How do mental health practitioners experience and understand resilience: The risk of death in mental healthcare

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Abstract

Resilience is conceptualised differently (Dunkel, Schetter & Dolbier, 2011), suggesting conflicting priorities. If it is gained by facing adversity, no rationale exists for providing compassionate welfare. If it is just bouncing back, there is no need to learn from trauma. However, if it is a pre-existing trait that some people lack, then these vulnerable people must be protected. With increasing demands and reduced funding, practitioners are under pressure to toughen up, making their work stressful and meaningless (Bazzano, 2016). Alternatively, existential resilience might enable an emotional engagement in which balance and meaning are retained. The study explores how mental health practitioners understand and experience resilience in the face of potential and actual client deaths, being held to account, while having limited control.

Seven semi-structured interviews were transcribed and analysed, following van Manen (1990).

Themes:

1: *Not-disengaging in an emotional process.* To not disengage, but to stay with feelings and concerns in the face of death. Being with, in the moment, under the pressure of time, often with conflicting expectations around risks and responsibilities.

2: *Growth through enduring difficulties.* Post Traumatic Growth leads to a desire to be closer to others, feeling stronger through self-understanding, valuing what they have and wanting to help others; in contrast to a resilience that relies on pride, control and imagined indestructibility; driven by fear.

3: *Being human under the scrutiny of authority.* While scrutinised, participants accept their flawed humanity. Resilience happens when they are mutually experienced as human and emotionally engaged.

The unpredictable trauma of death can then be experienced as strengthening, as participants are pulled into being present and more engaged.

Recommendations:

Each practitioner's will and personal desire to make a difference should be recognised as the driving force behind mental healthcare. Practitioners need regular supervision, support, with adequate time and space for reflection.

Key Words: Resilience; Existential; Mental-Health; Vicarious-Trauma; Vicarious-Growth; Hermeneutic-Phenomenological; emotions

"In other words, I began to formulate a new relationship with my own trauma. It wasn't something to silence, suppress, avoid, negate. It was a well I could draw on, a deep source of understanding and intuition about my patients, their pain, and the path to healing."
(Eger, 2017: 239).

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Chapter 1: **Introduction**

Being somewhere; saying what people like us say

This thesis refers to academic theory and philosophy, but it is also rooted in human existence. To introduce the topic, a bridge is needed between remote and technical literature and our mundane every-day lives. To set the scene I will quote some off-the-cuff remarks as found in popular culture. A long time ago I read Spike Milligan's descriptions of the absurd nature of life as a trainee in the army. He explains how an officer came across him and challenged him; *"Milligan? What are you standing there for?"*; *"Everybody's got to be somewhere sir."* he replied (Milligan, 1971: 33).

Spike's simple and obvious statement troubled me and stayed with me. Similarly, I read about the 'Profumo Affair,' a court case involving members of the political elite who were allegedly involved with prostitution and espionage. Mandy Rice-Davies was a witness for the prosecution and when she was challenged in court with the observation that the accused disputed the evidence she gave, she said; *"Well he would wouldn't he."* (Horton-Salway, 2001: 155). This is another statement of the obvious, which is troubling in the powerful way it states that obviousness. These statements stay with me because they are blunt but meaningful responses to a questioning authority.

I find that immediacy can witness profound given qualities of human existence in an honest, personal and direct manner. I am also thinking of Groucho Marx, who was questioned about his resignation from a club when implicit anti-Jewish policies were introduced; *"I do not care to belong to a club that accepts people like me as members."* (Scanlon & Adlam, 2008: 537). Groucho might be heard as self-mocking in his explicit expression of self-alienation. However, it seems to me that in the paradoxical way of being he constructs,

he is not excluded; he is not discriminated against as someone who is 'not like us.' He is mocking those of us who discriminate by joining us and expressing an even more refined and absurd exclusivity.

I find it is startling to hear comments that, in their unthinking responsiveness, spark a direct connection to the undeniable nature of being, the troubling manner in which an individual self is pulled from the anonymity of 'people like me,' 'what people say' and 'where we happen to be.'

For me, these throwaway comments capture individual responses to a searching and questioning authority which could induce self-alienation; when power, hatred and discrimination cut into us, tearing us apart. Instead, there is a personal identification, an owning of a way of being in the circumstances of each person's life with the subjectivity that they happen to find themselves expressing. That is the connection that I want to make in this study. I want to bear witness to the undeniable and obvious, as the solid ground that cannot be eroded by the critical questioning of authority. This is the way that our self is pinned to moments of existence and I have come to believe that it is a primary source of resilience.

Although it is obviously true, it is easy to forget that we are always situated in a time and place, moment by moment, often experiencing a complex relationship with our subjectivity. It is only in later life that I have found philosophical writings which acknowledge this. I reflect on how it is that nothing exists other than what is brought into to the current moment of our being, in response to how we are challenged by what is happening now, as interpreted by competing ideologies and the flow of power in our society. How we are always in a 'moving moment of meaning making,' which selectively takes from the past to manage the present circumstance to provide a bridge into a preferred future (Binswanger, 1975; Wharne, 2018a; van Deurzen & Arnold-Baker, 2018).

What is this introduction chapter doing?

This introduction starts by considering the phenomena of death through suicide, misadventure or neglect, in the way it is commonly understood and experienced in mental health services. The way that everyday understandings of these phenomena frame the subjectivity of mental health practitioners is introduced; a way of being in which they are cast as responsible rational agents, who might neglect to follow their duty to care. A contrast is then drawn, between two understandings of resilience. There is a kind of toughness, a hardened attitude which might be valued in the instrumental rationalism of economically driven processes (Bazzano, 2016). Then there is another kind of resilience, forged when we endure and work through traumatic experiences, when taking up positions of responsibility, being emotionally engaged, while also being acutely aware of our personal powerlessness and vulnerability (Barnett, 2009).

In this introduction the scene is set for a study which explores the experiences of mental health practitioners, asking how they understand and experience resilience, in their way of being in the world, in that moment of critical evaluation. An account is set out in the findings chapter, explaining how they are situated in time and place, subject to competing ideological interpretations. Their experiences of being open to the possibility that the people they are trying to help might die are described, while taking account of the scrutiny they are under in relation to institutional authorities.

We can all neglect to notice the way we are caught up in the moment, with the affairs of the world which were unfolding before we were born. This is observed in existential theory and Martin Heidegger described how it is that what we say and do are often little more than what anyone would say or do if they were in our place (Heidegger, 1962). Michel Foucault responded by observing connections between knowledge and power, describing how the critical rational voice of power pulls our specific being out of

the moment, imposing subjectivity (Foucault, 1973; McDonald & Wearing, 2013). While, in Heidegger's writings, the idea that our place in the world is not comfortable or homely is increasingly developed (Mugerauer, 2014). There is also the idea that social and material realities do not always grant us solid ground on which to stand, as developed in existential theory, observed by Jean-Paul Sartre; those who hold us in their gaze can question us and undermine us (Sartre, 1970). In existential therapy it might be observed that our grounding must be found instead in being open to uncomfortable realities in the shared qualities of our human existence (Yalom, 1980). This, I believe is a source of strength for mental health practitioners, who will be familiar with the distress and absurdity of life. They are therefore able to share a sense of solidarity with anyone who feels powerless and vulnerable, while struggling to maintain the validity of their being, and this is my experience.

From the perspective of existential therapy, when we fail to find our social footing and are unable to justify the way that we find ourselves being, we can connect with something more solid in the givens of existence (Yalom, 1980). Then, in research that is aligned with existential theory, it is validating to capture the sense of 'what is it like' to be where you are and to be able to voice that experience (van Manen, 1990). If you happen to be somewhere in your life that feels secure and unproblematic, then perhaps the three quotations given above are simply amusing. If not, then they might remind you, through their absurdity and the bleakness of their humour, of your own uncomfortable position in the world. This might expose a subjectivity which encompasses both the oppressor and the oppressed in that state of being 'people like us' (Avila & Simiraglia, 2013; McDonald & Wearing, 2013; Yates & Hiles, 2010)

In my own response to being 'people like me,' in this study, I tried to turn from a silently complicit stance, in a culture of self-alienation, to articulate a shared experience of finding resilience. I speak in the first person in some sections of this thesis, articulating a reflexive approach.

Denying our own reality

The UK Government has invested in mental health services. Psychological therapies are made more available, with the expectation that this treatment will enable people to return to work (Layard, et al., 2007). It is assumed in this initiative that the therapeutic task of finding meaning in life can be set aside; as it is only improved functioning that matters (Marzillier & Hall, 2009). Self-monitoring outcome measures are used to record each person's progression towards functionality and service providers can then be evaluated and re-commissioned based on their success in making people capable and employable (The British Psychological Society & the Royal College of Psychiatrists, 2011).

Having struggled with dyslexia I know that when I am required to 'function,' it often feels like I am experiencing unreasonable expectations. I wonder if it possible for everyone to be made capable and employable. I also know that functioning is even more difficult when we are under pressure to complete work tasks which seem to lack meaning. This can involve adopting distorted ways of encountering others, when we must 'be professional.' I experience this, for example, when ensuring that assessments are completed and entered on a clinical data system, rather than meeting the person I trying to help, as a person.

Practitioners, in my experience, might become more concern by how their encounter will be interpreted, within institutional systems and meanings, and feel less curious about the person who is seeking help; they can be caught in the internal conflicts of their organisation (Foster, 1998). I am wondering if the pressure on practitioners to overcome the tide of distress they encounter and to drive people back into functionality, is perhaps an unreasonable expectation. Practitioners might struggle to make this task

meaningful, a challenge which distorts their way of being with those they try to help. This struggle is usually conceptualised as suffering from 'burnout' and it is identified as a common problem in UK mental health services (Westwood, et al., 2017; Onyett, 2011).

As practitioners, I wonder if we should acknowledge our developing awareness that those who we try to make functional have enduring forms of incapacity and disability; that our resources are already stretched by the task of keeping them safe and engaged. While also, what does it mean if our own health starts to fail us, when we struggle because the task of making people functional seems unachievable. Should we turn our face away from the evident distress of being 'unfit for membership of the club?', in our own pathologised 'burnt-out' state? Do we collude with commonplace denials, folding political ideologies into our being; the propaganda of 'benefit scroungers,' the 'workshy' and the 'undeserving poor?' These are dilemmas I have faced and to some degree this study is a part of my attempt to make my experience meaningful, trying to find answers to these questions.

In my desire to overcome the commonplace denials of my work setting, in this study, I followed Max van Manen's principle of *"turning to a phenomenon which seriously interests us and commits us to the world."* (van Manen, 1990: 30). Resilience seriously interested me because in my employed role, I have sometimes experienced a narrowing of my attention, a focusing on challenging tasks, which then leads to a kind of depersonalising self-isolation, which is encouraged within the culture of my employing organisation; these experiences are associated with burnout (Ericson-Lidman et al., 2007). I have found myself being driven by an inner incentive, while feeling responsible; then I experience bodily and psychological fatigue, which threatens my self-image as a capable and caring person; all of which are also observed to be manifestations of burnout (Ekstedt & Fagerberg, 2005).

When I meet and talk with people who are struggling and seeking help, I find that they are rarely able to find fulfilling work and they cannot endure encounters with others when their experiences of trauma, exclusion and abuse are denied. Sinking into this awareness I can feel trapped and alone. I am left with feelings of futility, guilt and hopeless; a form of 'Vicarious Trauma' which, I read, is found to be particularly prevalent in mental health services, while there is also hope that, if we can maintain our balance, there is potential for 'Vicarious Growth' (Cohen & Collens, 2013). This hope motivated me in taking on this study and it is a hope that I want to share with others.

Conducting a literature review, I read that practitioners feel at a distance from friends who, they find, do not understand their work (Benatar, 2000), and that they increase their social, political and community involvement (Iliffe & Steed, 2000; Satkunanayagam, Tunariu & Tribe, 2010). These are feelings and behaviours which I observe in myself. They are not just facts found in research findings, they are the motivation behind this study. I read about these experiences and my sense of myself is transformed, I become understandable in new ways; it's not just me who feels like that, other practitioners are driven to do the same things. I then realise that if I let myself be understood as alone and inadequate in my burnt-out state, I miss the opportunity to explore what this means and to stand with others who share this experience.

The people I try to help at work, the people who cannot function in society, reveal something about that society. While also for me, being understood as suffering from burnout is uninvited and threatening. My body's stubborn refusal to work all the hours I ask of it is undermining. My growing awareness that I cannot sustain my current level of commitment prompts an unwanted and profound alteration in my outlook. In a current period of austerity, I am asked to do more, with fewer resources, and I struggle to

know where to locate myself on the continuum from healthy to unhealthy, or within the definitions of able or disabled.

When I reflect on the nature of my embodiment, along with where I happen to be in the processes of the world, I realise that this research study is not simply addressing an interesting question which I came across. It does not employ a remote philosophical form of questioning, doubt or enquiry. Instead, it is the nature of my being which is in question; so, my stake and my role must be made explicit in the study through reflexivity (Finlay, 2003a; Finlay 2008). I know that on one level, as a rational person I choose to conduct the study reported here, while at another level I feel impelled to do so as my health, my ability to function in my embodied state, is failing me:

> *"While the performance of most philosophical procedures, such as casting doubt or questioning, is volitional and theoretical, illness is uninvited and threatening. Illness throws the ill person into a state of anxiety and uncertainty. As such, it can be viewed as a radical, even violent, philosophical motivation that can profoundly alter a person's outlook."* (Carel, 2013a: 346)

Accounting to authority in mental health services

Practitioners in mental healthcare are subject to explicit expectations (Gaitskell, 1998). This includes the requirement that they should reduce or eliminate the loss of life, often expressed under the slogan; 'Zero Tolerance' (Campo, 2009). Unfortunately, this target seems somewhat unrealistic, given the difficulty of predicting which service users are most at risk. For example, after many years of practice and research, the clinical evaluations which practitioners use do not perform much better than random chance in predicting suicides (Franklin, et al., 2016). Even so, national and international policies promote the idea

that suicide can be prevented (Department of Health England, 2017; World Health Organisation, 2014). While, given the long-known facts about its significant variability across cultures and groups, suicide is certainly not an inevitable outcome (Leenaars et al., 2000).

