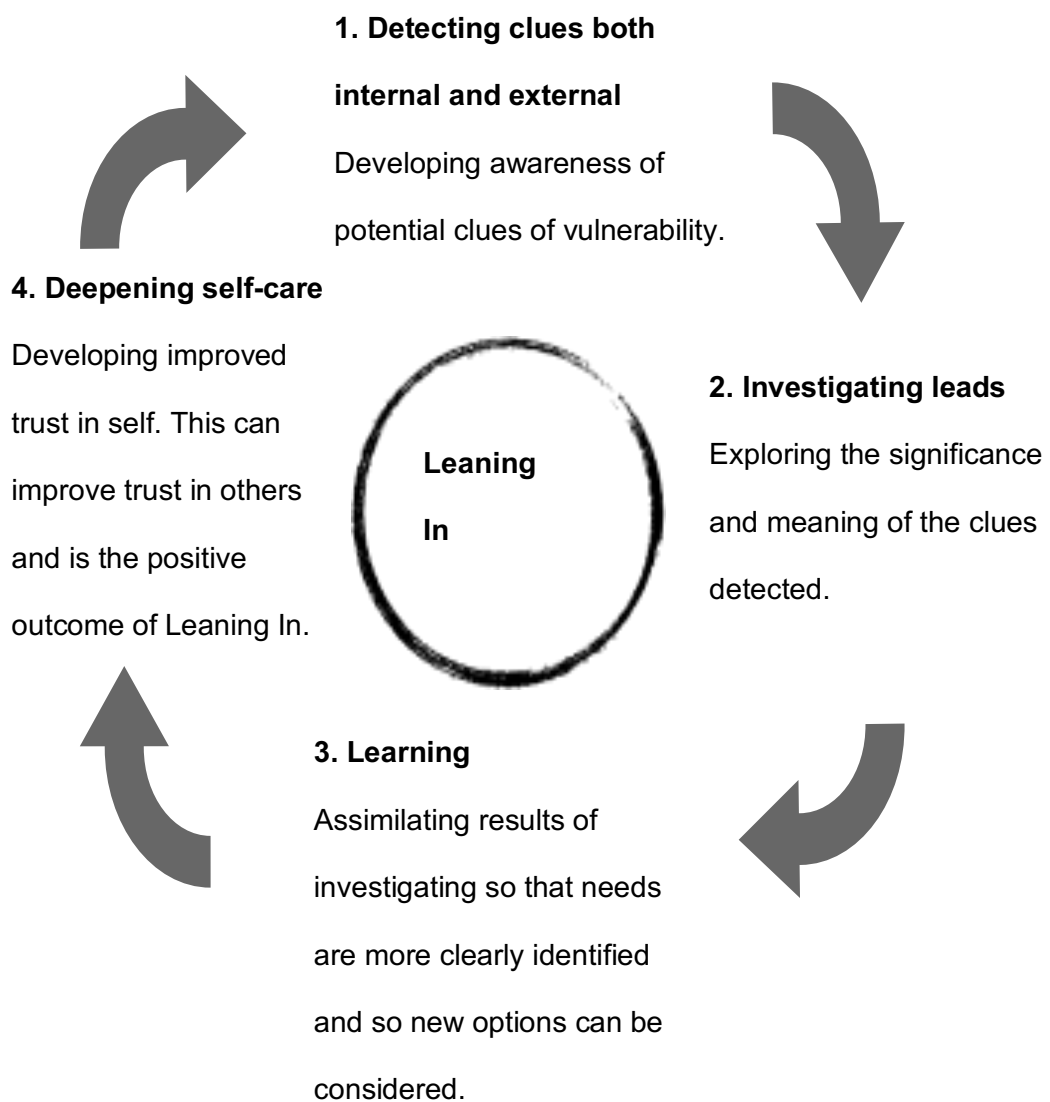
1c. Becoming a professional helper

This category describes a decision, drawing on early roles and skills developed in the family, to manage vulnerability by taking on expert roles in the helping professions. Converting hidden needs into expertise by focussing predominantly on others as a career.
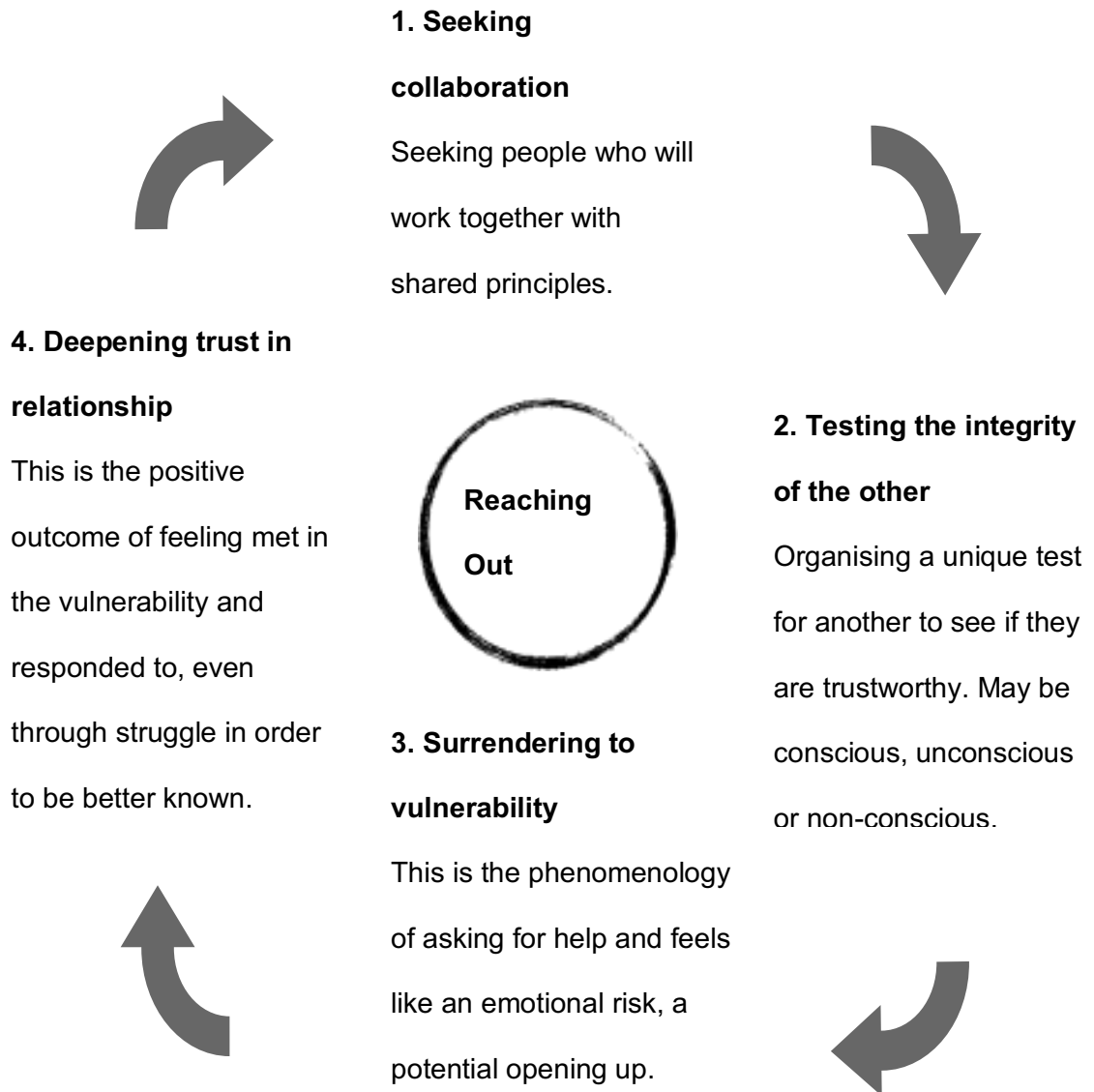
2. SEEKING

This cluster has two categories that come together to describe cycles of seeking awareness of needs and seeking help from others.

2a. Leaning In

This category describes the experiences of *needing* help. It is an internal exploration involving a cycle of personal enquiry and reflection and has four sub-categories:

1. Detecting clues both

internal and external

Developing awareness of

potential clues of vulnerability.

4. Deepening self-care

Developing improved

trust in self. This can

improve trust in others

and is the positive

outcome of Leaning In.

Leaning

In

2. Investigating leads

Exploring the significance

and meaning of the clues

detected.

3. Learning

Assimilating results of

investigating so that needs

are more clearly identified

and so new options can be

considered.

2b. Reaching Out

1. Seeking collaboration

Seeking people who will work together with shared principles.

4. Deepening trust in relationship

This is the positive outcome of feeling met in the vulnerability and responded to, even through struggle in order to be better known.

Reaching Out

2. Testing the integrity of the other

Organising a unique test for another to see if they are trustworthy. May be conscious, unconscious or non-conscious.

3. Surrendering to vulnerability

This is the phenomenology of asking for help and feels like an emotional risk, a potential opening up.

This category describes the experience of *asking* for help from an external source. It is an external exploration involving a cycle of seeking help and has four sub-categories:

3. SHAME

This cluster has three categories:

3a Tipping Back

This category describes how/when the experience of shame becomes overwhelming and can tip any seeking impulses/behaviours back into hiding. The capacity to ask for help is stymied as the archaic configuration is re-stimulated.

3b. Emergent Struggle

This category describes the point where seeking and hiding can struggle together as the challenge to acknowledge needs and seek help wrestles with past experiences of defeat. This is a lively and tender time in the experience of asking for help. How it is responded to is important.

3c. Daring to Ask

This category describes finding dignity in needs and asking for help. It arises when there is enough internal support to risk challenging previous orthodoxy and configurations of shame and helps to support ongoing cycles of seeking. It is an act of courage in the face of shame.

I have envisaged this cluster as a seesaw - the Seesaw of Shame, with Emergent Struggle as the fulcrum and Tipping back at one end and Daring to Ask at the other.

Above are short, succinct descriptors of each category and cluster. I have brought them together in the model below to show the current dynamic way I have understood the experiences of needing and asking for help.