We have known for over a hundred years (initially from the work of Emile Durkheim) that patterns of suicide across different places and times vary in ways that are measurable (Leenaars et al., 2000). Deaths through self-neglect or misadventure are likely to vary in a similar manner. Meanwhile, the most dramatic reductions in suicide rates occur when the availability of practical means of taking one's life are removed (Kreitman, 1976). In circumstances in which people have little hope for the future, the risk of suicide might be reduced if practical means are unavailable, but then, is the risk of death only moved about, to be expressed instead in self-neglect and risk-taking?

Despite of the evidence which contradicts this, suicide and other potentially fatal activities remain fixed in popular understandings as understandable only in terms of the individual's morality or irrational mental state (Campo, 2009). For example, some researchers take the view that suicide is an outcome of mental illness in the same way as death can be an outcome of serious physical health problems (Beaton, Forster, & Maple, 2013). Mental health practitioners are therefore held to account if they fail to prevent deaths. In these commonplace assumptions, people are viewed as active agents; if there is a death, then it must be because a mental health professional made the wrong choice, while being free to choose otherwise.

Dick Blackwell describes a setting where counsellors try to help clients who are seeking asylum from torture and organised violence (Blackwell, 2009). He explains that these clients often believe that they will face further torture and death if they are deported. In these circumstances clients often lack the will to invest in their lives; they often make the statement that they would rather take their own life than

comply with a deportation order. Dick asks; *"Is this the sort of suicidal feeling that might be responsive to counselling or psychotherapy? Is it indicative of a psychotic state? Is it clinical depression? Is it just a threat? Or is it a sensible and rational decision in the given circumstances?"* (Blackwell, 2009: 115). This might seem like an extreme example, but it is evidence that we cannot explain all suicidality, or negligent, or risk-taking, as outcomes of mental illness.

An awareness of death as a possibility can be approached in contrasting frameworks. We can think, for example, of death as a negative thing, something which traumatises people. The role of the therapeutic practitioner would then be to reduce or eliminate any symptoms that are caused by the trauma. Alternatively, awareness of death as a possibility might create an anxiety which motivates us to make the most of the finite time we have, inspiring us to live life to the full. An increased awareness of the temporary and random nature of our personal existence might separate us from the crowd and require that we take ownership of our lives, making choices which are consistent with the specific and individual way that we find ourselves in the world (Heidegger, 1962).

To take responsibility for our specific way of being does not require that we deny the influence others have over us, if that influence is seen as an aspect of our being in the world. I observe how the intersubjective quality of this existence can be distorted, when an objective empirical science approach is adopted. For example, there is an interpersonal-psychological theory of suicide (Joiner, 2005), in which evidence is presented showing how suicidality is related to a person's perceptions of themselves as burdensome for others, along with a feeling of not belonging or social isolation. When framed in a clinical psychology understanding, the interpersonal aspects of this state of being are transformed into cognitive misperceptions. The distressing behaviour that others display towards the person are edited out of the

model. This supports the ideological claim that there is nothing wrong with society and if you find life intolerable, when others threaten or fail you, then you are suffering from misperceptions.

I suggest that when an awareness of the possibility of death breaks in, we will all feel that the security of our being is challenged. Becoming aware that we will die, we are confronted by the reality that we will cease to exist (Heidegger, 1962). At some point in the future we will all be forgotten and no longer valued by anyone. It is observed in existential philosophy that we can respond to this in different ways. We can distract ourselves and avoid dwelling with an awareness of death, if only for a limited time. Alternatively, we can seek meaning in our finite lives, attribute value to our temporary existence and work with the way that our lives are not automatically given, the way that we are not at home in the world (Mugerauer, 2014).

I suggest that mental health practitioners face the choice of responding to death with either distraction, or in seeking meaning. I have chosen to seek meaning, taking a training in an existentially based counselling approach. In contrast, lives might be saved by reducing the degree to which people visualise their own deaths, a rumination which is conceived of as a traumatic experience, a kind of 'flash forwards' and there are treatments which reduce the saliency of this habitual visualisation (van Bentum, et al., 2017). The language that is used to frame this therapeutic process speaks of a removal of traumatic prospective memory. However, I wonder if the process prompts a developing acceptance of death, a move towards a way of being with death that is more tolerable.

This study brings understandings from existential theory, in which our way of being as humans can be seen to operate in systems (Laing & Esterson, 1971: Napier & Whitaker, 1978). I find that in everyday understandings we often fail to see systemic problems, in our habitual and crude subjectification of others

as ‘in or out of our group,’ ‘good or bad.’ Often, we hold individuals to account without reference to the context in which they struggle. I find that in mental health services, for example, when we investigate the causes of untoward deaths, the fact that a practitioner has an unmanageable workload is not thought relevant. The demand on mental health services is not routinely measured, and with hindsight, it is always clear that more attention should have been given to the client who died.

Workloads in mental health services are increasing. Surveys of the English population show that people (aged between 16 and 64) who meet the criteria for one common mental disorder increased from 15.5 per cent in 1993 to 17.6 per cent in 2007. While also, 26 per cent of adults reported that they were given a diagnosis of at least one mental health problem (Mental Health Network, 2016). The funding of mental health services has not increased to match these escalating demands (Gilburt, 2015; McNicoll, 2015). Suicides in the UK, amongst those with a psychiatric diagnosis, increased substantially since 2009; 1,876 in 2013 and the life expectancy of people who are diagnosed with severe mental health problems is reduced by between 10 and 25 years (Mental Health Network, 2016).

In England, survey data reveals the information that 5.4% of the population reported they had suicidal thoughts in the last year and 0.7 % made an attempt to take their life; 1 in 6 of those surveyed reported that they experienced symptoms of a common mental health problem in the past week; 965,000 were treated in primary mental health services and 2.48 million were in contact with mental health or learning difficulty services in 2016/2017; while 45,864 were detained under mental health law that year, a number that is rising (Baker, 2018). I accept that there are things that practitioners can do to reduce the risk of death. However, practitioners failing to act when they could have chosen to do so cannot be the only cause of rising death rates.

UK data shows that professionals who work in caring roles report more often that they are suffering from work related stress, depression and anxiety (Heath and Safety Executive, 2018). The 2017 NHS Staff Survey recorded the percentage of staff feeling unwell due to work related stress as 38% (Picker Institute Europe, 2018). Meanwhile, in the UK there is a trend towards providing psychological therapies through Charity Sector providers, with low wages, job insecurity and many volunteer positions (Surviving Work, 2017).

In human affairs, it is because we are understood to have freewill that we can be held to account (Stein, 2006 / 1925; Strawson, 1993). In the terms set out by Jean-Paul Sartre (1970), we are 'condemned to be free,' and cannot avoid the accountability that others require of us. We could approach the identity of being a mental health practitioner as a state that is inherently rational, a position from which to choose between moral and immoral actions, while being responsible for the care of others. The connections that are made between subject positions that are defined by knowledge and the exercise of power are observed by Foucault (1973). In my experience, when someone is diagnosed as suffering from mental health problems, they are understood to have a reduced capacity for making rational choices. It is then the duty of mental health services to support and protect them and this enables the use of power. I notice how illness, in this understanding, is associated with a loss of freedom, in a similar construction to the idea that over-emotionality impedes our rationality.

In my experience, when we have decided that someone is no longer free, overwhelmed by their emotions or suffering from a mental illness, we cannot hold them to account for their actions. By proxy, it is the mental health professional that we now hold to be responsible, even though that worker might be part-time on low wages or on an honorary contract. This is how power is exercised (Foucault, 1973). While practitioners might have psychological training and can develop a formulation of someone's mental state, if that person dies, it is the Coroner's verdict that counts. That verdict will be framed by legal tradition in

which it might be concluded that the person 'took their life while the balance of their mind was disturbed' (Griffith & Tegnuah, 2008). In my experience, power is exercised everywhere (in Foucault's analysis), but the power of the legal system is greater than that of psychiatric services.

I notice the way that death by one's own hand is commonly understood in legal and media interpretations as caused by mental ill health. Distress is often explained away as caused by illness and practitioners who become cynical or disillusioned are not, in these common understandings, more open to the truth of their vulnerability and powerlessness. I am acutely aware that they are understood to be suffering from burnout and that this requires that they are removed from the workplace, to be replaced by someone who can make rational decisions.

Guidance to the Mental Capacity Act 2005 gives a detailed account of how decisions must be made following logical judgements, always in the person's 'best interests,' as defined by rational calculation (Breden & Vollmann, 2004). The Mental Capacity Act 2005 states:

> *"The Act does not impose a legal duty on anyone to 'comply' with the Code – it should be viewed as guidance rather than instruction. But if they have not followed relevant guidance contained in the Code then they will be expected to give good reasons why they have departed from it."* (Department for Constitutional Affairs, 2007: 1)

Following Foucault's analysis, our current understandings of mental capacity and freedom are the means by which we are held to account within micro-power structures (Foucault, 1973; see also: Wharne, 2014). I am aware that it is then self-protective to follow whatever guidelines we are given, until that is, we are picked out by events which expose us as an individual, under the scrutiny of an authority. Both the

counsellor and their client will be troubled when awareness of death enters the therapeutic encounter (Barnett, 2009). In my experience, an untoward death, or a risk of death, is a sharp-edged tool which cuts into the nature of our being as metal health practitioners. Under the influence of common ideologies, it sculpts us, foregrounding our supposed decision-making and defining our moral worthiness (Manuel & Crowe, 2014).

As is appropriate in the use of qualitative research approaches, this study asks open questions. However, a methodology is used in which it is required that the researcher gives an account of why a research question is of interest to them and what their position would be in relation to possible answers. Rather than simply claiming a scientific neutrality, the researcher must explore their assumptions, intentions, hopes and motivations (Laverty, 2003). Behind explicitly stated open questions in this study, implicit 'either or' questions can be found. As the researcher, for example, I was motivated to explore the question of whether being resilience is a positive experience for practitioners in mental healthcare, or a form of oppression. While also, does a heightened awareness of the possibility of death cause practitioners to be more, or less, confident in their work? The motivation to ask these questions comes from my own experiences of working in this setting.

Power, oppression and emotionality

I am wondering if mental health practitioners experience a pressure to become more resilient, and if so, is this a positive or a negative development. If resilience is a kind of attitude, behaviour, or emotional stance which can be adopted, it might be something that practitioners find protective, while alternatively, it could be an onerous duty that they must perform. There is a key concept which is used to explore oppression in employment settings, that of 'emotional labour' (Hochschild, 1983). For example, social

workers describe how they respond to their emotions in three ways; they sometimes work to shut them off, at other times they defer them, exploring them at a later point; however, there are times when a client simply 'gets under their skin' (Moesby-Jensen & Nielsen, 2015). I suggest that it is unlikely that caring professionals can just be there, feeling what they feel; their employed role requires that they express specific emotions while hiding others and this can be onerous.

Nurses report that they work to hide unfavourable emotional responses, often struggling to live up to an ideal image of the caring professional (Delgado et al., 2017; Mazhindu, 2003). In the study reported here, an overlap is suggested between the political notion of ideology and the psychological notion of disassociation. I am aware that caring professionals are employed to express positive emotions and associated beliefs, such as a confident expectation that everyone can resolve their psychological problems and find meaningful work. I worry that they must then disassociate themselves from any evidence that could cause them to doubt this given ideology. A lack of meaningful and adequately paid employment opportunities would be something they might fail to notice. The politically preferred understanding would be that there is something wrong with the person, who must change, rather than there being something wrong with the distribution of resources in society, which must remain the same (Cromby, et al., 2007).

Emotional Labour has been explored in many employment settings. It is observed that workers are paid to display feelings such as friendliness, cheerfulness, confidence, care or concern for others, and this has a psychological cost for them (Delgado et al., 2017; Mann, 2005). The requirement that employees must display preferred emotions and hide others is often framed through the metaphor of performance, as if we are acting our way of being. This metaphor implies that there is a natural emotional response to experience which people are paid to repress. The idea of emotional labour is a useful means of

understanding what practitioners do, but it must be noted that an existentialist understanding would not assume any natural of given way of being (Sartre, 1970).

The performance of feigned emotions is described as either 'surface acting,' or 'depth acting,' with both activities being associated with increased stress and fatigue (Delgado et al., 2017; Mann, 2005; Mann & Cowburn, 2005). These actions can perhaps be understood as a kind of disassociation in which our connectedness to the immediacy of experience is severed. They are also actions which are determined by specific ideological notions, such as that 'ideal caring nurse.' The emotional incongruity imposed in these performances might also be thought of as 'depersonalisation,' a construct with is associated with burnout (Radovic, 2002). Practitioners might be described as constantly constructing a pretense, a false reality in which they are being only that which their employed role requires of them. This is a form of self-regulation in which practitioners fold understandings into themselves by which they are governed (Rose, 1996).

In the caring professions, the performance of emotion is found to present problems. The performance of surface acting is found to be more taxing for practitioners than when they work to feel the emotions they are trying to display (Mann & Cowburn, 2005). Perhaps the performance of emotions is easier if someone disassociates themselves from their own reality, believing the pretence that they construct. The study reported here, however, explores the collapse of that pretence; when a reality such as our mortality or our individual freedom to choose bursts in on us. This is likely to make emotional work even more challenging and the researcher also faces these challenges (Dickson-Swift, et al., 2009).

This study was designed to reveal a more complete understanding of emotional processes. It explores Jean-Paul Sartre's account of emotions as a 'pre-reflective act of imaginative consciousness' (Sartre 1972), along with cross-cultural anthropological research (Crivelli & Fridlund, 2018) and understandings from

Discursive Psychology (Edwards, 1997; Hepburn & Jackson, 2009). This contemporary critical thinking, in approaches such as Discursive Psychology, is informed by existential philosophy (McDonald & Wearing, 2013). Following these philosophies, this study is open to understanding emotionality as an interaction, a form of communication, moulded by customs and culturally specific ways of being.

Signs of emotionality such as crying can be understood as intersubjective communication; not just as a biological process within an individual. Emotionality is not just an outward sign of an inner state, but a social negotiation in which there can be an attribution of blame and the validity of the person is at stake (Sartre, 1972). Crying can be understood as a form of signalling in a difficult encounter, where the responses of others are crucial to how it is experienced and what it means. In telephone calls to a sexual abuse helpline, for example, it is likely that information will only be disclosed if care is taken to respond to the tearful caller, inviting them to take their time and empathetically validating their emotional experience (Hepburn & Potter, 2007).

In an existential reading, caring professionals would not be understood as having an essential emotional disposition which they hide, when they express emotions selectively, or when they simply act as if they are experiencing more acceptable feelings (Sartre, 1972). If moods come from our way of being in the world, rather than from some kind of internal essential self, then we will always be anxious about the question of how we should live in the world, and what we should feel about being in it (Heidegger, 1962), with no grounding or template to follow (Sartre, 1970).

A comprehensive account of emotionality would explore intersubjective processes and observe complexity in the interplay between rational thought and the selective display of feelings, in context (Hepburn & Jackson, 2009). However, this complexity is often reduced in popular psychological models to

a kind of 'mind over mood,' in which we assume that we would all be perfectly rational in all our choices if not for those troublesome emotions which well up and throw us off course (Edwards, 1997). I am concerned that if we place rationality and emotionality in opposition, in this way, the distress of caring professionals who encounter uncomfortable truths would be simply a problem to be overcome; they just have to 'toughen up.'

If emotions are in harmony with thoughts, rather than in opposition, then an intersubjectivity might be revealed in our thought processes. In his later writings, Heidegger explored different kinds of thinking (Heidegger 1962; 2010). He observed one way of thinking which actively calculates and manipulates, and another which meditates and observes. Heidegger uses this distinction in thought to observe how we might work with or against the processes of the world. We might open ourselves to unfolding events, through our attunement with whatever is going on in our moment of being. Alternatively, we might disassociate ourselves from our personal experience of the world, acting to maintain inhuman institutional processes (Davies, 2007; Heidegger, 1977; 2010; Schwieler & Magrini, 2015).

It is observed that the term resilience is increasingly co-opted into a neo-liberal agenda, referring to a range of calculative actions which impose barriers; a means of co-opting people who work in the 'caring professions' into their own oppression (Bazzano, 2016). Resilience in this interpretation is aligned with ideological notions such as 'the survival of the fittest.' I am concerned that workers can then be hindered by understandings which position them as weak, simply because they care. This is linked, perhaps, with the idea that those who have suffered psychological trauma are damaged and less capable of being resilient. I find it troubling that when workers who are burnt-out are replaced, no questions are asked about the intolerable working conditions in which they are set unachievable goals, given inadequate time and resources.

"In situations where people's ability to spin themselves an alternative narrative to disguise their reality is limited, or where the effects of their material circumstances become too obvious to ignore, psychologists (and of course others) are forced to turn their attention to trying to modify the person's world rather than the person's cognitions." (David Smail, quoted in Elliott, 2015)

I am concerned when it is thought that because someone works in 'the caring professions,' they are motivated by their concern for others, so they will tolerate poor working conditions and lower pay. In this understanding they would lack resilience (as understood in one narrow interpretation), in the sense that they do not display the selfish ambition that is expected of them in neo-liberal societies (Bazzano, 2016). It troubles me that it is then an easy step for the notion of resilience to be co-opted into a rational institutional agenda, an attempt to set up a shared cognitive barrier against the flowing multitudes of individual human tragedies. The expectation would be that these workers must be more purposeful and less tolerant. Everyone must just 'toughen up.' The study was designed to avoid colluding with this agenda which I believe is a form of oppression. Instead, it is set up as an exploration of what an existential understanding of resilience might be.

The study

While conducting the literature review, it was found that in mental health research, time and interest has more often been invested in concepts such as 'burnout,' 'compassion-fatigue,' 'stress' and 'depersonalisation.' However, there are areas of research which are aligned with the concept of resilience, such as; 'Post Traumatic Growth,' 'Recovery Philosophy,' 'Vicarious Growth' and 'Positive

Psychology.' Many articles and books on resilience were found across a wide range of different research fields. The literature review was therefore selective, and more space is given to articles which use a meta-analysis, as these have already condensed a lot of literature. In this literature, it was found that there are three different interpretations of resilience (Dunkel, Schetter & Dolbier, 2011):

- Firstly, a capacity for managing anxiety which can only be gained after someone has overcome experiences of adversity.
- Secondly, an ability to quickly return to normal functioning after traumatic experiences, suggesting there is only one expect life trajectory.
- Thirdly, a general pre-existing ability to manage anxiety while encountering life-difficulties, such as a personality trait.

Working with an existential philosophy, priority was given to literature which explores the first interpretation; addressing the question of how resilience comes about when we experience life-challenges, such as illness, bereavement, loss of employment, natural disasters and so on.

In the study, seven semi-structured interviews were conducted. A broad range of experiences and understandings were sought from a variety of mental health practitioners. An emphasis on human meaning was required, so a hermeneutic phenomenological analysis was employed (hermeneutic phenomenological means; the studying of that which is experienced through an examination of its meaning). Auditory recordings of the interviews were transcribed into accessible written English. They were analysed following van Manen (1990), thereby encompassing both meaning and experience.

This study was not designed to approach resilience as a term that denotes a thing out there in one supposed reality. Some of the varying ways that the term is used in different areas of research are set out in the literature review. The study explores how these contrasting interpretations create opposing forms of knowledge which support very different practices. A broad contrast can be drawn between the understanding of resilience that is promoted in neo-liberal political ideology and an understanding that is grounded in existential philosophy. In the first of these understandings we might be understood as indestructible, while in the second our flawed human condition is recognised. It is argued in the methodology section that an empirical science-based research approach would not be appropriate, because this depends on precise denotation in the use of language. The concept of resilience cannot be reduced with the necessary precision. As a concept, it tends to promote many connotations, connected with different ways of being and doing things.

In in seeking to set out different connotations, this study remains open the experiences of participants. An analysis is employed, which explores the meaning of that which participants experienced, as informed by existential philosophy and subsequent post-structural understandings of discourse. The way our worlds and our self are constructed through the use of language is central to this approach.

The research question:

The study addressed the question: *How do mental health practitioners understand and experience resilience; when people they are helping are at risk of dying, while also, they are held to account for this outcome in circumstances in which they have limited resources and little control?*

Chapter 2: **Literature review**

Introduction

Conflicting accounts of resilience are expressed in research literature, and in response, this study explores the understandings of mental health practitioners. Research models imply different priorities for mental health services and it is important that policy-making and service design are informed by the experience of practitioners. It was not known how much the experience and understandings of mental health practitioners supports or contradicts, dominant models in resilience research.

The topic will be introduced through a summary of research literature, in which initially, three different accounts of resilience are set out. Possible understandings of resilience are then considered, as grounded in existential philosophy. Resilience, as a human condition, will then be explored in the specific context of professional employment in mental health services. This will enable a questioning of what an existential understanding might bring to the topic.

The literature search found that there are many different terms and concepts related to resilience in many complex research fields. While these concepts come from different research traditions, resilience research brings ideas together under this one increasingly used term. Resilience research can be linked to the related concepts of 'Recovery Philosophy' (Leamy et al., 2011), 'Positive Psychology' (Tugade & Fredrickson, 2004), 'Emotional Intelligence' (Schneider, Lyons & Khazon, 2013) and 'Spirituality' (Peres, et al., 2007).

Research interest in resilience developed when it was noticed that some people come through adversity in childhood, becoming stronger, and some do not (Richardson, 2002). The original exploration of the

topic was therefore phenomenological, while a second wave of interest turned to questions of how resilience might be measured or promoted (Richardson, 2002). Many researchers assumed there are different personality traits and they try to establish the differences between those who have resilience and those who do not; a continuing area of research (for example; Hu, Zhang & Wang, 2015). Vulnerable people can then be identified and protected.

A related framework through which resilience is understood, is as an ability to recover quickly following experiences of trauma (for example; Tugade & Fredrickson, 2004). It might then be assumed that there is one 'normal' way for people to live; that traumas are unwanted and unfortunate events which interrupt ordinary ways of living; that therapeutic interventions are then needed to help people 'get back on track'. A lack of adequate attachment in childhood for example, would in this view be addressed as setback which people need help to overcome.

A third wave of research interest has developed in diverse post-modern and multidisciplinary research approaches (Richardson, 2002). Recovery Philosophy (Dunkel Schetter & Dolbier 2011; Leamy, et al., 2011) is an example of this form of complex cross-discipline research framework. From this perspective, it is thought that people can find their own way to be resilient; overcoming their difficulties through unique and individual strategies. Little emphasis is placed on what would be considered normal or abnormal. Experiencing life-difficulties is not entirely negative from this point of view, as it can lead to 'Post Traumatic Growth' (Oakley, 2009; Updegraff & Taylor, 2000). It is observed that resilience is gained through experiencing adversity (Seery, Holman & Silver, 2010). This reasoning implies that people should be supported in facing hardships, because, perhaps without encountering difficulties, they will be less capable, or less fulfilled.

As summarised in the introduction chapter, there are problems with the idea that enduring hardship is good for people. If it is thought, for example, that increased exposure to adversity always leads to increased resilience, welfare and health interventions might be withdrawn. In contrast, understanding resilience as a stable personal quality could lead to over-protection of, and discrimination against, those who are thought to lack this quality. If it were assumed that exposure to life-difficulties always increases vulnerability, the experience of facing those difficulties would not be valued, we would not learn anything from life's misfortunes, only that we should avoid them.

Mental health practitioners have chosen a profession in which they are vicariously exposed to the consequences of life-difficulties, such as trauma, distress, sadness, anger, impotency, paranoia, and so on (Cohen & Collens (2013). Encounters with death or risk of death are also likely to trouble practitioners (Barnett, 2009); this concern over potential fatalities was chosen as a means of narrowing the research question to a manageable topic.

A review of some of the main themes in resilience research is provided below, leading to a more detailed exploration of the related concepts of Recovery Philosophy, Vicarious Growth and Post Traumatic Growth. The chapter will conclude by exploring what existential philosophy might bring to our understanding of resilience.

In the following sections, three different understandings of resilience are set out. Then, a rationale is developed for the study, from this, by exploring what the consequences might be of unreflectively adopting one or other interpretation.

What is resilience?

Researchers have collated definitions of resilience (for example; Connor & Davidson, 2003; Davydov, et al., 2010; Dunkel Schetter & Dolbier 2011; Gillespie, Chaboyer & Wallis, 2007). While they differ in details and emphasis, three broad interpretations can be traced in their modelling.

Resilience is:

- Firstly, a capacity for managing anxiety which can only be gained after someone has overcome experiences of adversity.
- Secondly, an ability to quickly return to normal functioning after traumatic experiences, suggesting there is only one expect life trajectory.
- Thirdly, a general pre-existing ability to manage anxiety while encountering life-difficulties, such as a personality trait.

In the first of these definitions, resilience is understood as an interaction between a person and the world. This interaction is thought of as a possible transformation in which the person might adapt and become more capable (Taylor, 1983). It is, therefore, quite difficult to measure and instead, a move towards a more complex philosophical understanding is required. If resilience were to be successfully measured, in this conceptualisation, researchers would need to assess someone's capacity before and after experiences of adversity (Seery, 2011).

Measuring variables is simplified if researchers assume the second or third definitions, in which resilience is a stable quality or attribute of the individual. The Connor & Davidson Resilience Scale (Connor &

Davidson, 2003), for example, assumes this stability and is constructed from existing theoretical models with the added concept of 'spiritual influences.'

The Connor & Davidson Resilience Scale has become a commonly employed means of measuring resilience and it has been evaluated and adapted. Its psychometric qualities, such as its validity and consistency, are tested and it appears in revised forms; shortened versions are suggested (for example; Burns & Anstey, 2010; Campbell-Sills & Stein, 2007). In their original version, Connor & Davidson identify five factors or dimensions in their understanding of resilience:

1. Personal competence, high standards, and tenacity
2. Trust in one's instincts, tolerance of negative affect, and strengthening effects of stress
3. Positive acceptance of change, and secure relationships
4. Control
5. Spiritual influences

Conceptualised in this manner resilience is a multidimensional combination of attitudes, skills, emotionality and an ability to build social connections. It is pre-existing, although it can still be thought of, to a degree, as a flexible capacity which people develop across their life-span (Masten, 2010). However, this assumption of pre-existence is somewhat at odds with evidence that reveals resilience to be a capacity that people *can only gain* through overcoming life difficulties (Seery, 2011; Seery, Holman & Silver, 2010), possibly related to their ability to retain a sense of being in control (Bandura, 1995), or just an ability to tolerate a lack of control over life-events (Gilbert, 2010).