Proto-Model to describe the experiences of asking for help

HIDING

SEEKING

Emergent Struggle

Tipping Back

Daring to Ask

SHAME

Seesaw
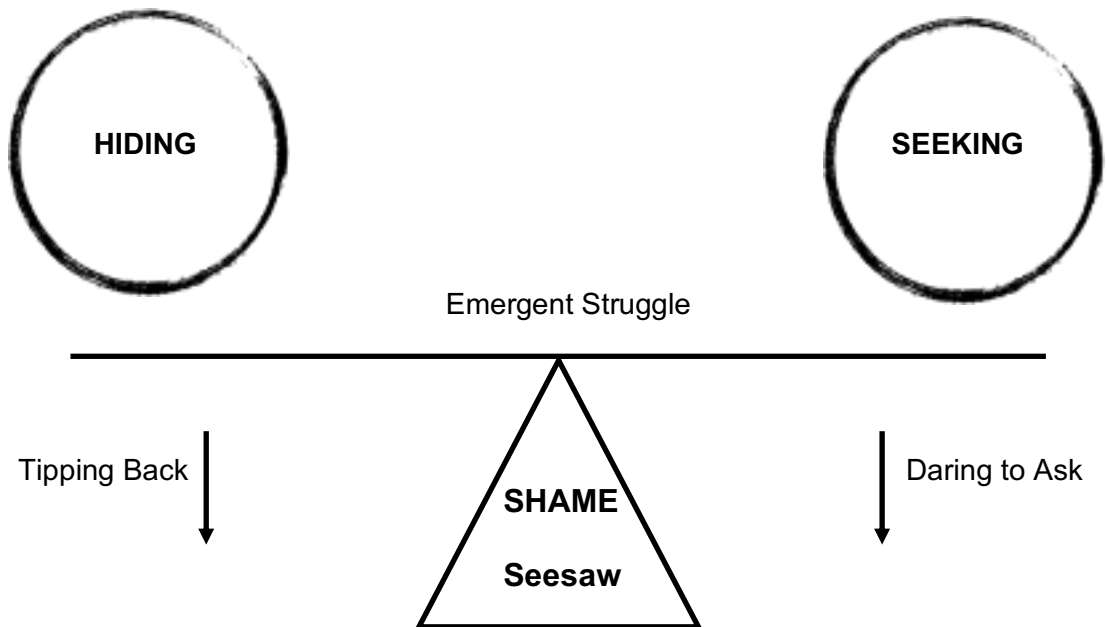
Sue Eusden - Jan 2019

APPENDIX VII Hide and Seek model – version 2

Research Findings for presentation to Focus Group 2

Research Title - Asking for help as a psychotherapist - a grounded theory study of the experience of asking for help.

Thank you for taking part in this doctoral research. As a member of the focus group I am asking that you read the paper and that we talk, in the group about whether/how you find your experiences, as a psychotherapist in these different ways described. We will have time to explore any emerging themes, theories and ideas and gather feedback for inclusion in the study.

I have interviewed 10 therapists and spent time analysing the transcripts and collating and making sense of the data.

My central finding is that the experience of needing and asking for help is a complex constellation of moving between hiding and seeking, rooted in our relationship to shame. Our capacity to ask for help is aided by learning to detect our needs and build trust in others through an ongoing process of taking risks and being vulnerable.

I found 3 clusters. I will outline each of them and show how they link together at the end to form a proto-model of the experience of asking for help.

CLUSTER 1. HIDING

This cluster is about not asking for help due to a history of masking vulnerability, perpetuated through family and/or cultural messages, creating self-protective mechanisms to best manage the tensions of having needs and staying attached to significant others.

CLUSTER 2. SEEKNG

This cluster is about experiences of needing and asking for help.

CLUSTER 3. SHAME

This cluster is about the ways shame can impact the experience of needing and asking for help.

Each cluster has a collection of categories. I will describe each category and it's relationship to the cluster.

1. HIDING

This cluster had three categories that came together to describe the process of hiding that participants described.

1. Early shaming

This category explains the early experiences of needing and asking for help being shaped and shut down. Vulnerability was felt as threatening/shameful and needed to be hidden from others who, in the main, were not experienced as trustworthy. The lessons learned on how to interrupt their need for help came from three sources:

1. Negative early messages and beliefs passed on in families and through cultures (class, faith, ethnicity etc);

HIDING

2. Camouflage

This category describes way to manage the stress/distress of needs not being recognised or met and there being no trustworthy help around. Defences developed to protect and mask vulnerability and support self-sufficiency and minimise the risk of sharing vulnerability whilst maintaining attachments. A way of bypassing shame.

Three sub-categories that describe different ways to defend against and manage the stigma of needing help:

Retreat - Withdraw into self and away from others. Preferring to manage alone and identify as not needing anyone. Needs to be a strong threat/danger before asking for help. Slogan might be 'I won't ask ever!'

Recruit - Draw others in to get active on their behalf. Find good supporters who give them help without being asked. Slogan might be 'You ask for me!'
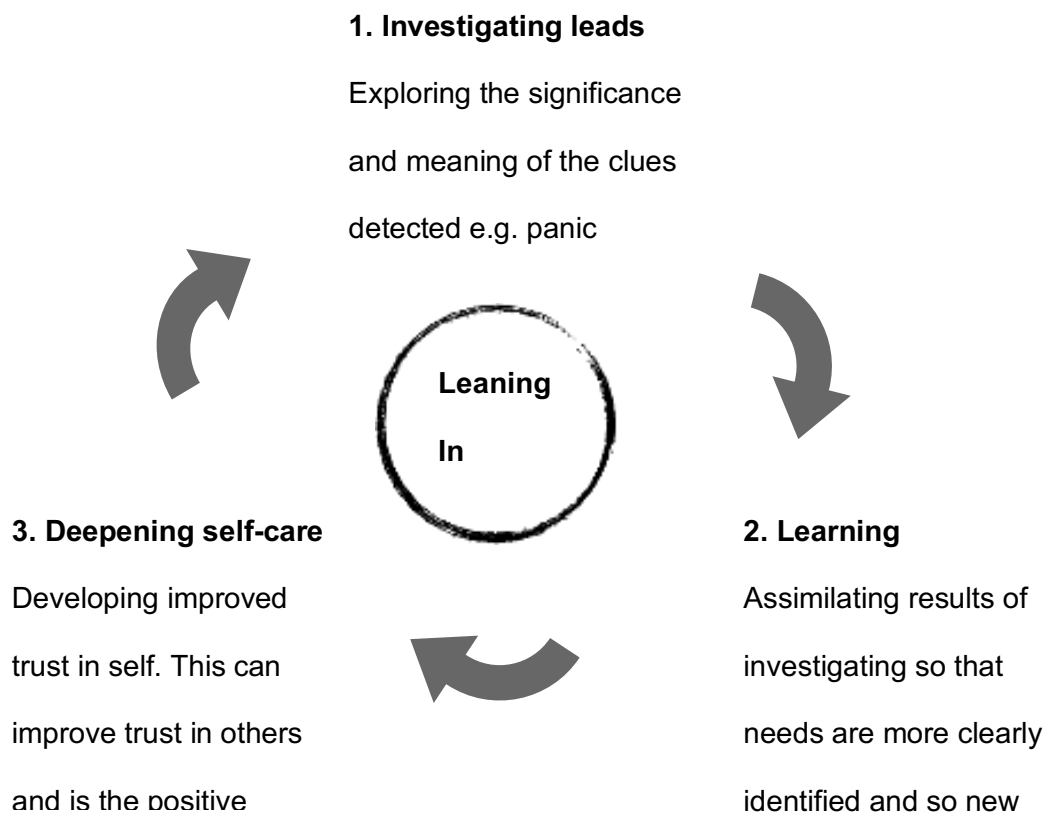
Rebel - Push against help to forge their own way forward without support. Slogan might be 'I'll go ahead

3. Becoming a professional helper

This category describes a decision, drawing on early roles and skills developed in the family, to manage vulnerability by taking on expert roles in the helping professions. Converting hidden needs into expertise by

2. SEEKING

This cluster has two categories that come together to describe *cycles* of seeking awareness of needs and seeking help from others.
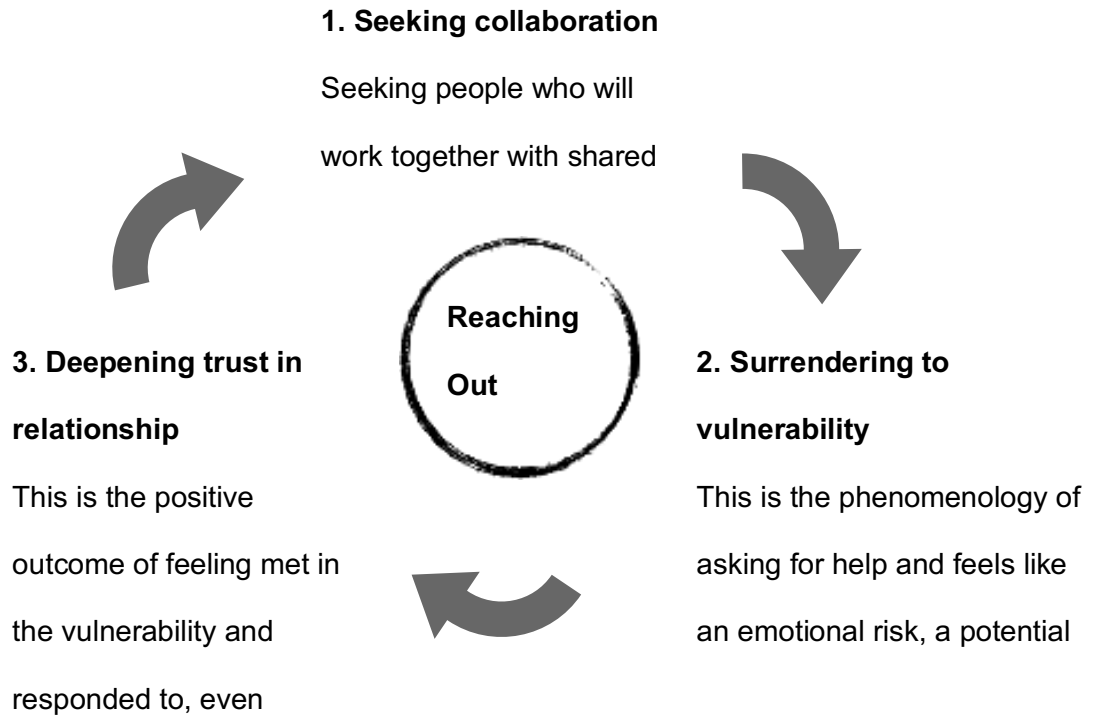
2a. Leaning In

This category describes the experiences of *needing* help. It is an internal exploration involving a cycle of personal enquiry and reflection and has three sub-categories:

1. Investigating leads

Exploring the significance

and meaning of the clues

detected e.g. panic

Leaning

In

3. Deepening self-care

Developing improved

trust in self. This can

improve trust in others

and is the positive

2. Learning

Assimilating results of

investigating so that

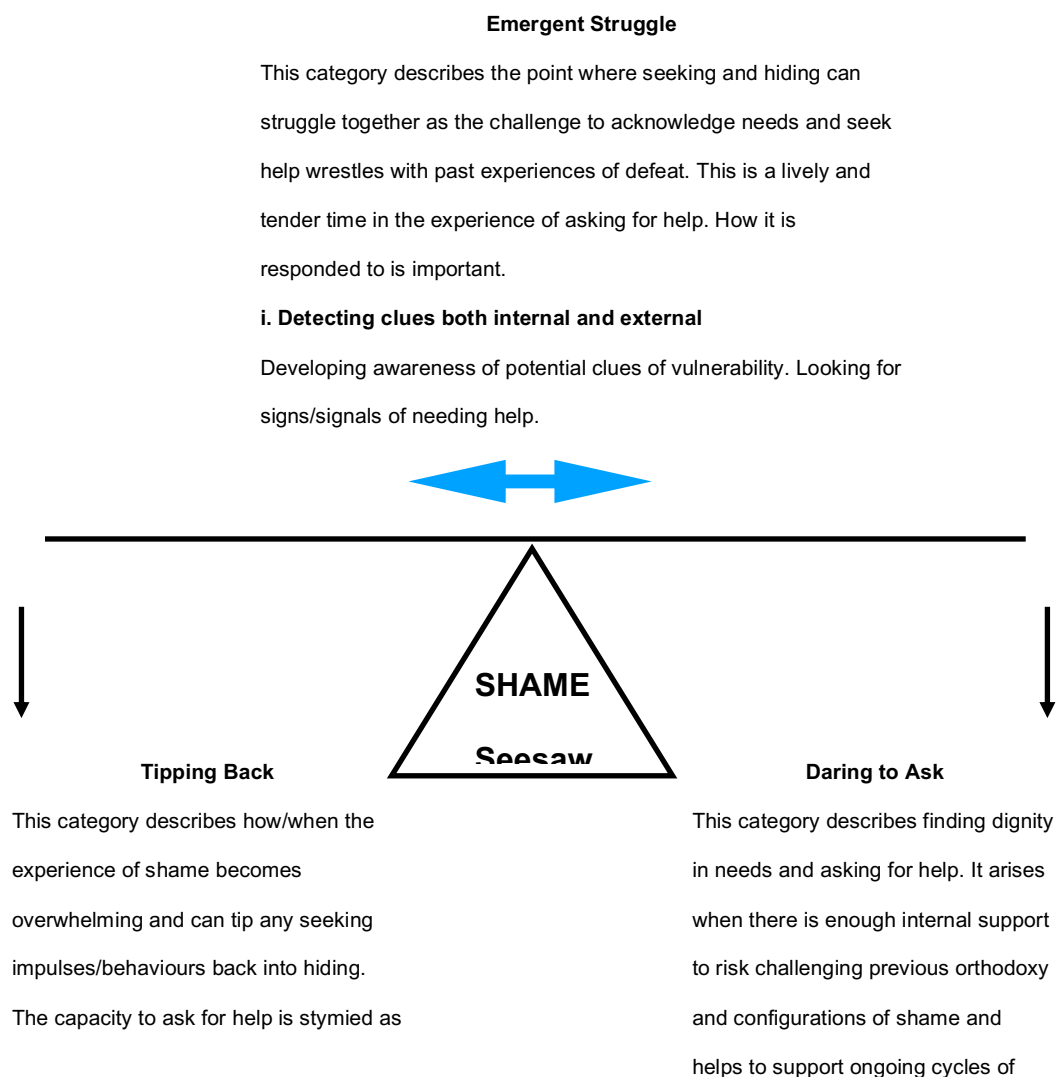needs are more clearly

identified and so new

2b. Reaching Out

This category describes the experience of *asking* for help from an external source. It is an external exploration involving a cycle of seeking help and has three sub-categories:

1. Seeking collaboration

Seeking people who will

work together with shared

Reaching

Out

3. Deepening trust in

relationship

This is the positive

outcome of feeling met in

the vulnerability and

responded to, even

2. Surrendering to

vulnerability

This is the phenomenology of

asking for help and feels like

an emotional risk, a potential

3. SHAME

This cluster has three categories. I have envisaged this cluster as a seesaw - the Seesaw of Shame, with Emergent Struggle as the fulcrum and Tipping Back at one end and Daring to Ask at the other.

Emergent Struggle

This category describes the point where seeking and hiding can struggle together as the challenge to acknowledge needs and seek help wrestles with past experiences of defeat. This is a lively and tender time in the experience of asking for help. How it is responded to is important.

i. Detecting clues both internal and external

Developing awareness of potential clues of vulnerability. Looking for signs/signals of needing help.

SHAME

Seesaw

Tipping Back

This category describes how/when the experience of shame becomes overwhelming and can tip any seeking impulses/behaviours back into hiding. The capacity to ask for help is stymied as

Daring to Ask

This category describes finding dignity in needs and asking for help. It arises when there is enough internal support to risk challenging previous orthodoxy and configurations of shame and helps to support ongoing cycles of

Summary

Above are short, succinct descriptors of each category and cluster. I have brought them together in the model below to show the current dynamic way I have understood the experiences of needing and asking for help.

The research suggests a distinction can be made between calling/signalling for help (from a hiding place) and asking openly for help (from a seeking place). In staying with any Emergent Struggle we can detect clues and test the integrity of others that can lead to daring to ask, rather than tipping back into shame (or avoidance of it) and indirectly communicating vulnerability

HIDING   **Emergent Struggle**   **SEEKING**

Tipping Back   **Daring to Ask**

SHAME

Seesaw
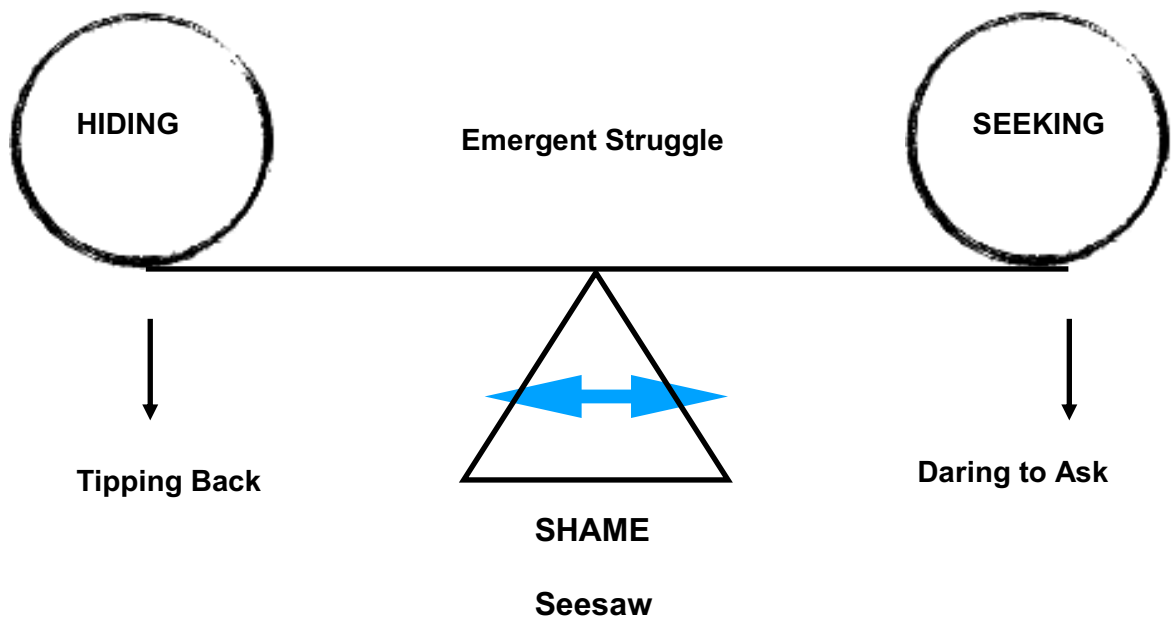
Fig. 1 Proto-Model to describe the experiences of asking for help

Sue Eusden

Version 2

Feb 2019

APPENDIX VIII Summary of Focus Group 1

Notes taken from meeting
10.1.19

Use [ ] to note down memos as I transcribe.

Group is made up of 8 women, all senior members. Most of them are supervisors as well as therapists. Multi-modality. All signed consent forms.

I chose to present my model to them live. This was part of my need to articulate my findings to a group, and my learning as to how to engage with a focus group.

I had the material as a handout and participants were keen to take this away and use it.

I presented:
History of research - Started with my interest in Ethics and enactments. How can you contract with clients for work neither of you quite know about yet. If we believe in ideas of the unconscious and that helping people deal with trauma and confusions will probably involve an entanglement of two scripts (enactments) we have the Laurel and Hardy treatment model… (That's another fine mess you got me into!!) Of course, the recent movie of their lives shows us how carefully all those 'fine messes were orchestrated and in some ways enactments in therapy are similar. They are predictable and inevitable messes. But I was interested in the ethics of that. How do we say to a client - well you are going to come along and when things heat up we will probably get a bit Laurel and Hardy for a while and resolving this will be part of your healing in some way.

I wanted to understand this process more about how, as practitioners, do we handle this. I had seen it go wrong many times, in my own practice, in supervision and see the potential richness that can come from delving into the mess to deepen the work and learning. However, I had also seen some more disastrous, ending in painful complaints processes, ending in second to third degree payoffs for both clients and therapists. Clients leaving feeling injured by the therapist and therapists leaving the profession and feeling so shamed in the process.

Some good work had already been done on complaints processes and more brave people are also writing about their experiences of going through complaint processes. Marie Adams did her research on the therapists' experience of difficulty and that led to her book, "The Myth of the Untroubled Therapist."

So, I did a pilot piece of research, using IPA, on Enactments. I interviewed 4 senior therapists about their experience of being in an enactment. I had anticipated stories of transformation. I'd imagined these experienced therapists making marvellous messes! I found unresolved and painful stories about unresolved enactments with difficult endings. I heard about therapists caught in storms

This led to me thinking about our own experiences of asking for help. My research suggested that even experienced therapists were not very good at asking and getting the help they needed.

Personal journey in relation to asking for help has been complex.
C - Is this a reason we become psychotherapist cos we struggle to ask for help?

So, my assumptions are that as a community we do struggle to ask for help. More writers are telling their experiences of this. Refer to literature.

Methodology - I chose GT as there was not much written about asking for help. If you google you get where to go and who to ask, but little about the process of asking itself.

I also chose it as I had done an IPA and wanted a methodology with more substance and validity.
GT to make a commitment to develop a theory, which I am currently developing, which is grounded in the data.

Method - What I did:
2 practice interviews and then 10 semi-structured interviews with experienced psychotherapists from a range of modalities.

Then transcribed and analysed my data. Coding, dwelling in the data and collating codes into categories and clusters.

Findings so far: 3 Clusters
I will talk about each cluster and then get you talking about each one and digesting it. Then talk about all three together and how I've put them together.

Cluster 1: was a cluster of codes that seemed to be about HIDING. The categories that came together were:
1. Developmental story - all Ps talked about a history of hiding of having needs and having family script around your needs are not import. And of a phenomenology of hiding needs. Quote from P5 on adoption. Showing links of early adoption to becoming therapist and who he is.
      Developmental template for hiding needs.