Surveys have shown that those people who have endured more adversity also report that they experience more psychological trauma, with related health and social problems (Lucas, 2007). However, the relationship is not linear; resilience is a quality that people who have limited experience of adversity are unlikely to have developed (Seery, 2011). In this understanding, it is thought that some experience of adversity is necessary for a person to develop resilience, but too much adversity will hinder that process. A 'U' shaped relationship between the variables of adversity and resilience is observed. This is an interpretation which recognises the responsive and changing nature of our human state. Resilience is not assumed to be a quality which we can already possess, but modelled as a response we might choose, develop or adopt in some way; a practice.

Conflicting interpretations and ethical concerns

A need for research into the nature of resilience in mental health services is identified (Jeffcott et al., 2009; Semenova, Palin & Gurovich, 2016), but researchers are likely to face complex ethical problems when they promote one or other understandings of what the term means (Bazzano, 2016). Different understandings are set out above and this section explores who benefits from the promotion of each understanding of resilience, related to the way that different priorities are promoted in mental healthcare.

Understandings of how resilience comes about (as outlined above) are subject to ongoing debates (Connor & Davidson, 2003; Davydov, et al., 2010; Dunkel Schetter & Dolbier 2011; Gillespie, Chaboyer & Wallis, 2007). Researchers promote radically different accounts of what resilience is, who has it and to what degree it can be learnt or adopted. In one of these accounts, working in the field of Personality Research, Burns & Anstey (2010) explore a conceptualisation of resilience as a personality trait, possibly with biological origins (Gervai et al., 2005). Burns & Anstey (2010) tested the Connor & Davidson measure

and claimed that resilience is a stable quality which some people already possess, while others do not have it.

Reducing the complexity of models is parsimonious and, in conceptualising resilience as a personality trait, researchers set aside the need to consider interactions between people and their social or political worlds. King et al. (1998), for example, suggest that war veterans who have a resilient personality are more able to build supportive social networks and can use assertiveness to get their practical needs met. They do not need to be helped in meeting life challenges, while other veterans do need that support. If this is correct, then Governments would be expected to provide welfare support to those who do not have resilience. The priority for researchers would be to develop measures which distinguish more accurately the degree to which people lack this personality trait (Hui, Zhang & Wang, 2015).

If resilience is a pre-existent personality trait then mental health services should give priority to serving those who lack this quality, working to compensate for a perceived inability to cope with the demands of life (Hui, Zhang & Wang, 2015). However, this understanding sets limits on aspirations and hopes. Unequal access to the opportunities of education and well-paid jobs would be expected, as it would be assumed that some people cannot cope with challenges. In this interpretation, mental health services are wasting their resources if they try to help people recover, or if they promote increased participation in society.

The understanding of resilience as a pre-existing personality trait implies that the main role of mental health services is to protect the vulnerable. While also, a mental health service provider would try to ensure that they only ever employ workers who have resilience, a process which would be onerous. It would also be expected that employees who lack this quality will be more likely to suffer burnout and would therefore have to find less stressful work. However, in adopting this narrow view of resilience

employers are not making use of a capacity for developing resilience; a resource which they might build in their workforce. They are also accepting an understanding of the people they serve as 'hopeless and helpless,' thereby failing to value their potential for contributing to society.

Understandings which promote discrimination are problematic. However, the idea that 'suffering is good for us as it makes us stronger' can also create complex dilemmas and ethical challenges. For example, Governments might claim that, if the cost of welfare services is too great, then people will just have to become more resilient, while failing to consider what needs to be done to foster that resilience. Once again, an unequal distribution of resources in society is justified, this time, in a manner which is neglectful of some people's needs.

Given the concerns identified here around the promotion of different understandings of resilience, conducting research in the context of mental health services requires an ethical framework. While also, differences between the processes of promoting resilience and treating illnesses need to be explored and understood. For example, practitioners can prescribe treatments to reduce symptoms, if symptoms are understood as an unwanted outcome of a disease process. In this sense practitioners are actively making people well. It might be thought that the same framework can be applied in making people more resilient. Helping students with exam related stress provides an example; interventions can be made to help them understand and manage anxiety (Calear, et al., 2016). However, it is difficult to demonstrate that participants in trials of this nature are made more resilient, rather than just becoming aware of what it means to be anxious.

While there is value in giving people strategies for managing anxiety, it is not the same thing as helping them to learn and grow through facing difficulties. Meanwhile, moral concerns would be raised if

researchers did try to make people learn by causing them to face difficulties. For example, employing a controlled trial approach can demonstrate that a treatment is effective in reducing symptoms; one randomly chosen group is given the treatment and another, a placebo. However, it would not be ethical to expose one group to experiences of adversity while protecting another, to see if the former group developed more resilience. The idea that practitioners can actively make people resilient is problematic.

Most research in mental health services propagates an understanding of practitioners as neutral conduits through which treatments and therapies are delivered. This study, however, turns the focus, to bring the disposition of the practitioner into view. It is likely that practitioners have the same responses to unexpected deaths as anyone else. They will experience an initial shock, then a loss of meaning about how to go on living; with anxiety and fear, due to concerns that events in the world are absurd, that death is random and unpredictable; there may then be a search for meaning, a personal growth which can include spirituality (Jayasinghe, 2016; Paidoussis, 2010).

Researchers in mental healthcare would probably welcome simple answers to practical problems, such as how best to reduce mental distress, how to make interventions more effective and more available. However, this section has set out the difficulties of approaching resilience in this management-based thinking. In this thinking, an 'instrumental rationalism' can be expressed in which our human nature is set aside. In the next section, ways of understanding are explored which attend more to our human state of being. The importance of retaining a reflexive awareness of that human state is emphasised, leading to a section on the specific group; caring professionals, before an existential understanding of resilience is explored.

Bringing the human back into theoretical models

If there are chains of causality running between life-difficulties and the development of resilience, then they are mediated by human choices (Sartre, 1970). Also, resilience would not be just an outcome of what has happened in the past, but a response to what will happen in the future (Eriksson, 2007). Researchers would need to place the variable of the 'active deciding human being' within their modelling. When people understand that hardships will come, they can choose to prepare, or they can choose not to. Some people, for example, might adopt a 'stoic' attitude; a determination not to be changed by the randomness of their fate. They would therefore fail to learn through experience (Tillich, 2014). Understandings of Post-Traumatic Growth and Recovery Philosophy are introduced in this section, leading to an exploration of related existential theory.

It might be assumed that any positive feelings which arise in response to adversity are 'absent, dangerous, delusional or trivial,' but there is evidence which challenges these assumptions (Badger & MacNamara, 2005). Research into Post Traumatic Growth identifies benefits in three areas:

1. People describe how they value their friends and family more, with an increased sense of compassion and a longing for more intimate relationships.

2. People describe themselves as having developed wisdom, personal strength and gratitude, possibly associated with an acceptance of their vulnerabilities and limitations.

3. People describe changes in their philosophy, appreciating each new day and re-evaluating what really matters in life, being less materialistic, more able to live in the present.

(Adapted from: Joseph, (2012), see also; Joseph & Linley, 2006; Oakley, 2009; Taylor (1983) and Calhoun & Tedeschi (1990))

Many investigations in to Post-Traumatic Growth originally used the term 'thriving.' This has been described as *"...the effective mobilization of individual and social resources in response to risk or threat, leading to positive mental or physical outcomes and/or positive social outcomes."* (Ickovics & Park, 1998: 237). Having overcome adversity, it seems that people find they have certain advantages; they are more tolerant of difficulties and more prepared to tackle them (Affleck & Tennen, 1996; Tedeschi, Park & Calhoun, 1998; Updegraff & Taylor, 2000). While also, they are found to have more capacity in some areas of working memory, if they have a higher score on a measure of life-time adversity (Goldfarb, et al., 2017).

Post-Traumatic Growth is approached in research literature as a response to a variety of experiences; *"…the Holocaust, serious illness, natural disasters…,"* (Updegraff & Taylor, 2000: 4). As a response to life threatening illness, Post-Traumatic Growth is described as *"'reappraisal of life and priorities'; 'trauma equals development of self'; 'existential re-evaluation'; and 'a new awareness of the body'."* (Hefferon, Grealy & Mutrie, 2009: 2044). While in the experience of an incapacitating illness, as described by Carel (2016), a motivation is forced upon us, by our inability to function in the world as expected; which frees us to perceive and understand in new ways.

The concept of Post-Traumatic Growth seems to include both social and individual elements. For example, in one study it was found that those who were more inclined to share their emotional responses to a terrorist attack, initially experienced higher levels of emotional arousal and mental rumination. However, they subsequently reported a greater degree of Post-Traumatic Growth (Rimé, et al., 2010). In contrast, people who have endured childhood abuse appear to report a more individual form of growth.

Post Traumatic Growth in response to child abuse is reported to include the development of a kind of inner drive towards growth, a 'will to live.' This might be associated with various mechanisms of change. For example; 'awaking of responsibility,' 'validation and acceptance,' 'love and nurturing,' 'liberation and freedom,' 'mastery and control,' 'belonging and connection,' 'changes in self-perception,' 'gaining new perspectives' and 'changes in relationships;' these can all be part of a complex picture of personal growth (Woodward & Joseph, 2003).

Post-Traumatic Growth appears to have a biological aspect; the body will become accustomed to stressful experiences while a feeling of being in control, or being able to tolerate a lack of control, is fostered; the production of hormones associated with stress returns more promptly to normal levels (Epel, McEwen & Ickovics, 1998). Resilience can be seen, therefore, to function across biological, psychological and social levels; it can be thought of in the terms of an immune system, a kind of adaptive resistance to life-challenges (Davydov, et al., 2010). It also functions, perhaps, at a spiritual level (Tillich, 2014) and as such, an attempt to limit it within a psychological intervention model is unwise.

People who foresee future problems in their lives might choose to acclimatise themselves to hardships, building their resilience. Some therapeutic interventions might help them achieve this. Practitioners could help people to recognise their strengths (Rapp, 1998), for example, working with the philosophies of Positive Psychology (Seligman & Csikszentmihalyi, 2000). Unfortunately, therapeutic approaches rarely embrace these ideas. Often, practitioners are 'problem focused,' rather than 'solution focused' (Bannink, 2007). Resilience might then be an attribute with which practitioners are not directly concerned. They might consider their primary task to be treating illnesses or psychological problems.

When resilience is understood as simply an ability to return to normal functioning after a trauma, the opportunity to learn from the traumatic experience, to change or adapt, might be lost. We might avoid thinking about traumatic events, or imagine that they will not happen to us, assuming they have no value and there is nothing we can learn from them. Practitioners might approach every problem as if it were just a set-back, just something to get over so that we can get on with a 'normal life.' 'Recovery Philosophy,' in contrast, places much more emphasis on the possibilities of change and adaption (Leamy et al., 2011). Recovery is perhaps a misleading term, as following this philosophy does not imply that a full recovery is the only acceptable outcome. Instead, people take on the tasks of coming to terms with a disabling illness, living as full a life as possible, while tolerating symptoms. This kind of recovery work is therefore inherently different from the task of reducing or eliminating those symptoms (Frese, et al., 2001). While clinicians might give priority to the latter process, recovery in the former interpretation, is likely to be the priority of the patient (Deegan, 1988) and resilience would be a factor in this preference. Living with challenging symptoms is perhaps, like living in a challenging environment, an opportunity to build resilience.

There is evidence which shows that people who have easier lives are not necessarily happier or less troubled by mental health problems. It is known that people are made much happier if their income increases so that they have just enough money to live on, while increasing income beyond that basic level does not result in further increases in happiness (Helliwell, 2015). While levels of income have increased across generations in modern western societies, the number of people who report experiences of mental distress has also increased (Cohen & Janicki-Deverts, 2012; Twenge, et al., 2010). People can be left with a feeling that they lack purpose. Conditions such as boredom are associated with increased physiological stress and difficulties maintaining attention (Merrifield & Danckert, 2014). It might be a problem if Mental Health Practitioners experience aspects of their work role as boring, lacking in meaning, such as routine record keeping and monitoring tasks.

Boredom, in an existential analysis, is fundamental to our way of being in the world and Heidegger discusses three ways of being bored (Heidegger, 1995). The problem from this point of view is not so much that practitioners might become bored by the tasks they must complete. At this first level of boredom, they can feel stymied by the meaninglessness of those tasks, but the problem is more that they can actively 'pass time,' in not attending to what matters to them in life. At this second level of boredom, practitioners might avoid thinking about what they are doing with their life in the remaining time that they have available to them. They are 'spending their time' not really taking up their possibilities or accommodating the limitations of that time (Slaby, 2010).

Working in mental health services might be tolerable while practitioners can find tasks in which their attention is absorbed. However, many tasks can never be fully completed, and when each new day brings more of the same, questions about meaning cannot be avoided (Camus, 1991). At a third level, there can be a state of profound boredom which demands a creative response (Slaby, 2010).

We all have limitations to our freedoms and our abilities. It seems likely that developing resilience is about learning to live within the facticity of our existence. In working with Recovery Philosophy and with some understandings of resilience, practitioners would accept the need to adapt to the constraints which adversity, loss, and illness bring, recognising that our options for enjoying a fulfilling life are always limited. In helping someone to develop resilience, practitioners would engage more with the person's agency and active wellness. They might support and encourage a person's choice to take up life-challenges, while valuing those opportunities themselves.

Understanding resilience as a form of recovery or growth following life-difficulties enables us to place the person at the centre of our understanding. Given the reality that we cannot eliminate all illnesses, risks and causes of harm, this section has started to explore the value of responding to these difficulties in a proactive, human and intersubjective manner.

Trauma and growth in mental health practitioners

In a meta-analysis of research studies, exploring 'Vicarious Trauma' and 'Vicarious Growth,' Cohen & Collens (2013) found four separate but interrelated themes. Some of their findings are specific to psychotherapy while others are general across caring professions:

1. Emotional and somatic reactions to trauma work
2. Coping with the emotional impact of trauma work
3. The impact of trauma work - changes to schemas and behaviour
4. The process of schematic change and relating factors

(Cohen & Collens, 2013: 8).

Professionals are found to feel sadness, anger, fear, frustration, helplessness, powerlessness, despair and shock. Some studies report somatic phenomena such as numbness, nausea, tiredness and even craving sweets. It is reported that these experiences disrupt the work of professionals, who feel detached, but find it difficult to 'switch off,' while struggling to comprehend and make sense of the things their role exposes them to; often these are things they had not encountered before in their lives.

In the studies reviewed by Cohen & Collens (2013), professionals are reported to change their life-styles. They more often engage in physical exercise and healthy eating, resting and meditating. They report that they try to enjoy pleasurable activities, such as taking holidays, socialising, watching films and going out. Political activism is mentioned by practitioners who try to combat cynicism and channel their anger. Personal therapy is thought to be important. Separating work and personal life is also helpful, while separation between self and client is also mentioned. Spirituality is described in several studies, along with optimism and taking a positive attitude.

The way that professionals develop their understanding is discussed in much of the literature reviewed by Cohen & Collens (2013). Adjusting to the unexpected discovery that clients can cope and grow through trauma is a valued challenge. However, there are reports of professionals questioning their own assumptions and life choices, seeking meaning, trying to live with the uncomfortable truths they encounter. These include an increased awareness of their personal vulnerability, suspicion of others, hypervigilance and being emotionally less available. Moods can appear to have a contagious quality and Broome & Carel (2009) discuss how we are always emotionally connected in our intersubjective way of being with others. They observe how life-worlds are changed by what is revealed in the experience of a life-threatening trauma and the associated emotionality:

> *"…this would result in a pronounced affect, and an entirely different world subsequently being inhabited due to an altered mood state. We refer to this as 'hypervigilance,' but that term barely captures the profound existential changes. The world is now a place with an absence of safe havens, everyone is a potential threat: there is no rest."* (Broome & Carel, 2009, 269)

It is observed in Cohen & Collens (2013) that when professionals who are parents become aware of the extent and the effects of child abuse, they become over protective of their own children. Professionals find that they feel at a distance from friends, who they believe would not be able to understand their work or share their growing awareness of unacknowledged harms and associated hidden distress in society. While also there was a re-evaluation of what is important to them in life, a re-awaking of a desire to live life to the full. Accounts of gaining wisdom, insight, an increased sense of self-worth, empowerment and self-validation are revealed. While also, becoming more compassionate, more accepting towards others, and feeling humble.

Cohen and Collens (2013) reviewed the processes of change and growth that are revealed in studies. Experience over time helps professionals to overcome the impact of their work, as realities which were at first shocking become more familiar. However, there is no sense of complacency and professionals say it is an honour to do the work. Many describe it as a 'positively transformative experience' (Benatar, 2000). The therapist's sense of coherence, their empathy, the therapeutic bond and the therapist's social support are factors that are found to be associated with growth (Linley & Joseph, 2007; Linley, Joseph, & Loumidis, 2005).

Mental health professionals, when working with people who have suffered trauma, are observed to have their assumptions challenged; they are required to formulate a new word-view, and this provides valuable opportunities for personal and professional growth (Satkunanayagam, Tunariu & Tribe, 2010). Perhaps, the challenge of having one's coherence questioned is necessary to growth, as there can then be a stronger reformulation of that coherence. There is evidence which shows that a rigid sense of coherence predicts a failure to grow, while organisational support has no influence; only empathy predicts growth (Brockhouse et al., 2011).

Working in the caring professions is clearly challenging, however, at the same time, this is an increasingly understaffed and under-resourced employment setting. In the UK, for example, psychiatric services have diminishing resources as funding and access to psychiatric beds are reduced, while referrals are increasing (Gilburt, 2015). While also, practitioners in this setting can feel undervalued and stigmatised (Verhaeghe & Bracke, 2012). Attention has been paid much more often to negative responses to stress in mental health professionals, usually described as burnout.

As with the concept of resilience, researchers might give priority to distinguishing between those who suffer from burnout and those to do not. However, burnout is likely to be related to working conditions. For example, professionals in Primary Care counselling services experience more emotional exhaustion, disengagement and burnout when working longer hours with less frequent supervision (Westwood, et al., 2017). Unfortunately, in a competitive healthcare market, these protective factors might be reduced to save costs.

In Gustafsson & Strandberg (2009), although the term resilience was not used, a process is described whereby workers adopt multiple perspectives, recognise strengths and weaknesses, while exercising forbearance. This forbearance is one way of responding to challenges, while alternatively, practitioners might adopt a stoic attitude (Tillich, 2014). Rather than being flexible and open to different attitudes, practitioners might express a rigid but fragile certainty, imposing their understandings, trying to maintain the stability of their world-view (Wharne, 2017).

The study reported here, conducted in response to this literature view, explores how practitioners might avoid burnout, observing ideological and systemic processes behind interpersonal processes. It recognises

that resilience is valued in some mental health services. Peer workers are employed, for example, because of their experiences in overcoming their mental health problems (Gillard & Holley, 2014). A peer worker has been included as a participant in the study reported here. This section has summarised research into vicarious trauma and growth in caring professionals. It is observed that working in a professional caring role exposes people to things they find overwhelming and distressing, with an observable pattern of responses including growth and increased understanding.

An existential perspective

When researchers employ an objective empirical approach to studying resilience, it is important to reduce complexity to testable models. Conceptualising resilience as a stable personality trait, or simply an ability to rebound from distressing experiences, would be favoured. Clear distinctions can then be made between those who possess these qualities and those who do not. Also, the degree to which people differ from the norm due to exceptional experiences of adversity can be measured.

It is more difficult to argue for the independence of variables and related causal processes when people are understood as responding to possible future events, particularly when it is believed that those responses are under the influence of their free-will. In this section, some existential theory is introduced, to begin to set out how research that works with this philosophy is different. The methods used in this study are based in this philosophy, so it is important to explore some related ideas in this literature review. Further clarification in provided in the following chapter on methodology.

The statistical models through which causality and correlation are demonstrated depend on the assumption that current events are an outcome of past events. The possibility that people adapt their

behaviour in response to what might happen, rather than simply responding to what has happened, can therefore be difficult to fit within this experimental modelling. An existentially based research approach would certainly argue for the influence of free-will and would observe that anxiety about the future is a central organising principle in our way of being (van Deurzen, 2015). Also, the notion that there is one normal way of being against which abnormal behaviours could be compared would be questioned (Kierkegaard, 1992).

It is accepted in existential philosophy that the idea of the 'good life,' in which nothing goes wrong and we live forever, is an avoidance of reality; while enduring hardships can be found to have value, as people are then more likely to develop an individual strategy, finding their own ways to tolerate difficulties and uncertainties (van Deurzen, 2015). They will live a life with meanings that they can recognise as their own, rather than an 'off-the-peg' rational life which anyone could have lived (Kierkegaard, 1992). They might feel more compassion towards others who have encountered difficulties, as suggested in the exploration above of Post Traumatic Growth (Joseph, 2012; Oakley, 2009). Consistent with this move towards openness to experience, an existential resilience would be found in the degree to which a person is realistic about their future; if they are flexible and able to remain centred in themselves when life throws up new challenges (van Deurzen, 2014).

An existential resilience would enable a person to step beyond their ontic concerns, their anxiety about how the world appears to them. They would be open to possibilities and to discovering different aspects of themselves, in an ontological sphere. If someone has come to terms with the inevitability of painful separations, the harsh reality of loss, the incapacitating nature of disease, and the finite limits of their life, then they are resilient. From an existential perspective, it would be pointless for researchers to cause

these things to happen in a control trial, they are likely to happen anyway, to all of us, and our deeply personal responses are not necessarily open to experimental manipulation (van Deurzen, 2015).

The idea that anxiety helps us to grow is a central principle in existential theory (May, 1977; Frankl; 2004; Tillich, 2014). Resilience in this paradigm is not an ability to resist, set aside, avoid or get over traumatic life events. It is understood as expressed in the current duration of our embodied and social being in the world. What enters that horizon of the present moment is partial and purposeful, related to unfolding events in our specific life-world (Binswanger, 1975; Heidegger, 1962). In this concerned state, our awareness can be open to the reality that we will encounter many adversities leading inevitably to death, an experience from which we do not recover. A lot of healthcare policy and practice seems to run counter to this realistic perspective, when targets are set to improve health, extend life and minimise risk (Manuel & Crowe, 2014).

The task of psychotherapy has been characterised as addressing death anxiety, by removing death denying defenses:

> *"The fear of death plays a major role in our internal experience; it haunts as does nothing else; it rumbles continuously under the surface; it is a dark, unsettling presence at the rim of consciousness... To cope with these fears, we erect defenses against death awareness, defenses that are based on denial, that shape character structure, and that, if maladaptive, result in clinical syndromes. In other words, psycho-pathology is the result of ineffective modes of death transcendence."* (Yalom, 1980: 27).

An existential understanding of resilience would associate personal growth and adjustment with an increased acceptance of the inevitability of death. However, it is argued below that increased awareness of other traumatic experiences also provides a similar opportunity for growth.

An existentially informed research approach accepts that people are not pre-formed, fixed and measurable. They are constructed in the flows of interactions, always subject to review and reformulation Spinelli, 2015). The emotional commitment which drives us as an individual, can be whipped up into fanaticism in one moment, then completely drained away the next, all in our encounters with others (Kierkegaard, 1992). Selfhood is transient and uncertain, as it is a fundamental quality of our human being that we are 'not at home in the world' (Mugerauer, 2014). This aspect of being is explored and highlighted through the reflexive aspects of this study.

The importance of using immediacy and self-awareness in the flow of interaction is recognised in psychodynamic theory and there is a concept of 'Negative Capability,' which has been explored and then taken up in management theory. Negative Capability is a capacity to hold oneself and contain others in the current moment of not knowing (Eisold, 2000).

> *"…to engage in a non-defensive way with change, resisting the impulse merely to react to the pressures inherent in risk-taking. It implies the capacity to integrate emotional and mental states rather than dissociating oneself from aspects of emotional experience or attempting to cut oneself off from such experience altogether."* (French, 2001: 482).

Reflection box 1

I wonder if resilience is a kind of emotion. The more I think about it, the more it seems absurd to imagine that we can stand somewhere outside the flow of human feelings. It is then quite surprising to find a large amount of research literature addressing emotions, unreflectively, using the methodologies of the empirical sciences. I notice how I feel guilty while reading this material. Perhaps sometimes I 'over-intellectualise' to avoid engaging in emotions. Is it a form of disassociation, to examine human emotions and write about them, rather than responding to them, as a human?

Rather than attempting an emotionally neutral and rational account, this study includes some 'emotive language' as the topic stirs up strong emotions in me. I am working to be aware of how I am expressing emotion, what I am signaling and how this is meaningful. I argue elsewhere that this is a necessary aspect of a Hermeneutic Phenomenological approach (Dickson-Swift, et al., 2009; Wharne, 2018b)

Connor & Davidson (2003) define resilience as a combination of attitudes, skills and social influence, but also including emotional regulation. Our understanding of emotions is usually framed in an essentialist philosophy (Mcdonald & Wearing, 2013). That is, it is believed that emotions are internal states which we experience individually and passively, that we choose to talk with others about our feelings; or choose not to. Jean-Paul Sartre challenged this. He claimed that emotions are an intersubjective display; that we express them actively and purposefully, but often unknowingly in a preconscious maneuver.

In Sartre's account, we express an emotional state to negate an uncomfortable current reality, in a move towards an intended reality. He describes the expression of emotion as a 'pre-reflective act of imaginative consciousness' (Sartre 1972). Understood in this way, resilience cannot be measured as an individual disposition; it is a transient interpersonal thing, doing something in a social situation. It would perhaps be an anticipation of survival; of emotional / personal congruity and consistency, in circumstances where these outcomes seem unlikely.