2. Camouflage - these are ways Ps found of handling the stress and distress of not having their needs met, to support a self-sufficiency. Read from table. Needing help has become like a stigma and needs camouflaging. In TA like, personality adaptations,
3 Categories:
Retreat - my camouflage is to retreat - you won't see. Manage needs by withdrawing into self. Needs to be a sever threat of crisis before they will ask
Recruit - being helped rather than asking for help.
Rebel - manage needs by pushing against help to carve my own way. If I can't do it no-one can/ don't stop me now.
These are different ways of camouflaging, which fit with shame shields;
Move away
Move towards
Move against.

3. Becoming a professional helper
No surprise in a research study that only researched psychotherapist. All identified becoming professional helpers before therapy training, from early in family they had a helping role and they had professionalized, that by becoming nurses, teachers & doctors. Read definition.

Discussion:
G - Camouflage - I think I recruit by finding someone else's ideas through books etc. It is too shameful to go to a person.

T - I might have a favourite position but I can see myself moving between them.

S - Yes

T - I was noting what level of help I was needing and where in my story I am impacted. I can get dramatic over something small, if it's something big I might retreat.

S - Even those ways of camouflaging can also be hiding. I can identify with retreat and rebel, but I unconsciously recruit. People commonly help me, even if that is not my intention because they can't bear my vulnerability. They say: "you need help", but I don't want it. I was thinking of, like often in a group I can appear to be the most vulnerable, but people want to come in and help me because they can't tolerate my vulnerability. There is a kind of recruitment in it.

Sue _ How do you ask for help from Hiding rather than Seeking?

Si - I was thinking about it in terms of attachment, linking retreat = avoidant, recruit to anxious avoidance and rebel to ambivalent?

T - I was wondering what happens when you meet someone with a different recruitment style. Or in couples. I prefer to work with someone who is more likely to activate my help from the one I use.

C - I was curious about the conflict between having traits in that cluster and being a client as a therapist. Confusion, how do I, as a hidden, camouflaged therapist, work effectively as a client?

Sue _ What is the experience of needing and asking?

Data suggests that hiding is a place that people ask for help from. What is the difference from asking for help from this place and asking for help from cluster 2? Maybe we can move onto this now?

[What is the difference between asking for help as a professional, as a client and as a professional? Is there a difference?]

S -Yes, makes a lot of sense.

Sa- So many resonances for me. I used to go to Retreat, which as a therapist, I can't stay in Retreat cos I'm working. I need to resolve this. There are loads of things clicking for me as you've been talking. It's been so useful. Being a therapist, being in supervision, kind of seeing how, in my early life as a therapist my script got reinforced, where it wasn't safe to ask for help. I had to ask for it in a particular contractual way, whereas the me that needed help was so young. I was allowed to ask for certain types of help in a certain way and that just wasn't where I was at, so I was adapting, which meant I just kept retreating and, you know, coming up against a wall and performing in asking for help.

Sue - this came out in the data … words like 'performing' and 'rehearsing'. They weren't talking about preparing, which is different.

L- Is becoming a professional being trained, in some way, of asking for help - this is what's acceptable? A hidden way?

C - I went into therapy originally for my children's sake, so I could still stay hidden.

S - I used to go to therapy with a notebook, so it looked like I was going to supervision.

Group laughs.

Cluster 2

Seeking - active. This is seeking beyond the place of hiding. Ps exploring beyond their camouflage and looking both inside and outside for change. T

Hide is about being prohibited and this is about what we do to seek help.

Two aspects to this - 2 categories: Leaning In (LI) and Reaching out. (RO)

P's were talking about the experience of *needing* help. How do you identify that, particularly if you have a history of this being shut down or camouflaged in some way? How did you come to begin to identify need, because to be able to ask for help, you have to be able to identify what you need, else the unconscious recruitment kicks in.

Leaning In is about internal exploration, involving a cycle of internal enquiry and seeking freedom.

Four subcategories:
1.Detecting, internal and external clues - finding out what to look for, getting the inner detective going. Smoke detectors, alarm sensors for the leakage. What am I looking for?
Internal clues - Disturbing dreams, fear, feelings. Reads from properties. Language is visceral and sensate based.
External clues - illness, boundary breaches, feedback from others etc. Breakdown, interpersonal difficulties, "what I am teaching".

2. Cycle of learning how to investigate and committing to following the clues, trusting there was something to follow, through reading/therapy a leaning into an internal enquiry.
Learning from the process.
Outcome of that being deepening self-care.

This is an internal learning cycle, learning to detect what might be a need and following the clue up and that leading to eg booking holiday. I think it is a cycle, as I'm deepening self-care I might detect more. We are not finished products. The better we get at detecting the better we can be at investigating etc. If I'm shutting down, then I'm not going to lean in, I'm going back to hide.

They could be spirals in/out. The investigation is the how, Learning is the purpose and Deepening self-care (DSC) is outcome.

Reaching Out - is the experience of ASKING, having identified need. Action to ask for help from an external source.
4 subcategories:
Seeking collaboration - people wanted help in ways that are mutual. Power was significant and people thought collaborative help was best.
That led to Testing the integrity of the other. A trust test. There was something they did that probes the integrity of the other. Who and how to ask. Unique test, unconscious and implicit. People have very specific ideas about how to do that. Read definition.
Grappling, wrestling, talking about how they tested others. Will you challenge me?

Surrendering to vulnerability. This is the phenomenology of asking for help. This is about taking emotion risk's surrounding to asking, feeling of opening up and potential creation of new experience through that process. This leads to final stage:
Deepening trust in relationship.
That is the Reaching out cycle. Similar to Leaning IN cycle.

T- What might make it go one way or the other?
S - Could get stuck in the needing but not ask.
Sue - You have to get to the DSC before you reach out? I made this assumption, but (sees Is nodding head vigorously) why not?
Si- Because sometimes you know somethings not right… and you instinctively RO and that's when you identify your need.
Sue - I think some have to RO before they LI. And vice versa.
A - Like me going to the GP about one issue, which she dismissed and discovering something else that she could work with.
St - makes a lot of sense.
Si - Ware's door to therapy, depends whether you are more cognitive, behavioural etc. How does that have an impact?
St- I might be unaware of needing help in one area and still in hiding whilst showing the vulnerability. I go to the doctor for a blood shot eye, which ends up getting investigated for my heart - but that's very visible to someone else, but I haven't reached stage of knowing -

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that self-care stage but I reach out for something else and then that gets seen. this is what makes me RO and yet it's my heart that's the problem. And that then that's what gets seen, but it was hidden before, and I was not aware of it.

[This is really interesting and exploring the links between hiding and seeking. How we might seek in one way or for one thing, whilst what we want/need is hidden either to ourselves or we keep it hidden to the other.

Leads to a question of what are we seeking, and how, and what might be hidden.
What is being asked and what is not being asked?
Seeking questions and hidden questions]

A - Yes but that depends on a skilful 'see-er', a namer.
T - Or you might be detecting clues to someone else. I am wondering if the internal one is happening at the same time
St – That's the kind of unconscious recruitment I was pointing to - I'm showing something that I don't quite really know. I haven't got to the stage of articulating it for myself, but I'm showing it non-verbally and then get the help, even if I didn't ask for it.
Si - you could go to an osteopath not realising your experience is somatic, done something to your neck, but it's your emotional world that needs attending to.

Cluster 3

A collection of ways in which shame can impact the relationship of needing and asking for help.

People talked a lot about being helped rather than asking for help.

So, the shame cluster also has 3 categories:
I've drawn it as a line and turn it into a seesaw of shame.
Tipping Back (TB). This is when shame as a primary affect overwhelms us, tipped back into that defensive place. Comes from my PEP, when someone talked about that physiological disruption that happens when we fall back. Also, when there is a shamer/shamed dynamic dynamic. Past and present merge in stories and in language.

The fulcrum, I've called Emergent Struggle. This is about engaging with the challenge, when we have just enough capacity to struggle with our vulnerability. I'm not tipped back, but nor am I free. An active and ongoing struggle to ask for help in opposition to the defensive patterns, moving towards reflection. Engaging with questions about who is trustworthy. In TA it's the impasse/ ambivalence.
At the other end of the seesaw I am talking about Transgressing, being able to find dignity in need where there has been none experienced. Challenging personal and professional orthodoxy. I use transgressing as 'It's an active going against the messages' vs Tipping back, which is returning to the original orthodoxy (family, gendered, professional). Falling back into line with the script/rules or else I'll be shamed.

St - The Tipping back is into that performance or over adaptation we were talking about Sa, is that right?
C - Thinking about when I hurt my back and my struggle with actually having to need someone. I can feel it. I was so cross about needing someone. I was forced towards the emergent struggle by my partner. I would have preferred to go to Tipping back: 'Fuck off I don't need anyone!!'
G - I feel deeply impacted by this as a practitioner. I don't know, it's just so familiar to do things on my own, because of my history. I don't know where it fits in. (crying). It's like it wouldn't occur to me to ask for help. I can ask a book, but not a person.
St- When we are in the TB place, it's hard to RO.

A - I was TB yesterday evening. "I don't need a holiday I can cope". I am wondering if I hadn't been here in this group, would I have been able to be in touch with my struggle and transgress to have a holiday and indulge in luxury, transgressing the early messages that I am invisible and don't get to have a special place.

L- I like the idea of a seesaw, it's not necessarily one, you go between the two quite quickly to get that emergent middle. How you can go both ways, back and forward.
Sa - I've been revisiting my journey as a psychotherapist. Before I found my current supervisor, my script was very much reinforced, it's not safe to need help and I get shamed if I ask for help. I remember saying to X (a previous supervisor), "you haven't got a shaming style". My supervisor now, after the first meeting, I had a dream of needing to go to the toilet and there being nowhere to go and trying to hide behind something and she came along and showed me where the toilet was. It is safe to have needs. It wasn't shaming.
St - I feel excited by your dream and experience. Let's find out what right with you, rather than what's wrong with you.
Sue - Part of our job as therapists and supervisors is to get that detecting part going, where it hasn't been before.

Gave out handout of model.

If we stay with the seesaw, if we put Hiding at one end, with its categories and put Seeking at the other end, with its two categories of LI and RO. The idea is that needing and asking for help we can do it from either place. Asking for help from hide/camouflage will have a particular kind of impact, with the potential Tipping Back, vs. the Emergent struggle of how do we engage in that that might help us tip us to Transgressing, being able to LI, notice our needs, to detect need or RO, which ever might come first.