Sartre's account of emotionality is supported by Maurice Merleau-Ponty (see also; Pienkos, 2015):

> *"We must reject that prejudice which makes "inner realities" out of love, hate, or anger, leaving them accessible to one single witness: the person who feels them. Anger, shame, hate, and love are not psychic facts hidden at the bottom of another's consciousness: they are types of behavior or styles of conduct which are visible from the outside. They exist on this face or in those gestures, not hidden behind them."* (Merleau-Ponty, 1992: 52)

This phenomenological account of emotionality seems to be supported by contemporary research into emotional expression (see; Parkinson, 2005), while also influential in Critical Psychology (Edwards, 1997; Hepburn & Jackson, 2009). In some research into facial expressions, these phenomena are understood as tools, used in flexible and pragmatic systems, by which people 'navigate their social terrain' (Crivelli & Fridlund, 2018: 392). When people are upset and are observed to be smiling, for example, this is not necessarily a form of inauthenticity. They are smiling at someone, trying to illicit a sense of solidarity, seeking to bring themselves forward towards a more comfortable way of being. It is not simply the case that we smile because we are happy. There is an intersubjective process of smiling to connect with

someone in response to some event; if that person smiles back, we will then feel happy. It is argued therefore that facial expressions are primarily a form of signaling:

> *"Our facial displays are not about us, or what is inside us; they are about you. They are about signalling our contingent next move in order to alter yours. We alter the trajectory of our interaction toward a certain outcome, with this outcome often a negotiated settlement carrying mutual advantages."* (Crivelli & Fridlund, 2018: 393)

Emotions can be thought of as active and passive, always a part of the flow of moment by moment existence, we are the emotion and there is no separation between how we feel, what we do, who we are. What we do is always intersubjective and inseparable from how others feel and react in that moment:

> *"Something in the world demands to be acted upon, or demands us to specifically avoid or evade it, and this attention-grabbing onset directly leads to a form of engagement that is the emotion—we are angry insofar as we strike, ashamed insofar as we avert the gaze of others, afraid insofar as we hide or run, happy insofar as we rejoice. In emotional experience, there is for the most part no salient difference between the apprehension of the importance of something and one's being pulled into engaging the world in accordance with this situational significance."* (Slaby & Wüschner, 2014: 220)

The attempt to measure emotion in the disposition of another is perhaps to deny what they communicate to us. We thereby disassociate ourselves from our responses and we sever the connection between us. In our indifference we impose a subjectivity upon the other and abandon them in their isolated 'emotional

state.' Rather than approaching emotions as rooted in the individual, we can ask what they are doing in our interactions; what does the phenomena of crying do, for example (Hepburn & Jackson, 2009; Sartre, 1972).

The notions of personal growth and authenticity are fundamental to existential philosophy, but this thinking does not assume any stability or consistency in the individual. A strong sense of the intersubjective nature of existence is expressed in most existential literature. We exist first, in relation to others, and then the nature of that being might be brought into awareness. An understanding of resilience which is consistent with this literature must avoid essentialising it as a fixed emotional or psychological state that is somewhere inside a person. Our being has its personal and material spheres, but we are also extended into the social and the spiritual (van Deurzen, 2012).

This study was introduced with an emphasis on the onerous responsibilities that are placed on mental health practitioners by reduced funding and increased referral rates. However, an existential approach to responsibility reveals a perspective which differs from how this phenomenon is usually understood in organisational systems (Cowles, 2018). The usual understanding assumes that organisations are made up of individuals who choose to take on their role. These individuals are thought of as responsible for making choices from a range of available options and their performance can be judged against established standards which clearly define what the correct choice should be. This understanding, however, does not help us to make sense of what people do in 'circumstances that are not of their choosing' (Cowles, 2018).

Existential philosophy makes a distinction between two ways of being. There are inauthentic responses to life-circumstances, which forget or cover over experience. This concealment can construct each person

as a self-contained and pre-existing rational decider. Then, there are also more authentic responses, which are more attuned to both personal experience and to an emotionally aware sense of shared existence (Cowles, 2018). In the first of these ways of being, a person is irresponsible if they do not do what any rational person should do, as judged by an assumed, collective and pre-existing understanding; as in the usual thinking of 'people like us.' In the second, a person is irresponsible when they do not take ownership of the specific circumstances within which they find themselves, if they fail to act in response to that one unique and often unexplored position in the world which happens to be theirs (Cowles, 2018). The first way of being enables 'people like us' to allot blame and to punishment the guilty (Strawson, 1993), while a more authentic response might relieve the guilt we would personally feel, if we did not take ownership of our own life (Cowles, 2018; Heidegger, 1962).

Finally, the concepts of the 'therapeutic frame,' (Langs, 1998) and 'maintaining boundaries' (Lott & Cohen, 1999) are relevant in the sense that it is thought that, when the therapist takes on the distress of the client, this can leave them unbalanced (van Deurzen, 2012). Emmy van Deurzen writes about the need for professionals to work at being centred in themselves, having overcome difficult life experiences and connecting more with our shared human nature. To conclude this literature review, a quote from van Deurzen is provided, to give a sense of what an existentially informed resilience might be like in mental health services:

> *"Only a professional who is genuinely and passionately concerned with human nature and with the difficult task of living with all the challenges of the human condition will be capable of being sufficiently active to continuously seek inner balance and become centred in themselves after having been strongly affected or destabilized. Clients sense such commitment and respect. They will learn to recognize that their therapist's concern for them, though in some ways deeply personal,*

ultimately stems from their deep interest in finding out what motivates each person and how different people handle their specific predicament. This passion will be obvious to the client from the warm and enthusiastic energetic attention the practitioner will bring to the therapeutic dialogue." (van Deurzen, 2012:116).

Chapter 3: **Reflexivity**

Introduction

While preparing to conduct the research, I thought about the life-difficulties that I face. I considered, specifically, the struggles I have with dyslexia and in making progress in my career without a professional qualification. Personal experiences of trauma and loss are also significant for me in my reflection and I will refer again in this section to existential theory, to explore how these difficult experiences might be related to the development of resilience. At the point of proposing the research study, it was important that I reflect on my motivations, assumptions and my position as a 'participant observer,' as 'people like me.' I worked to accommodate my emotionally engaged and fully human way of being in the research process. This section on reflexivity is included, using a first-person narrative, as I placed myself and the research study in a social-political context; 'where I happen to be.'

I observe that, when saying things that 'people like us say,' some politicians argue for a significant reduction in Government interventions and public spending. They might want to close mental health services and replace them with a sign which reads; **"***Bad things happen; get over it."* In contrast, other politicians want to promise us that they can; *"Make our country great again,"* implying that they can ensure that nothing bad will ever happen again and we will all live happily together forever. I believe that a realistic and ethical research approach should avoid colluding with these messages. I am keen therefore, to promote an awareness that, when a lot of people in society experience distress, dismissing that distress as no more than a symptom of illness can be experienced as a form of oppression (Cromby, et al., 2007). I observe that 'managing' distressed individuals through psychological and pharmacological interventions is a means of silencing those who are discontent in our society. Similarly, the policy of replacing workers who are suffering from burnout, acts to maintain the current state-of-affairs.

To be specific, I wanted to challenge the prevailing assumption in mental health related research, that the task of reducing distress, or managing it, are the only things that are worth investigating and writing about. I do not believe it is helpful to dismiss distress as a symptom of illness and I wanted to explore what it means to be distressed. I wanted to challenge the instrumental rationality of research approaches which lead to the promotion of narrow manualised therapy interventions and trite self-help literature. I suggest that this study is successful if it lends a little more support to an understanding of psychological therapy as involving a humanitarian and personal engagement with distress. However, successful research is not a confirmation of pre-established understanding. I expected to be surprised by the data; open to changing my political stance if new understandings were revealed.

A personal take on resilience

At work, observing my colleagues, I see the personal transformations that are brought about by gaining a professional mental health qualification and starting a career. I have come to understand this as a form of socialisation (Dombeck, 1997). Students are supported in a peer group and mentored by established professionals. At every step, it seems to me, they are helped to understand how someone with their social identity should respond, feel, think and act, when facing new and challenging experiences; being 'people like us.' If trainees can learn the script and adopt a known way of being, then this enables a kind of resilience. However, this is not my experience of resilience.

In a work setting that is structured by a hierarchical exercise of power, with associated surveillance and critical evaluation, it is self-protective to just follow the established procedure as any other member of your profession would; 'saying what people like us say.' I think about my colleagues and notice how they

are positioned in ongoing disputes. We all know what a social worker, a mental health nurse, a psychiatrist, an occupational therapist or a psychologist is likely to say, in any given situation. This makes professional encounters much more predictable and manageable.

While my colleagues take up their familiar positions, I float about in their established and entrenched disputes, causing confusion and frustration. We often forget that while I hold a senior position, I lack a professional qualification. In my underdetermined being, my lack of professional identity, I still 'have to be somewhere.' I am tempted to act as if I were a member of one professional group or another, because that would be easier. We have a lot of awkward moments, when my unique individual position causes problems in the smooth running of assumed ways of being.

I have worked in mental health services as a counsellor, a group facilitator and a support worker. However, for most of my career I managed secondary mental health teams. Most often this was specialist assertive outreach services and I believe that my lack of a professional qualification has been an advantage as creative and flexible responses are needed in this work (Wharne, 2005; Williams et al., 2014). These services extend care and treatment to people who are diagnosed as suffering from psychosis, people who do not engage with services and present a risk to themselves or others. I am currently working in operational management and service redesign in psychiatric rehabilitation services.

Having lived without a sense of a firm social identity, I am familiar with the kind of groundlessness of being that is described by existential thinkers. In failing to pass myself of as just like everyone else, I become more aware of my unique individuality. The work of some authors has a particular resonance for me, when they observe that we must find our own meaning in life (Frankl, 1946), for example, or that we must find ways to make our life worth living (Camus, 1991).

Meanwhile, I find that struggling with dyslexia is also individualising, when I simply cannot do everyday things that others around me engage in unthinkingly; or when it is necessary that I work much harder, for much longer, to learn what others pick up quickly. I recall how often I have felt lost in the world, when others read signs and codes with ease and I am left behind. Having worked hard to gain skills I cope much better, but again feel isolated as a 'functioning dyslexic,' as I am not sure now whether my difficulties are significantly incapacitating, or just opening a unique perspective for me.

Illness and disability come in many different shades and combinations. As Havi Carel observes, whether we have temporary limitations, mental or physical, or a severe life changing problem, our bodies become unhelpfully visible and this imposes a form of phenomenological enquiry. She suggests that; *"The epoché asks us to dislodge ourselves from everyday habits and routines in order to reflect on them."* (Carel, 2016: 215). She describes illness as a philosophical motivation which is forced upon the ill person. It shifts that person's way of being because they are unable to function in the world as expected, but they are still a part of that world. It can therefore strip away their familiar connections and expectations, freeing them to perceive and understand in new ways.

Managing my dyslexic condition means that most of the time I 'pass for normal,' but sometimes, unexpectedly, I am caught out and exposed. It is in the intersubjective flow of responses that specific individual ways of being are both revealed and imposed. My inability to recall or mentally manipulate data, such as telephone numbers, acronyms, and the spelling of words, is annoying, distressing, embarrassing and burdensome, for me and others. Exposed daily to the deep and significant traumas that the people who use our services experience, I must often act quickly and decisively in response to phone calls, emails, unscheduled visits and other random difficulties. I cannot rely on my body to decipher

information with the same efficiency as others, a 'bodily doubt' (Carel, 2013b), in my unpredictable, stubborn and obtuse failure to process coded information.

I find myself separated from the group and exposed when I just want to fit in. I feel stressed and, when stressed, my ability to perform mental tasks is even more inhibited. If I have become resilient, then this is not based so much on an ability to predict or to prepare, or to perform socially in a smooth and unproblematic manner, although I put a lot of effort into my attempts to achieve that. It is more that I have developed a greater tolerance of uncertainty; a forbearance in the face of my inadequacies. The fable of 'the hare and the tortoise' comes to mind, as my slow plodding takes me further than those who can sprint off without difficulty but get distracted by other things.

Ideology and disassociation

I notice that, when people in positions of responsibility talk about resilience in an assertive and confident manner, this is a rhetorical use of language. They are 'saying what people like us say' in mental health services, often mentioning 'robust policies' and 'effective interventions.' Manu Bazzano gives an account of a Neoliberal movement in society which expresses this kind of rhetoric:

> *"Neoliberalism regards individuals as isolated units whose feelings, thoughts and ways of being in the world it pathologises as dysfunctional if they are unproductive, undesired or of no use to the needs of the market. Resilience has, I would argue, been co-opted to serve the neoliberal agenda at a time of heightened national security and financial austerity across the western world."* (Bazzano, 2016; 20).

Bazzano describes how resilience is used to justify and bolster failing organisational structures. These structures are based on capitalism, justified by the expectation that facing hardships will cause people to become stronger; 'survival of the fittest.' Rather than accepting that market structures are inadequate, the concept of resilience is used to blame individuals for failing to function in impossible circumstances. In a world driven by economic expediency, this understanding of resilience is associated with an isolation in which we are picked out as an individual, hardened against our own distress, self-alienated and indifferent to the needs of others (Bazzano, 2016).

Understandings from legal practice have influenced Government policy in healthcare, so that a duty is placed on practitioners to assess 'mental capacity' (Department for Constitutional Affairs, 2007). Within this legal framework, we are asked to assume that everyone has capacity and will make rational decisions, unless we can produce evidence that a disease process is undermining that capacity. Psychological understandings have been adapted to accommodate a specific political understanding of personhood; people are understood as acting to advance their social and economic position in competition with each other through rational calculation.

'Assessing mental capacity' is now routine practice in mental health services and this means that there is always a rational individual decider who can be held to account. If someone lacks mental capacity, for example, there is a 'responsible clinician,' an 'appointee' or an 'advocate,' someone who 'acts in their best interests.' In our current society, although healthcare systems are under resourced, there is always an individual who can be blamed for making poor choices. Any unmet need or untoward event can be traced back to that one person and the decisions that they made. That one person then suffers the indignity and intrusiveness of being examined by critical authorities.

Bazzano does not suggest that we can avoid scrutiny or suffering. He argues however that it is better to accept that human suffering is the foundation for our ability to empathise with others; *"Awareness of the personal wound opens us to the suffering that is endemic to every living thing."* (Bazzano, 2016; 21). This is closer to my own experience of being resilient, being cross-examined in Mental Health Tribunal hearings, in the Coroner's Court, facing bereaved relatives, answering to managers, trying to hold a devastated team of professionals together. I believe that there is a strength which is built through a greater awareness of suffering. As revealed in the research into Post Traumatic Growth, summarised above, I feel a need to engage with others, to share in our humanity which is experienced in our struggles and our distress. The idea of the 'wounded healer' features in the writings of Karl Jung (Dunn, 2000) and practitioners are often found to be motivated to help others by their own painful experiences (Straussner, Senreich & Steen, 2018).

Robert Stolorow gives an account of trauma and individualisation (Stolorow, 2007; Stolorow & Atwood, 1992). He refers to a random event in his own life, the sudden death of his wife. In his moving account, he observes the familiar experience of parting from a loved one, saying 'see you tomorrow.' Most of us are lost in our assumed ontic expectation that the people we care about will still be there the next day. Stolorow describes this as an 'absolutised horizon,' observing the concrete and fixed way that we avoid opening ourselves to the ontological possibility that loved ones might suddenly cease to be.

Trauma, in Stolorow's analysis, is an intersubjective experience which isolates and individualises a person. *"…the traumatized person cannot help but perceive aspects of existence that lie well outside the absolutized horizons of normal everydayness."* (Stolorow, 2007: p 16). As in the experience of illness described by Carel (2016), a person is still in the world, while struggling to function in it. This resonates for me because I have experiences of loss, disability and alienation. Random events are a form of facticity;

they isolate us and shape our way of being in ways we would not have chosen. In his description of being at a conference, Stolorow (2007) gives an eloquent account of being with others, while feeling emotionally cut off from them. He was suddenly 'not at home in the world' with his colleagues at that conference.

Stolorow describes how, while he was at that conference, he picked up a newly printed book. This was a book he co-authored and he looked around for his wife, so that he could show it to her, suddenly recalling that she had been dead for eighteen months. He describes this as being partly outside of the chronological passage of time (Stolorow, 2007). While he felt alone in unexpectedly experiencing bereavement in the randomness of a conference, this aloneness was also a consequence of the denial of others; the denial that a distressing bereavement might happen for them. He observes that it is difficult to talk openly about trauma when others try to defend themselves against hearing about it, repressing their awareness. At that conference, he had become one of the 'people like us' in his forgetfulness; just another psychotherapist.

In his self-alienation Stolorow, for a while, abandoned the reality of himself as a bereaved husband. I suggest this is a kind of disassociation which is so commonplace and so familiar that we rarely notice it. However, those who suffer from 'Vicarious Trauma' report that they feel an increased distance from friends, who they believe do not really understand their work (Benatar, 2000). While some also reported that they have changed their friends as a result of their work (Splevin et al., 2010). Being constantly reminded and forced to 'known' that people die can isolate and separate caring professionals. Most people do not want to believe that death can happen in a sudden and unpredicted manner. They want to believe that it can be managed or prevented. Caring professionals are then held to account for failing to achieve this.

Stolorow builds his understanding on Heidegger's notions of 'uncanniness,' or of 'not being at home in the world.' I find that this kind of alienation from our own being in the world has a particularly unsettling quality. Yes, we are getting by in life, making our choices and behaviours comprehensible to others, often only just 'pulling it off,' but how much of ourselves do we conceal to achieve that? Not just concealing from others, but also in editing our own awareness.

> *"We are tranquilized and stand by as matters slip past into the past. In our usual immersion in the familiar and comfortable, and in our entanglement in projects at hand, spatiality and temporally, as far as placement and coming towards ourselves are concerned, we fail at understanding, fail at decisive action."* (Mugerauer, 2014)

I find that the practical reality of working as a caring professional can help us to break out of this tranquilised state. Heidegger's writings help us to see the immediacy of our being, distancing us from our complacent and assumed familiarity with what we take to be the truth. I also find that Heidegger's own life can challenge our complacency, when we consider his support for the German Socialist Movement. Emotions are stirred up by this, preventing any unthinking acceptance of him as an unproblematic 'speaker of the truth.' Heidegger's actions were at times that of an opportunistic racist; we cannot idealise his philosophical writing (Barnett, 2009). We are obliged to question what he says, rather than take his words as pure or accurate. We must interrogate his work in the light of our own experience and moral sense.

Levinas (1969) observes that ethics do not work as a normative practice, as something imposed in a moral order. Following his argument, I challenge the prevailing assumption that ethical behaviour comes about when a rational self recognises certain principles. Instead, it is a response in the moment to the demand

of the other person, that one person who is facing me and speaking to me now. For Levinas, responding to this demand is prior to any deliberation or weighing up of self-interest. This is the ethical moment. No matter how well intentioned a set of moral standards or ethical code might be, it can always descend into bureaucracy or outright abuse without an ethical moment in a human to human encounters (Levinas, 1969).

In this section I have summarised a personal, existential understanding of resilience, as mediated by my own way of being in the world. I find myself a step removed from the routine assumptions of an institutional system and often struggling to process information smoothly to enable that system to function. Through my experiences of loss and alienation I gain an opportunity to see the world in ways that others around me deny, although I often collude with that denial. We are denying loss and alienation in what we try to hide from others and from ourselves.

In reflection I know that although I sometimes feel alone, I am together with others in a shared aloneness. My connection with lived life brings me closer to others who also feel isolated in their individuality. The ability to tolerate the aloneness which is a consequence of the denial of others, in the isolating facticity of random existence, is in my view at the core of what resilience means. However, I must work to hold that understanding and examine it, so that I can encounter the understandings and experiences of participants in the light of my conscious and intentional awareness (Laverty, 2003).

While 'repression,' 'denial' and 'defense' are most often used in intrapsychic models of the individual person, in Stolorow's analysis they are intersubjective processes, more related to the notion of horizons (Gadamer, 1975). In the thickened moment of now, we filter our awareness and disassociate ourselves

from anything that does not fit with what 'people like us' usually think, say and do, wherever we happen to find ourselves. The trouble is, not everyone is like us, and even more troubling, we are not like us.

People who are made aware of the possibility of sudden traumatic death are caused to face the existential givens of existence. In becoming more aware of death, freedom and finitude, meaninglessness and absurdity, their world-views are fundamentally altered; while their priorities and emotional experience will be changed (Iacovou & Paidoussis-Mitchell, 2017). They will often be unable or unwilling to share their experiences, and will feel alienated from the world around them, sometimes withdrawing and isolating themselves both physically and emotionally. However, this isolation is perhaps influenced by the inability or unwillingness of others to be present with them, as described by Robert Stolorow.

Part of my aim in this study, is to explore and reflect with others, on the impossibility of preventing all deaths, resolving all distress, curing all illness. My research question is designed to tease out the experience of meeting these impossibilities with an openness. It is intended to connect in the research process with the emotions, concerns and motivations inherent in the human state; to reveal experiences.

An understanding of intersubjectivity is important for an existentially informed research process (Spinelli, 2015). Care is needed to avoid essentialising the human condition, fixing and defining, rather than revealing. I am providing an extended account of the methodology used in this study in the next chapter, in the hope that I can maintain a distinction between 'people' and 'things' in the research process. There are many traps that a researcher can fall into as they try to navigate their way through a study. I want to explain carefully, why it is that I chose the methodology I used, in relation to the problems that might arise if I had chosen otherwise.

Chapter 4: **Methodology**

Introduction

The methodology employed in this research study was chosen purposely in response to the concerns and opportunities identified in the literature review. Concerns were raised about the contrasting and contested claims that researchers make when they assume different understandings of resilience. While also, complexities were identified in the context of mental health care. In this setting, professionals make interventions to manage the symptoms of mental illness. The idea that resilience could be enhanced or promoted does not fit well with this directive treatment model. Recovery Philosophy and Post-Traumatic Growth offer alternative service delivery models, in which the tasks of recognising and developing resilience might find a better fit. However, pressure might be placed on professionals and the people they help to be more resilient, while the support that would be needed to achieve this form of personal growth is withheld.

Large scale quantitative investigations could clarify some of the inconsistencies in our understanding of resilience. However, in a small study it would be difficult to produce results with enough power to say something significant, or useful. A semi-positivist approach, such as Grounded Theory (Strauss & Corbin, 1998), was considered. However, again, when meanings are at stake, and with a small participant sample, it would not be helpful to claim a simplistic 'discovery' of phenomena, as if they were already there waiting to be found. It is useful instead to employ the metaphor of 'territory.' With the use of this construct, the topic is not approached as if it were an area of pristine sand, where the footsteps of participants can be easily traced. Rather, the territory is disputed. Conflicting claims are made over its nature in various political arguments. The sand is already trampled over by other researchers and in this study, as another

researcher, I am busy adding my own footprints; that is why reflexivity is so important (Finlay, 2005; Latour, 2005).

The literature review has set out how the concept of resilience is not easy to separate from the way that it can be used in political disputes over welfare and healthcare funding priorities. Explaining problems by referring to workers as 'suffering from burnout,' suggests a need to find solutions at an individual level, while referring to 'increased service demands and reduced funding,' suggest that change is required at the level of service structure. The validity of such 'facts' can be contested by rhetorical claims in ongoing disputes where people are positioned in the way that competing accounts are worked up (Hepburn, 2003). Researchers have entered these conflicts, arguing for different research priorities. A critical perspective is therefore employed in this study.

Rather than imagining what observable footsteps might exist if a social space were not already filled with contradictory meanings and interpretations, disputed claims are taken as constituting the life world in which we find ourselves (Latour, 2005). They come with the 'territory.' An engagement is needed, with the way that resilience is spoken of and written about; 'what people like us are saying.' A methodology is required which works with discourse, or text, including sensitivity to the exercise of power and the difficulties raised by disputed knowledge claims, with associated rhetorical positioning (Davies & Harre, 2007). It is necessary that the researcher uses reflectivity when taking up or disowning these positions (Finlay, 2005). Meanwhile methodological structures are needed to ensure that the researcher gets as close as possible to that which was experience by research participants (van Manen, 1990).

A hermeneutic phenomenological analysis can encompass the more recent turn to discourse in research theory, including the later writings of Michel Foucault (Yates & Hiles, 2010). Building on the work of Martin

Heidegger, Foucault explored the historical and contingent emergence of people as objects of knowledge, as subject to systems of practices. Rather than colluding with this subjectification, the analysis in this study tries to reveal how, by being subject to specific forms of knowledge and power, participants are obliged to recognise in themselves certain 'truths,' which have costs and consequences for them. The metaphor developed by Nikolas Rose is one of folding ideologies into the self (Rose, 1996). The interior of the subject then holds social meanings, as we all work on ourselves, discipline ourselves, construct ourselves as self-determining and responsible individuals. However, this folded in ideology is not an aspect of our psychology which we might measure, it is the moment by moment practice of being 'people like us,' 'saying what we usually say;' often things that were being said long before we were born.

In our understanding of stress, for example, we import a variety of metaphors which imply the need for self-discipline, as would be required in warfare (Brown, 1999). However, in an existential understanding, the interior space of the person and their exterior world cannot be separated from each other. Emmy van Deurzen, for example, maps out our being within four dimensions of the life world; spiritual, personal, social and physical. In a case example, she explains that when asking a client about their experience of home, it is not the actual measurements of their house that are needed, but an understanding of what that home means to the client. Clarifying the nature of this understanding of personal meaning, Emmy explains that it is not a direct representation as would be expected in the approaches of the natural sciences:

> *"This representation is a simple heuristic device to facilitate our observations and understanding of where each person is struggling. But we should never mistake the map for the territory."*
> (van Deurzen, 2015: 65).

Also, Edith Eger who was detained as a teenager at the death camp Auschwitz writes:

> *"…there is no hierarchy of suffering. There's nothing that makes my pain worse or better that yours, no graph on which we can plot the relative importance of one sorrow versus another."* (Eger, 2017).

Demographics, as explored by Seery et al. (2010) for example, might show how it is likely that increased adversity will limit our resilience, but there is no certainty, no fixed unit of measurement. I suggest that there is no measurable quantity in that thing people refer to as a person's psychology. The smallest quantity of sorrow can poison our whole life, and the slightest glimpse of hope can reach us in the darkest places.

In this chapter I will set out a methodology, tracing ideas, from Edmund Husserl, Martin Heidegger and Karl Jaspers, through Hans-Georg Gadamer and Ludwig Binswanger to Paul Ricoeur, Michel Foucault and Max van Manen. I will explain that, if I am to explore how resilience is understood and experienced, I must encounter this phenomenon in the way that it is expressed in discourse, in interactions, in the life worlds of participants. I will explain my position as a 'participant observer,' who has a prior knowledge of the topic. The technique of writing about experience is central to the process and that is why material from a reflexive diary is included. I will draw distinctions between a hermeneutic phenomenological approach and the methodologies of the natural sciences. I will explain why it is appropriate to use a hermeneutic phenomenological approach, as described by Max van Manen (1990).