St - Maybe the helper also gets engaged in the seeking/detecting as a kind of modelling for the seeker of help.
Sue - I've gone back into a professional helper there. I get so seduced into how I help others and that this a way of hiding. Shame seems to be a regulator of our experience of needing and asking for help.
G - I see transgressing as liberating. So, transgressing would be in the ascendant, but shame might tip me back into hiding.
St- In my RO I need to reach out for a help who will help me Seek.
Sue - What do you think about the seesaw?
Group talk with energy about how they like this –
Si - I like the balance of the tipping, dynamic motion, models the phenomenology etc.
St - I could see me using this as a supervisor and as supervisee. As supervisor and therapist to monitor the minute shifts in like, has my supervisee gone into tipping back or has my supervisee going into transgressing, or for myself, wooow I'm going now (into tipping back). So, I think it's a really useful model. So, then I could say to, I could say to a supervisor, as I feel myself tipping back, "I'm not using your help right now" and then we could shift something.
T - That experience of being overwhelmed.
St - C did it this am when she said she'd had enough. Oh, I'm on the fulcrum right now and I want to stop as I'm tipping back.
C - Interesting I've just renegotiated with my supervisor about making the best use of supervision as I didn't think we were doing it. That was me reaching out and it worked.
G - I think this is a really lively exciting theory about shame as shame really pathologies and there is a liveliness about this.
C _ It's about shame in a specific area, about vulnerability.
St - it makes finding it hard to seek help more normal. It is very normal in our profession we don't talk about how hard it is to seek help.
Sa- I'm working with a new client, we just drop to the deep end. It's so reminding me of that sense of all the help you need at that stage.

St - and sometimes I think that supervisors can give a false reassurance. I remember after seeing my first client I was terrified. I was perspiring and thought, god he's never going to come back and see me. I wouldn't come back and see me! I remember going to R. and saying, I'll never get any clients. He said it is probably countertransference and I thought that was so unhelpful. There was something I had to sort out.

C - It's hiding, using our role against being seen. Everything could be countertransference.
Si _ The supervisor is not acknowledging your need for help.
St - Yes.
Sue _ P's talked about some orthodoxy about how much personal work you could speak about in supervision. Many authors on supervision will be very clear about this distinction. Carroll, Proctor, etc. Orthodoxy, as part of our professional culture, that might support hiding.

Anymore feedback?

C - Really interesting and the way you've joined the dots is really helpful.

T- Will it be ongoing? Can I let you know, as it percolates.

G - Can we share it?

Sue - not yet.

St - I really like how you've taken a hugely complex subjective process and made it into something universally understandable.

Feedback -

Quotes are good.
Physical demo useful.
Liked you setting the context in the introduction and bringing yourself into that.
Q to researcher - what has impacted you as you have gone along? Bring in the personal.

APPENDIX IX Summary of feedback from teaching module, Metanoia

14.1.19

I taught my research as an example of a grounded theory methodology to show contrast with other methodologies of IPA (my PEP on enactments) and theory building case study (Mica Douglas's work).

I outlined the story of the research and then shared my findings to date. I showed the model of Hide and Seek as conceptualised with Hide having 3 categories and Seek having two categories, each with 4 subs.

Students were given the option to feedback in an anonymous written form at the end of the teach. 14/18 gave thoughtful written feedback (see below).

My Reflections and Learning:

1. MOVING Detect and Testing to Emergent Struggle

Following the group feedback and reflecting on focus group feedback and supervisee feedback (S & K group) I decided to reconfigure Detecting and Testing to the fulcrum as they were the pivotal pieces.

In the teaching group the students were keen to know HOW do I tip forward into Seeking… how do I ask for help??

Their questions stimulated me to really think about the how, and what makes the difference. I realised that the key aspects participants had discussed was learning how to detect clues and finding someone to trust with whom they could risk vulnerability. These two subsides were pivotal in moving from hiding to seeking so they seemed better placed on the fulcrum, in the pivotal position on the seesaw. They were part of the Emergent Struggle and if we can detect clues and find someone to dare to trust then we can move towards daring to ask. Here we find both need (in detecting the clues) and desire (in finding a trustworthy enough other) together. I now believe, following the analysis that this is a potent cocktail in asking for help.

2. TRANSGRESSION to DARING TO ASK
They were helpful in my reconsideration of the code of transgression, suggestion taking the plunge might be clearer. This confirmed the feedback I had from my supervisors that transgression was not a clear explanation of the data, it was too interpretive! I needed to come back to the data and find a clear name for the category that represented the data and the meaning of it clearly, to keep the model accessible. This was especially important as it was one of my main aims in crafting the model.

So, transgression was renamed as Daring to ask. It is clear, and still holds the risk in the word dare. To dare is transgressive.

3. Hide and Seek can be split between cognition and emotion

One student commented that she had no problem asking for help, so she did not find the model instantly relevant. This student had been dominating the group dynamic and struggling to be part of the group all weekend. I did not quite believe her! I wondered with her whether perhaps there might be a split between her cognition and her feelings. I hunched that she experienced no difficulty in asking for help for her cognitive needs but may struggle to ask for help for her emotional needs. Therefore, she might hide when it came to asking for help for her emotional vulnerability, but could seek openly with regard to her knowledge. She agreed this really fitted for her and found it helpful.
I also found this understanding of the model, in this way, exciting and useful.

4. To consider the model and build examples of HOW TO move from hide to seek

5. Look at shame and affect regulation re the seesaw

Written comments from students:
1.Really like it. I find it stimulating and normalising
Is BPH one of the camouflage strategies/recruit?
Unclear about how LI and RO fit together/influence each other. My personal experience is I generally can't do both at the same time. I can think of times I needed some leaning in to be able to find the words to be able to reach out. I can think of times when reaching out helped leaning in (being seen/heard, but from a slightly different view than before, which then makes it possible to get over a stumbling block and integrate things differently. Sometimes leaning in is enough.

2. Might it be that some people do not see asking for help as transgressive!?
I found it helpful. I like the thought that seeking could be done on an intellectual/cognitive level but hiding on a feeling level - recognise myself partially when I started having supervision.
Both Hiding and seeking bring some.

3. Comprehensive, many thoughts for reflection. Useful as an internal assessment, but concepts also useful to illustrate with clients their struggle and where they may be calling in a particular area.

4. Made links to Buber I - I/thou.
Tipping back = loyalty and therefore certainty whereas Transgressing is breaking loyalty and therefore permitting uncertainty.
Limitation: Is there anything like OVER seeking for help? Can seeking be pathological?

5. This feels really useful for something about the teaching of going to supervision. I am stuck by some connections to Coveys; work of comfort, stretch and danger and personal potency and self-strengthening the Adult. What enable people to move through this?

6. The reaching out part makes me think about learning to trust a new therapist after a significant unresolved rupture with my old therapist.
Leaning in, so healthy and helpful. It's buoyed me up to realise I am good at this. Thank you. Its the first diagnosis image I have ever seen myself in 'the picture of health' area! Which is possible why it does and feel like a transgression to me. I am comfortable in the vulnerable position (or Victim pathologically - Hiding/retreat?)
For me transgressing seems more like exposing. It feels right, not wrong, but I have to allow what I am most ashamed about to be seen and possible judged and risk being told (again) it is too much to help.
Have you found movement between both ends of the seesaw with borderline process/ambivalent attachments? Push and pull. If one step 'fails' eg testing integrity, does it flip people over into hiding?

7. Hide - It is likely that we will always have this impasse each time something comes up we need help with. The model could be really useful in giving me some guidance/tips "how to"s on how to challenge my hiding and how to start seeking.
Link to Lewin's force file analysis … if this could identify specific resistor forces I could try to reduce and then driving forces I could strengthen/leverage. Some say it is better to address resisting forces. If you build drives up first might just get resistance back.

Emergent Struggle - What happens if you don't have any schema or role modelling of what asking for help actually looks like?
Would be interesting to think about open/closed domains (cognition, emotion, behaviour, physiology (Erskine) where is the defence, e.g. Thoughts say seek, physiology says hide.

Seeking - reminds me of: through humiliation you find humility; Loyalty of P-C relational unit (Little); creating a new NP; cf Lees' mirror exercise.
Transgressing sounds a bit punitive or naughty?
Which you do first might be related to introverts do leaning in first and extroverts do reaching out first.
I really like that this is very accessible - nice visual, quite simple summary of data. It feels as though every element of the model is important and I can relate to.
I think it would be interesting to look at environmental/cultural and contextual factors, as well as personal difference.

8. Hide and seek:
Dichotomical?
Forward movement?
Due to a crisis?
What does make you change category?

Camouflage and 3 R's reminds me of flight/fight response. Maybe Risk ->Retreat + flight/freeze; Recruit = Friend; Rebel = Fight?

9. Very useful to have a live model to go through options in real times. That way it feels like ours - helps to think about our potential.

10. I like the model to support therapist understanding of burn out/selfcare and camouflage helps with working with certain clients. See saw model very good.

11. I like the model to support my understanding of seeking help, requiring help, hiding my need for help. The balancing act of it all.

There's a natural suspicion of the subjects used in this research, ie, their competence and ability to work with diversity etc. e.g. Deaf people. My experience of supervisors in the past is they were unable to meet my communication needs so there was a sense of failure in both myself and supervisor. This emergent struggle comes alive to me in this instance. I hope you will include more research on this area of incompetence perhaps and what they do with it.

I will be interested in the findings and conclusion of this. Very interesting overall and I will be using it in my supervision sessions in the future. Thank you for sharing.

12. Hiding – de-sensitised to need - no awareness of need. Markers - anxiety??

Curious about boundaries, did they play any role? Is a less boundaried person more like to ask for help? What are the risk factors between hiding and seeking?

13. Sue, in terms of your cycles of leaning in and out I wonder about the development of epistemic trust (Fonagy and Tagent). Its research around how to turn off epistemic?

Deepening trust in relationship leads to deepening self-care leads to trust etc. Not sure what I'm trying to say completely but it is resonating with a conference I went to on trauma and Peter Fonagy spoke of epistemic trust as a developmental task that often can be arrested in people with trauma.

14. Great in first year to set up a frame for thinking about how to use supervision

Useful to have profiles for who might find which parts easier/harder.

Is seesaw too polarised for all subtleties and combinations?

Feel like transgression might need another word with it to give it a forward moving vibe?

Do a version for TA people?

More research about when asking for help really worked, transformed things, modelling success and barriers to.

APPENDIX X. Notes from Focus Group 2

Feb 2019

5 participants: one woman, 4 men
Time of group: 75 mins

Model Version 2 was sent to all participants a week prior to meeting.

Summary notes from the group.

Sue opened the group by outlining the research topic, and grounded theory as a methodology.
She linked asking for help as a social process and why she had used grounded theory. She chose to use psychotherapists as a subject for three reasons: firstly this is a field she knows well; secondly she has access to this group. Thirdly, there is a professional and ethical expectation that they will ask for help. This is different from other professional helpers who become experts on qualifying and the culture of invulnerability.

John - Seems you are picking a group of people who are more likely to have learned to ask for help?
Sue - That was my assumption, but my findings show that this is not straightforward. Previous research on Enactments and therapists' experience of being in enactment showed me that this is an issue for experienced therapists.
Don - You are not looking at age/gender as an issue?
Sue - No, only criteria was 5 yr post qualified.
Paul - Clarifies that this is about us responding to your findings, rather than review my coding.
Sue - I am interested in whether this makes sense to you and if you can find your own experience in it.
John - Re Hiding - you say to best manage .. the difficulty with expressing needs is that I might rupture my attachments. Where does that assumption come from?
Sue - My participants talked about this and the links to theory are with attachment theory.
Paul - Is 'cluster' your terminology or grounded theory?
Sue - Grounded theory.

Sue briefly outlined the process of coding and how she stayed close to the data and the research question.
On paper she drew out the Hiding cluster and outlined the three criteria associated to this cluster. The Early shaming story. All participants described an early history of shame in family/education or cultural settings. She gave a quote from a participant as an example.
Participants also talked about their defences which seemed best described as Camouflage, and there were three forms: Retreat; Recruit and Rebel. She outlined each with a quote to give an example. They are not personality types, but options for hiding.

Rose - Rebel - that's an interesting one. I can see myself in that one.

Becoming a professional helper was the third criteria, all participants identified becoming a helper early on in their life.
Sue - Does that make sense to you? All agreed.

The next cluster of Seeking was outlined. This has two criteria:
Leaning In, my internal experience of needing help. People talked about the important of investigating, learning and deepening self care as a cycle.
Reaching out was about how they asked for help and the cycle of seeking collaboration, surrendering to vulnerability and how that leads to deepening trust in relationship.

John- Presumable the leaning in goes first before the reaching out?
Sue - I thought that initially, but the data showed me that different people do it differently. I wonder about introverts and extroverts. Introverts might start with leaning In and extroverts, by reaching out.

Shame cluster was outlined. How participants talked of Tipping Back into their early shame history by not being met, or by the transference. The shamer/shamed dynamic is evoked. An example from a participant was shared. People described this in their supervision. This helped me to understand the difference between people asking for help from a camouflage placed rather than a seeking place.
Daring to ask is on the other side of the seesaw.
The idea of Emergent struggle came from the data as people described the tension

Don - I thought they were sequential, but they are not sequential.
Paul - Two behaviours that are explained by shame. Hiding and seeking are two behaviours that are connected by your seesaw of shame.
Don- Not everyone comes from that early place of shame which makes you hide. This is why it isn't sequential.
Sue - Talks about how we might hide with our emotionality and seek with our cognition. Not a linear, polarised model. It's a mobile model.
Don - Good summary.
Rose - what do you mean by fulcrum? It would help to explain that.

Sue continued to outline Emergent struggle - She was curious about what helped them tip either way on the seesaw. The category of detecting clues (internal and external) was how participants described starting to pay attention and was part of the tipping point. The next category was about Testing the Integrity of the other. The research showed how each person had their own unique trust test. Some conscious and some unconscious. If you pass the trust test you can tip into the seeking. If you don't pass the trust test, then you might stay hidden.

Sue invited associations, thoughts, disagreements.

Paul - I identify with it all. I found useful as you went through it, at the moment they are . Like a flow diagram of different possible processes. Is it possible to do a flow diagram, this is the options they have on this route.

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Don - it reminded me of a pathway. You can join it at different pathways. The family is the beginning of the pathways and then the pathways can change or you can join at different points.

John - Like P, everything resonates for me. I thought the written form was a bit simplest, but your story and refs to the data and I thought this is quite subtle and nuanced and I thought there is quite a lot here. What's missing for me and how I regularly feel slightly anxious, a lot is to do with my own personal loss of attachment with my wife. What I have leaned to do is be resigned. There I nothing I can do about it.

Dane - You've gone into Hiding, would you say? Your resignation is a sign of hiding? Or is hiding a manifestation of resignation?
I thought it is really subtle. I think you can just go off on so many threads on a highly personal level and then attach theory to it. I think it's a multi-faceted tool.

Don - I particularly resonated to the unique trust test. Coming from a shame-based Irish culture and Catholic religion and growing up in that culture there was very little opportunity for me to occupy a reflective space where you questioned or thought about that. But here was also an inbuilt thing of self-sufficiency. My big shock came when I joined an encounter group and I suddenly heard people being vulnerable, when I hadn't heard them being vulnerable before. The test for me was, can I trust that? Then when I saw the way people were reacting to vulnerability, without pity/judgement, with a strong acceptance of that vulnerability and even the opposite - a connection to them in their vulnerability; that was a moment for me of realising "you can trust being vulnerable". That tested the waters for me and that made a huge difference in my life.

Dane - Thinking about the seesaw and fulcrum and moving and shifting all the time - in different speeds and intensities. I realise I can tip and track, from an ego state position, who's around at that particular moment. It's almost diagnostic about who is inhabiting me at any given time. Phenomenologically. What has happened in any moment/why am I responding in a way that is potentially different to how I was a few moments ago.

Don - Speaking personally, I often see myself as someone who expresses vulnerability quite readily and I often have the experience of "Does anybody hear?" It feels like I've gone down with a plop. I have the experience of laying myself on the line and not being mer. I kind of give up at that point. I retreat. What I'm also noticing I quite often make myself vulnerable without particularly asking for help. My showing it is implicitly asking. It's quite hard to ask.
Paul - You said people don't hear.
John - I want to be acknowledged
Sue- Is it part of recruiting (someone to hear me) and testing?
John - Recruiting sounds like you do it non- explicitly. Game playing. I feel I am very honest by saying "hey, I'm feeling bad". So it doesn't feel like I am not subtly making myself a victim. I'm laying myself out there and then not being acknowledged, seen or heard in some way.
Dane- I can echo that. I have that experience of going out and being vulnerable and not feeling like something is coming back. My hunch is I'm being genuinely vulnerable but the experience is that there isn't a complementarity to it. I do think we

have got to ask - are we both seeking and hiding at the same time. And that inherent in that dynamic of two is the expectation of rejection and therefore even our willingness to be vulnerable is inhabited by a felt rejection and these things are incredibly subtle. And so, surprise, surprise, we don't get heard.

John - Could well be. Part of my resignation - no-one can help me.

Dane - Yes, mine would be to collapse, give up then, that sort of thing.

John - But I'm often aware of not knowing what kind of help might be available. My assumption is I've no idea what to do about this, but I'll start with putting it out there, but I can't turn that into an active request for help.

Dane - I think that's part of the subtly there, that some people can do that and there's an inherent appeal to the other. But I think what I'm saying is I can do that but maybe there's an inherent belief that I'm not going to get it. So surprise, surprise, I don't get it and I wonder "how did he get it!" How come they were responded to.

Sue - This fits more in line with what I'm talking of re recruit. One of the categories I'm still playing with is needing the other to initiate. I haven't quite understood that. It's like you're saying about this.

Paul - You are wanting an attuned parent you didn't have.

Sue- It's a need I have but I don't know how to satisfy it. I'm still working to understand this yearning, but not rescue, just a need, a reality. If I don't know what I need how can I ask for it?

Don - You are bringing out the mutuality part of this. It's not: OK, now I can be vulnerable irrespective of how the other will respond. Some people can do this and don't worry about the response. However, if you go to supervision and your supervisor is nicely vulnerable it gives you permission in a sense, a mutuality if you like, you pick that up and have permission to be vulnerable in some sort of way. It's not just me on a struggle to find vulnerability and allow myself to be vulnerable and alternate between hide and seek, but something about in the relationships of life can I also learn that.

Rose - I think I echo most of what people have said and asked about, but I'm still struggling with this shame being the centre of the seesaw. It just doesn't work for me, not in my experience. Maybe it's because I deny shame, or something like that. The one I really echo to is the rebel. I don't retreat necessary. I think I do ask for help but only in a very almost rebellious way "So what would you do?" I will go ahead myself regardless is very strong for me. So maybe that's part of it. I went back to look at early shaming as part of hiding. I wonder why you put shame there, not conflict or something like that. I don't feel like shame holds these hiding and seeking. I think that early shame is part of hiding, yes. But I think that not enough explained in this for me.

John - I would like to build on that a bit. My own view is that Shame is an over-used psychotherapeutic word, it's become a catch all and is not sufficiently differentiated. A lot of my feelings I wouldn't nominate them as shame necessarily. I feel anxiety, not knowing what to do.

Rose - Anxiety would fit for me better

Paul- But anxious of what?

Rose - Of fear.

Paul - But fear of what?

John -I may fear the rupture, that I Might lose this relationship, going back to earlier.

Paul - So you could put shame or loss.

John - I suppose what I'm concerned about is trying to find a category word that fits all the possible things.

Rose - You put it as a basis and because early shame is in the hiding, I couldn't see shame as the basis.

Paul - But you picked up shame as a cluster because of your people talked about shame.

Rose - You haven't got it in here as a cluster.

Paul - Yes, on page 1.

John - I notice people talk about shame a lot. They get into a habit, abstracting away and they learn to label it as shame. I'm not surprised therapist use it.

Sue - Most of the people I interviewed are experienced in the field, but it may be a habit.

Dane - I wonder, therefore, in agreeing that shame is incredibly important and developmentally specific whereas I don't think that shame is necessary my first one. I think humiliation is because of what I know about my personal development. But how do you capture that? My guess is that we've all got, and I agree that shame can be overworked without being differentiated. So, I don't know how you could describe that.

Don - Is it more about the rupture and the disconnect. I mean I've listened to the examples, you just talked about there being no response, so there's a disconnect then between you. That's what happens. So, it's not that you feel ashamed, but you're not connected. I've no doubt the shame is there, but there is some sort of fear of disconnect or abandonment or isolation in some way that might be a better fulcrum.

Rose - I think the fulcrum for me needs to not be negative. I've just realised. How can it be linked to both? - shame is linked to tipping back, but it's not linked to going forward.

Sue - People talked about tolerating shame as they asked.

Rose - That isn't shame, that's tolerating shame. I think for me, I'd like a bigger word than shame or a bigger explanation. Under tis cluster you said there is a description, but I don't see one.

Sue - I haven't outlined it. You are right.

Rose - That's so missing for me. I understand Tipping back and Daring to ask and I understand there is some sort of seesaw. That' call very strong actually and I like that. I can experience that in myself. I don't experience the fulcrum as shame. I think that's why I was struggling with the fulcrum, you know.

Sue - The fulcrum, in the model is the Emergent Struggle.

Rose - If you put struggle there. In fact, that is what you put up there and then you put shame. Shame is not an emergent struggle, it's more to do with hiding.

Sue - People talked about experiences of managing their shame.

Rose - But that's in the struggle, to in the actual shame experience. It's always hiding in my experience. I took ages trying to understand it. What I wanted to put there was the word conflict, which is like emergent struggle. And in fact, in the last picture you do put Emergent Struggle on the fulcrum. And I just want seesaw, take out the shame and then it makes sense to me.

John - Maybe it's the desire for a model.

Sue - It's part of this process to see how it works for other.

Paul - I'm thinking, if you had Emergent Struggle as the fulcrum, one of the clusters that did come out was shame. Are there others like disconnect, humiliation, annihilation? Did any of those come out in the interviews?

Sue - People talked about fear and loss and disgust. I've put them together on a shame continuum. From humiliation at one end of a continuum and repulsed at the other end as a shaming reaction.

Rose - I think you need something less ,… shame is all over on the hiding side, it's not in the seeking. Overcoming shame is, but actually. I like this one where it says Emergent struggle. For myself I would not want the word Shame, just seesaw.

Dane - I don't agree. I think you are trying to make something binary here. In my shame I am tipping over towards seeking, even though I'm taking a risk which feels terrifying, but my shame is still as relevant. So, in fact I think it is a dynamic relationship which is always taking place. So, I do think shame is around. I don't think because you have gone to the seeking side of the seesaw that your shame is gone. I think you journey with it, all the time.

Rose - Would you put it as the basis in this seesaw?

Dane - Yes, I might.

Don - So is shame perennial? Is it always there?

Dane - I think some people aren't shame based, of course not. Maybe it's something that needs to be delineated. But those who are shame based I think it is a basis.

John - My worry is the reductionist nature of everything that gets put in the shame pot and I can think about a whole variety of reasons why I might ask for help. It may feel I'm supposed to know this, I'm supposed to be intelligent, I'm supposed to be independent. There's a whole list of stuff. Putting them as if shame is the underpinning dynamic, that's what I'm struggling with.

Don - You are doing a GT, at the end of the day you hope to come up with a theory that emerges from the data that speaks to this and it seems to me the there's a little thing here that says Shame isn't that. But Emergent Struggle is, it's a bigger issue than Shame. Some emergent struggle will involve the whole idea of how do I deal with my shame, but some of the other emergent struggles may not. But there is an emergent struggle. So, and the struggle is around risk, do I take the risk of being shamed or humiliated, or of losing people. So, I think I'm coming back to this thing too, that maybe the underlying theme is that there does come a moment of emergent struggle, and I talked about mine and others have talked about theirs. So, maybe that is the overarching bit of which shame is a big part for many people.

Sue - That kind of fits.

Don - Unravelling and changing it as we go along. What's the kernel?

John - I was noticing a lot of my examples were in social settings, but not talking about supervisions. Not of this does not apply so directly to supervision. My experience of supervision is I've never felt able to express my uncertainty and doubts, even with P, I always felt it as a safe trusting place, this is what we do. I am free of a lot of the social pressure that might inhibit me from asking for help.

Dane - I agree and also the difference for me is who I've been doing supervision with. If I think about supervisors over the ages where I have both trusted and not trusted and haven't got a great deal from it. Very personal experience.

John - I wonder about expressing sexual issues, would I find it easier with a man or woman?

Dane - If I think of P, she always wanted me to be a particular kind of man. It wasn't until I left her end went to someone who wasn't invested in me being a particular way that I felt free.

John - Then there's the transference dynamic between us and supervisor.

Sue - I think that's beyond the scope of the research. I wanted to create a generic model.

Rose - I think the seesaw is extremely powerful. Even as I've been sitting here and listening to what others are saying and wondering whether I could ask to understand something I've felt tin myself that going forward and felt the struggle. The world

struggle is really, when I saw it on the last page I sighed with relief as the word struggle is there.

Don - As your research is about psychotherapists you do have to focus on that rather than wider. I think there is a difference for me in social situations, I remember a short experience of about 2 months, about a guy I went to supervision with. He just talked about himself. I started off and he told me about his wonderful work. I had not permission to be vulnerable. He told me how wonderful he was. After 2 months I said this wasn't working for me and I left. The mutuality wasn't allowing me to be vulnerable, whereas most of the other people I've had have given me permission to be vulnerable from the beginning. So, I think there is something about this kind of relationship and its form. There is also coming home at the end of the day and saying I've had a terrible day to someone. There is something there about being vulnerable as a psychotherapist.

Rose - Expressing vulnerability is so important and so much part of seeking. For me my best experiences, both as a supervised and as a supervisor and as a therapist and client has been when the therapist has expressed vulnerability and told me. I notice half-way through telling a little story about me, they are always about my mistakes, not about my successes and I see people, I don't do it for that reason, what I notice is shoulders going down and relaxation. There is so much about wanting to get it right, you're a good child cos you got it right. We are told that from an early child.

Sue - Sounds like an important aspect of passing the trust test is by sharing your vulnerability and the that's important part of the mutuality.

Paul - Do you think the seesaw of struggle is on the fulcrum of vulnerability?

Rose —Yes 'cos that can be positive and negative.

John - I wonder about the context. In a training session I might feel less willing to talk about things I might be willing to talk about with my supervisors. Context seems to be really important.

Sue - This might be part of the trust test.

John - Are you making it explicitly dyadic?

Sue - I'm trying to. It is a challenge to where I am currently. It is an interpersonal, but it is also intrapsychic.

John - Could be in a group?

Paul - Were your people talking about individual/groups?

John - Do you ask clients?

Don - I find the title bulky. What about -Psychotherapists' experience of asking for help? It's easier and nice and clear.

Dane - What came through for me is how rich it is.

Don - You are doing the right thing. You've got all the pieces of the jigsaw together. Somewhere this will click.

Dane - How do you invite people to play with this? So important to you. That playing with.

Sue - It does feel like a jigsaw puzzle.

Rose - I think it's very rich. It has enriched my, so obvious now, clear seesaw. Thank you. One more typo … under recruit ... the word them.

Paul - Take it out. Just delete.

Sue - Thank you all very much.

APPENDIX XI Email inviting participants' response to findings

From: Sue Eusden <smeusden@gmail.com>
Subject: Research on asking for help
Date: 9 February 2019 at 12:00:12 GMT
To:

Dear   ,

I hope you are well. It's been almost a year since we met to do the research interview.

I have now (finally!) reached the closing stages of my data analysis of this thesis and have collected together the themes that were expressed by those I interviewed.

I attach a short summary of my findings and a proto-model that I want to share with you. I am wondering if you would be willing to take some time to read through it and respond to some questions I have below.

1. Do the themes described reflect your experiences of needing and asking for help? Please feel free to comment on different ones that speak to your experience or that do not.
2. Does the proto-model make sense of your experiences?
3. Is there anything further you would like to add/ tell me about in relation to this summary or being involved in this research?

Your feedback on my findings will be invaluable to me at this stage. You can respond either by email or let me know if you would rather speak by phone and we can arrange a time to talk.
I also attach a copy of the transcript of your interview.

Thank you so much for your time and I hope you have found being involved in this research an interesting experience.

Warmly,

Sue

Sue Eusden
UKCP Psychotherapist
Stone Cottage,
Harley Wood,
Nailsworth GL6 0LB
Landline: 01453833965/ Mobile: 07764678008

APPENDIX XII. Participants' feedback on findings

Table 37: Collation of participants' responses to the email and model sent to them on 9.2.19.

P	1. Do the themes described reflect your experiences of needing and asking for help? 2. Does the proto-model make sense of your experiences?	3. Is there anything further you would like to add/ tell me about in relation to this summary or being involved in this research ?
1	I'm off on holiday tomorrow so I've only skimmed through the summary but will read it properly when I'm back or even take it with me! there's a typo on the transcript page 13 where you've put unaccepted and it should be accepted. which is very different. I had forgotten all about it but I did find it interesting at the time and made me think about myself and what I do. I've just read Marie Adam's book about how therapist's lives impact on their work and some horrifying interviews where there was a lack of awareness that major events like depression could possibly be impacting. and I guess it must be to do with not asking for help. And yes, I'm sure shame is huge and what I found in my bit of research was that it's so overwhelming that it leads to dissociation.	
2	Thanks for this I have found it very engaging and amazed that you got so much that you could articulate from the interviews! I can fully relate to your models for me I found the hiding and shame ones very relevant and could recognise a developmental process over the years with my own relationship to shame (I am shame prone!) But I also found the seeking perspectives useful and looking at some of the more recent studies about the brains seeking systems (Jaak Panksepp & Lucy Biven The Archaeology of Mind) I can see how shame can block or obstruct this process and lead me to hid – I still feel more comfortable leading from behind! Working with this in my own therapy over the years then continuing through teaching and facilitating groups I have felt much more confident to be brave! This has helped me become more authentic, particularly when I trust those around. Thank you also for do such a great job and being so engaging	

| 3	No response. On follow up, I received and email from a colleague to say this participant had been diagnosed with a serious illness and hospitalised.	
4	Thanks for sending me this. Great to see what you are coming up with! I really like the model, it certainly reflects some of my experiences. I relate to the Hiding part in particular and think that the closing down on my need for help has been especially significant for me having grown in a family with a narcissist running the show. Vulnerability was completely off limits, and so 'needing help' and 'helping' were treated with disdain, and in my internal system still are at times! I think this explains my resistance to using the word 'helping' that emerged in the interview. The Seeking part is interesting to me as I think that I am still a bit covert about how I go about getting help. I relate to the Leaning in cycle but the Reaching out aspect doesn't quite speak to the fact that I might unconsciously seek out or spot people who might be able to offer me help without shaming- (on reflection with you in the interview, I think I'm looking for those that can speak to my experience of being vulnerable around asking for help). But it may be that I've not quite followed that bit! I love the shame seesaw though, and that is where the covert bit I've just mentioned gets covered I think! This idea totally reflects the process for me. I really enjoyed thinking with you about this material and certainly got me interested in it as a process. I think my way of being a helper in terms of my work, is related to the 'what's going on around here?' focus we spoke about. I think that this was my way of managing the family dynamics around how vulnerability was actually being expressed in my family, in the absence of it being named explicitly.	
5	Overall the interview was relaxed and helped and made me reflective about getting help for myself. I like the model because it's simple and thought the idea of hiding by becoming a professional helper interesting. This could be a problem without sufficient and careful supervision and naming this is a good step. However, this is also a potential strength where an internal "somatic marker" of shame or trauma can be a value therapeutic position or insight for therapists working with clients who are stuck in shame. I have observed this where a lack of this insight is problematic for therapists and mental health workers who then might have a tendency to formulate trauma either too diagnostically or too behaviourally.	

	I would be interested in any "tools" that might be used to work with this model? e.g. Useful ways to thinking and talking about these positions with clients.	
6	Morning Sue Many thanks for your email. I've now had a chance to read through the attachments and feel the proto-model is interesting and useful and does reflect my own experience (especially the ambiguity in asking/not-asking for help). Wishing you good luck in finishing up your Doctorate!	Having re-read the transcript of the interview I did with you last year, I do have a further observation to offer. I think it would have been preferable if as soon as I began discussing my supervisory relationship with XX, you had made it clear that you knew him and were part of his lunch peer supervision group. This was only identified at the end of our time together (when I asked) but I think it would have been more transparent to have made me aware of this as soon as I began talking about him. Letting you know this from a constructive and positive standpoint; not in any way intended to be negative – just (hopefully) useful.
7	I liked the visual representation of the concept of asking for help and the link to shame is interesting and thought provoking. Whilst I understand the seesaw concept, I found reading the categories and each cluster quite confusing. However, I appreciate that this is a mere taster of the volume of data that has contributed to the categories and clusters so I imagine that an in-depth discussion and examples of your findings would provide more clarity and bring the findings to life. I look forward to seeing your future publications on your study. Overall, I found the process of being interviewed enjoyable, it was useful to pause and reflect.	
8	The themes absolutely reflect my experiences and the proto model applies also. I think this is great.	I enjoyed being part of the research thank you

9	I've just read these. I really like your findings.	
10	I think it's brilliant! I could recognise myself clearly in the different categories and subcategories. I love the clarity, simplicity (in the most positive sense of the word) formula you got to and how it contains rather than compromises the complexity of asking/needing help. The one and only reservation I had when reading it, is the way you put threatening/shameful in the same breath, under subcategory 1: Early Shaming. For me the two are very distinct… when asking for help is threatening (in my indoctrinated world for example- it is equal to life threatening) its much beyond shame…. Hiding, becomes a question of survival. In that sense I would see threatening as belonging to subcategory 2 : Camouflaging (interestingly both words are used in the context of war/army metaphors). Otherwise, I think it's fantastic. Well done for getting here!!!!	

Sue Eusden - August 2019

Hide and Seek Model of Asking for Help
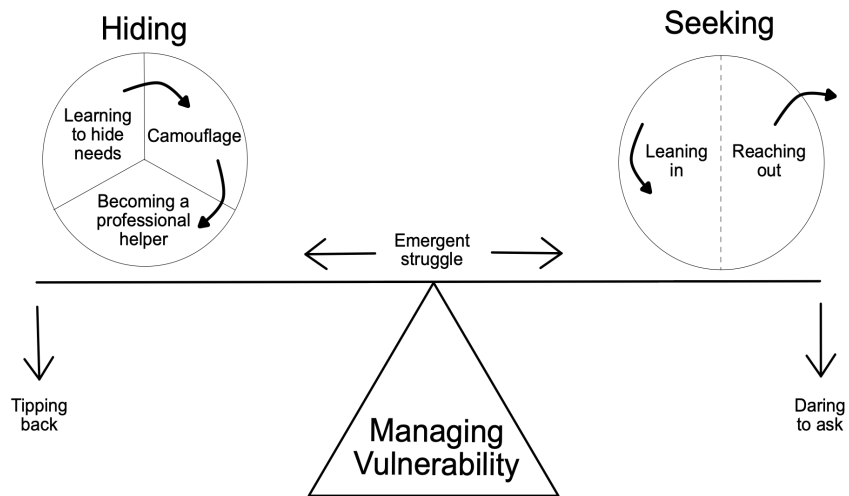
APPENDIX XIV Detecting Questionnaire

Drawing on my research, these are some of the main questions that practitioners used to help them detect clues that they needed more help than they were asking for.

This list is designed to enquire into whether a practitioner might be in Hiding and are aimed to provide stimuli for detecting needs/vulnerability (rather than Hiding needs).

Might I have gone into Hiding?

What might be stimulated from your early story?
Culture/family/education/community?

Might I be trying to Recruit/ Retreat/Rebel?

• If I am recruiting - how might I explore this?
• If I am retreating - how might I explore this?
• If I am rebelling - how might I explore this?

Questions to identify internal clues:

• Are there any internal clues through my symptoms, sensations/feelings/reactions in my body?
• What words, if any, come to mind for them?
• Do I have questions but am unsure how to focus them/where I am going?
• Do I have a sense of unrest/stuckness?
• Am I feeling anxious/ have other feelings that might be a flag to my vulnerability/needing help?
• What are my guts telling me?

Questions to identify external clues:

• Am I ill / tired / close to breakdown?
• How is my work load?
• How hard am I working?
• Are my supervisors praising my defences/camouflage rather than confronting me?
• What have I volunteered for and why?
• When I listen to others - what impacts me in what they say/how they say it?
• What is happening in my personal/ professional relationships?
• How am I similar or different to others and how does that feel for me?
• Why am I doing the work I do?
• What are my colleagues/friends telling me I don't want to hear?

- What are my particular skills/strengths and why might these be so well developed in me?
- How is my radar finely tuned and why?
- What am I talking about with others?
- What am I encouraging others to do? (that I might be finding hard myself?)
- What am I writing about and why?
- How am I looking to influence others, and why?.

2019 TA Cumbria Conference - Book your place!

Transactional Analysis Cumbrian Conference

Saturday 2nd March 2019

Newton Rigg College, Penrith

Attachment

Keynote Speaker: **Sue Eusden TSTA(P)**

Warm wishes for the New Year from the TA Cumbria Conference organising committee! The TA Cumbria Conference is less than 2 months away, and we'll be spending the day considering **Attachment**.

We are delighted that **Sue Eusden** will be delivering our keynote address, sharing her doctoral research on the experience of asking for help.

Our plenary will be co-led by **Bev Gibbons PTSTA(P)** and **Nicole Kabisch PTSTA(C)**.

Our conference is renowned for its warm welcome, consistently excellent keynote speakers and wealth of workshop talent. We have a superb line up of speakers and workshop presenters for 2019, offering thought-provoking and engaging perspectives on attachment. You can make a booking via our website.

Our workshop presenters include: *Anthony Woods & Nathan Gould, Bev Gibbons & Nicole Kabisch, Daniel Weaver, Enid Welford, Hanne Raeck, Helen Rowland, Jim Davis, Matthew Elton, Mikala Richards, Nicole Addis, Robin Walford, Sally Holloway, Susie Hewitt and Tess Elliott.*

The day costs £50, including lunch and refreshments. We welcome applications for our bursary places. For more information please be in touch with the committee.

Our conference is within two hours travelling of Liverpool, Leeds, Manchester, Newcastle, Edinburgh and Glasgow. The conference venue is just off the M6 at junction 40 (Penrith) and is easily accessed by rail (we are a ten minute taxi ride from Penrith. Penrith.station). We hope you can join us on March 2nd.

APPENDIX XVI Feedback from Cumbria Conference

March 2019

Dear Sue.

Personally I want to thank you for an excellent, interesting and thought provoking Key note. It was the perfect start to a great day!

Here's both your Keynote and workshop feedback. Happy reading!

Warmly,
Alison

Sue Eusden – keynote speech

	Interesting	Useful	Your Enjoyment	Presenter(s) effectiveness
1	0	0	0	0
2	0	0	0	0
3	0	3	2	1
4	11	12	12	12
5	40	36	37	41
TOTAL	**51**	**51**	**51**	**54**

Comments:
Excellent
Interesting and thought-provoking
Very thought-provoking and useful
Inspiring
Excellent
Excellent!
This was so enriching
Really exceptional. One of the best keynotes I've ever heard at a therapy conference. Both very professional but also personal and engaging and real. Lovely
V interesting topic
Interesting, useful, thought-provoking
Clear and engaging
Slides could have been clearer
I couldn't see the slides at all well
I would love to be able to listen/watch again – is this possible?
Fantastic keynote. Rally encouraged insight into my defensive process. Loved research

Loved it!
Great but hard to read slides distracted
Effective and impactful.
What a treat!

Workshop

Sue Eusden

	Interesting	Useful	Your Enjoyment	Presenter(s) effectiveness
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	2	2	3	3
5	8	8	7	7
TOTAL	**10**	**10**	**10**	**10**

Comments:
So interesting, thank you
I loved it!
Exercises were at times challenging and disturbing
Theory and activities fascinating and food for thought personally and professionally
Insightful, thought provoking and playful

APPENDIX XVII Presentation at SIMPAT Conference, Rome

8.3.19

APPENDIX XVIII Keynote and Workshop at EATA Conference, Ukraine.

Opening session and schedule of EATA Conference

Saturday, 6th of July 2019

9.00 am - 9.40 am
Cherkasy Philharmonic Hall
Key note
Sue Eusden, TSTA-P, Psychotherapist, Supervisor, Trainer - UK, UKCP
«The challenges of asking for help in supervision"

9.45 am - 10.20 am
Cherkasy Philharmonic Hall
Key note
Igor KUZNETSOV, Assistant at the Department of General, Child, Forensic Psychiatry and Narcology, Ukraine
"Biopsychosocial approach in child psychiatry"

10.45 am - 11.30 am
Cherkasy National University
tea & coffee

11.15 am - 12.45 am
Cherkasy National University
Workshops

12.45 am - 14.00 pm
Restaurant "Santimo»
Lunch

2pm - 3.30 pm
Cherkasy National University
Workshops

3.30 pm - 4pm
Cherkasy National University
tea & coffee

4 pm -17.30 pm
Cherkasy National University
Workshops

18.00 pm - 19.00 pm
Cherkasy Philharmonic Hall
Closing

Hanna Yavorska, Local examination and conference organizer
Sergey Mordyushenko, President of the Ukrainian Association of Transactional Analysis (UATA)
Peter Rudolph, President President-elect EATA.

09

UKRAINE   CHERKASY

KEYNOTE SPEAKERS

IGOR KUZNETSOV
Biopsychosocial approach in child psychiatry

He has been working at the Department since 1991.
He graduated from Kyiv Medical Institute named after O.O. Bogomolets in 1982, passed internship for the speciality "Psychiatry" in the clinical psycho-neurological hospital named after I.Pavlov.

At the department he is the mentor of the courses of thematic postgraduate education, specialization and pre-certification cycles in the specialties "Child psychiatry", "Forensic psychiatric examination".
He is the author of 7 papers on forensic psychiatric examination of minors and co - author of the textbook "Pediatric psychoneurology" (edited by professor L. Bulakhova, 2001).
Igor Kuznetsov, assistant at the Department of General, Child, Forensic Psychiatry and Narcology, Ukraine

SUE EUSDEN, TSTA (P) (UK)
The challenges of asking for help in supervision

Supervision is a helping relationship about helping relationships. My research has demonstrated that asking for help can be challenging for helping professionals. What are the implications of: the supervisee struggling to ask for help? the supervisor struggling? How do we build supervisory relationships that facilitate seeking rather than hiding or performing? Sue will present a new model on asking for help, developed from her grounded theory research.
Sue Eusden, TSTA-P, Psychotherapist, Supervisor, Trainer – United Kingdom, UK, UKCP

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23.11.19