In the next section I will introduce some of Heidegger's work in which he refocused our understanding of 'being,' turning away from objectification, toward an exploration of 'life worlds.' I will briefly explain how this is a response to Husserl's account of phenomenological research methods. In following sections I will

describe how Merleau-Ponty, Jaspers, Gadamer and Binswanger built on Heidegger's response to Husserl. I will refer to Ricoeur's 'hermeneutic arc,' as a means of bringing phenomenological enquiry into the context of post-structural theory, in which an understanding of language is essential to the research process. I will explore van Manen's methodology as an engagement with these challenging developments. In further sections I will identify the use of metaphor, using a critical analysis and I will use metaphors myself, to explain how it is that alternative research approaches would fail to engage adequately with the topic.

Martin Heidegger's pre-phenomenological basis for study

Heidegger describes how, when we study 'things' through the methodologies of the empirical sciences, we approach them as if they can somehow 'be' out of the context of our human existence. He claims that, in the history of our Western philosophy, we have taken a narrow and unhelpful path in this way of approaching the 'being of things;' that is, thinking of things as if humans did not exist, or if we had no concern for these entities. When this methodology is used to study people, they can also become things with which we are unconcerned, disconnected from their context, inert and determined in causal processes.

Inheriting understandings from Heidegger, some contemporary theorists are critical of mainstream psychology researchers, when they claim that the objects of their study are independent of their observations. Instead it is observed that; *"…they are not simply there to be discovered, rather our framework for making sense of them as 'things' colours what we think we are 'finding'."* (Hepburn, 2003: 161).

Heidegger asks that we recognise how we are, in our way of being in the world, always already concerned with that being. Rather than categorising phenomena in terms of an abstract system of types of entities, he asks that we understand them in terms of their availability to us in our everyday concerns and activities. He responds to Husserl's observations about the 'natural attitude' (Husserl, 2006), in which it is suggested that we can take a stance towards our assumptions and attempt to set them aside in our phenomenological enquiries.

Husserl described how our seeing the world is hindered, while that world is viewed through the lens of our habitual unexamined bias and assumptions. He suggested that we could work to notice these filters and then attempt to remove them. Heidegger responded by observing that these assumptions are our fundamental way of being in the world, a way of being from which we cannot remove ourselves. He inspired a move away from Husserl's 'phenomenological reduction,' which is a form of description in an emotionally neutral rational conscious intentionality. He suggests instead that the origins of phenomena can be found in what has significance us (Westerlund, 2010). This is arguably a move towards an emotionally engaged recognition of our being in the world (Dickson-Swift, et al., 2009; Wharne, 2018b). Heidegger agrees that our 'interpretative tendencies' conceal aspect of our world. He agrees that an attempt to put our interpretations aside is needed. However, he argues that examining our pre-contemplative and emotionally driven engagement with that world is the starting point for building an understanding of the nature of our being:

> *"The achieving of phenomenological assess to the entities we encounter, consists rather in thrusting aside our interpretative tendencies, which keep thrusting themselves upon us and running along with us, and which conceal not only the phenomenon of such 'concern,' but even more those entities themselves as encountered of their own accord in our concern with them. These entangling errors*

become plain if in the course of our investigation we now ask which entities shall be taken as our preliminary theme and established as the pre-phenomenal basis for our study." (Heidegger: 1962: 86).

This is where Heidegger sets out his notion of entities as 'equipment.' He observes that our concerns can be concealed, as we think of an object out of context, seeing it as 'present-to-hand.' In this seeing, it is visible to us, but it is not revealed in the same sense as when we unthinkingly used it for some purpose; using it in the context that is, of our always being emotionally driven towards goals which give our lives meaning. This is his famous reference to the hammer. When the hammer has 'readiness-to-hand' it drops out of our awareness and we think only about what must be done to make progress in the tasks that concern us. Our embodiment, in the way we have an arm and a hand, is not separate from the hammer, or the nails or wood, but blended into an activity, an 'in-order-to,' in which a desired future state is our organising structure. Our understanding is not a passive reflection but an active emotional search for the means by which we can lever ourselves into an intended future state of affairs.

"…by 'understanding' (Verstehen) Heidegger does not mean reflective or passive cognitive understanding. Rather, his term is loaded with active and pragmatic meaning, as well as with affective force. We understand ourselves through and in our actions, choices, and forms of engagement with the world and with ourselves." (Broome & Carel, 2009: 268)

I suggest that in Heidegger's 'pre-phenomenal basis for study,' the hammer can be thought of as a prosthetic device which extends our being into the materiality of our world. He also writes about how we are, in turn, taken up in the institutional rationalism of that world. Even if we are not taken up, we are held in reserve, as a resource standing by, ready to be used in the processes of our world (Heidegger,

1977). Heidegger uses the term ontic for our personal experience of being in the natural world. He then uses the term ontological for a concern with the nature of that being from a broader philosophical perspective but does not explain how we might get back to that ontological level. In the methodology employed in this study, getting back to a level of broad concerns and meanings is achieved through a reflexive phenomenological approach. For Heidegger, it is the intersubjective nature of our being with others that is fundamental. He is often quoted as observing that others are always present for us, even when we are alone. This idea is supported by contemporary research into the use of facial expression as a form of signaling:

> *"When people are not physically near, we repopulate our world with whatever is salient. Our cast of interactants may include fantasied humans, real non-humans, humans who are not proximal, or any nearby objects. Regardless of our casting choices, we treat them as social interactants, and use words and faces that suit the occasion."* (Crivelli & Fridlund, 2018: 395)

Words and faces, like hammers and clocks are part of the equipment which makes up our world. We relate to everything emotionally, swearing at the broken hammer, talking back at the ticking clock when it informs us that we will not get the job done on time. However, as suggested in the quote given above, Heidegger does not assume any degree of agency in the creation of our worlds. It is just as much that the occasion and interactants relevant to it are constructing our subjectivity (a point which Foucault develops, as discussed below).

Heidegger's pre-phenomenal basis for study does not consist of variables which we usually bring into awareness and manipulate as researchers. It consists of the mess of variables which we fail to notice, in our concerns and motivations, in the obstacles and dilemmas we face in our research, related to our being

in the world. Heidegger's existential turn is thought to have influenced Husserl, who then wrote more about the 'life-world' (Langdridge, 2007) The research methods described here are a blend of Husserl's phenomenology and Heidegger's hermeneutics. This is a methodology that aims to reveal the nature of things, not as something that can be categorised or measured, but as entities which exists in our 'in-order-to,' in the processes of our world. Following Heidegger's argument, when someone says the word 'resilience,' we should ask what is it being used for, while also, what are that person's concerns, or what are the purposes in which they have they found themselves taken up? Heidegger warns us that:

> *"For every experience that I want to consider I must isolate and lift out, break up and destroy the contexture of the experience so that in the end and despite all efforts to the contrary, I have only a heap of things."* (Heidegger, 2012: 56).

Time, language and space

As Heidegger explains when we look at a clock, we bring the relationship between the sun and the revolving earth into our way of being. This is not an abstract observation of these bodies as topics for study in the empirical sciences. This is a way of being which reveals the significance of these phenomena for us, at that point, in the activities with which we are concerned. We need to know what time it is because there are things that must be done, and the time we have in which to achieve this is limited. In Heidegger's account, this is not a study of 'the world,' but of 'our world' and what it means to us. It is however, still rooted in that 'not-at-hand-for-us' world which we observe in the empirical sciences.

Time, as approached through a phenomenological methodology is not observed as an abstract thing disconnected from human existence. Neither is it something which only exists in the imaginative

experience of one person. Time is revealed in the shared way of being that people express in their concerns and activities. Material objects, like the sun and the hammer, are revealed to some degree in their usefulness; when we are acting in response to our concerns. However, bringing them to into awareness is not a simple or direct process. Often, as Heidegger explains, it is only when the hammer is too heavy or broken, or when we run out of time, that these entities become apparent for us. Language has similar qualities in our use of it. When we say the words 'sun,' 'time,' or 'hammer,' we are not just using a verbal sign to indicate something in the material word which corresponds in a simple manner with that word. The act of saying a word gains meaning from the coded relationships of a shared language and related human practices. In research; *"We are therefore not justified in seeking referers for mental predicates; instead we should be looking for their consequences in social life."* (Hepburn, 2003: 161).

Heidegger explains language systems by describing an indicating sign which is fitted to a vehicle (Heidegger, 1962; 80). At the time that he wrote, this sign was in the form of an arrow. He observes that when this arrow is deployed, you are missing the point if you look in the direction in which the arrow is indicating. While also, if you are not in the life world in which the arrow has meaning, you will just look at it as an object that has certain properties. However, if you understand the relevant system of signs, then you will know that the driver of the vehicle is indicating an intention to turn in the direction the arrow is pointing. Wittgenstein engages in a similar exploration in which he refers to the pointing hand, and post-structural arguments are built on these ideas (Derrida, 1980). Each sign, symbol, or word is understood to have meaning within a system of codes, related to practices, which are expressions of our concerns and intentions. An arrow or pointing hand can mean, 'walk in that direction,' 'look in that direction,' 'look at that object,' 'press that button,' all depending on context and accepted convention in established practices.

In Heidegger's account, words such as 'sun,' 'time' and 'resilience' do not indicate or refer to some object out there in the material world. We do not come across such concepts, in an unconcerned wandering about, but actively use them in our way of being. Following Henri Bergson, for Heidegger time does not have the structure of space, it is not a dimension in which there is a chronological series of now. Time for us is experienced as durations, within which the thickness of now expands to include what has been and what might be (Orr, 2014). We are in a sense stuck in the present now, but always filling it with many other incidences of now.

As Robert Stolorow observes, there are incidences of now that we all prefer to edit out of our awareness. These include the possibility of a now in which there is a sudden unexpected bereavement (Stolorow, 2007). We hold ourselves in the present, shaped by our shared and habitual expectations of what might happen, what is possible. We might collude with others to edit possibilities out, finding a grounding for ourselves with a few favoured ideas of what normally happens. At another moment we are taken from that chronological flow of being present with others in the moment; when a memory suddenly separates us and distances us from them.

As a researcher, if I were following only a phenomenological approach, I would try to place this 'habitual grounding myself in the expected' aside when seeking to understand the experiences that participants describe; the practice of 'epoche.' This bracketing, following Husserl's writings, is a kind of thought experiment, a cognitive based attempt to discover what it is that we are attending to in our conscious awareness. However, following Heidegger's turn to emotional engagement, we seek a pre-phenomenological awareness of that with which we are concerned, asking questions instead about what things mean to us as the researcher, in a hermeneutical approach. Susann Laverty describes this as follows:

> *"…a hermeneutical approach asks the researcher to engage in a process of self-reflection to quite a different end than that of phenomenology. Specifically, the biases and assumptions of the researcher are not bracketed or set aside, but rather are embedded and essential to interpretive process. The researcher is called, on an ongoing basis, to give considerable thought to their own experience and to explicitly claim the ways in which their position or experience relates to the issues being researched. The final document may include the personal assumptions of the researcher and the philosophical bases from which interpretation has occurred…"* (Laverty, 2003: 28)

There are limits to the use of epoche, in bracketing off our assumptions (Ashworth, 1996). Following Heidegger's observations about how we are embedded in our life-world, it is not possible to set assumptions aside and an alternative term has been used, that of 'bridling.' This is a notion developed from Merleau-Ponty's work. It is a; *"…reflective stance that helps us ''slacken'' the firm intentional threads that tie us to the world… …we must, as Merleau-Ponty encourages us to, loose them up in order to give us that elbow room that we need to see what is happening when we understand phenomena and their meanings."* (Dahlberg: 2006: 16). Bridling means that we know we are not in complete control of our assumptions and motivations, but that we can harness them, while we let them carry us forward and to some degree steer ourselves along a path with them.

Edith Stein and Martin Heidegger were concerned to promote empathetic understandings of the human condition and this is in line with an emancipatory orientation, which is in found in some research approaches. I believe that insights from Foucaultian discourse analysis can be used to complement a hermeneutic phenomenological approach; to uncover truths that might be uncomfortable for political elites (Martinez-Avila & Simiraglia, 2013). The post-structural position of recognising different truths is

not incompatible with Heidegger's turn to hermeneutics; his observation of how truths are revealed to us in the local and specific (McDonald & Wearing, 2013), and this is discussed below.

A principle in existential thought (following Derrida, 1980) suggests that the rigid separation of phenomena into polarities should be avoided. In Edith Stein's critique of Heidegger's project, she asks how it is that we able to comprehend our being as caught in the duration of a now, unless we also have some understanding of what it might mean to encompass eternity (Orr, 2014). Similarly, she observes that we come to understand our individual being through intersubjective encounters, when seeing from the zero-point of another (Stein, 1989 / 1921). The current moving moment of meaning making is our horizon within which: *"We are constantly connecting with our past, present and future in an expanding spiral towards eternity."* (van Deurzen & Arnold-Baker, 2018: 25). In the next section, I will consider our shared experience of the given qualities of existence, a shared experience which enables empathic connection.

Maurice Merleau-Ponty's four existentials

Maurice Merleau–Ponty describes four 'existentials,' as fundamental structures of the lived world. These are lived space, lived body, lived time, and lived human relation (Merleau-Ponty, 1962). In this understanding of being, it is not only the limits of time that are impinging on us, but also spatiality, corporeality and our relationality. Heidegger observes for example that distance has a materiality which is transformed in our experiences. We can be 'close' to a loved one who lives many miles away, while 'distant' from the stranger who is sitting next to us on the train (Dreyfus, 1991). These 'dimensions' of our world are revealed in our emotional concerns and our practices, such as traveling to visit those we love. If the findings of this study are to be adequately interpreted, the kind of space in which resilience is

understood and experienced needs to be clarified, along with the way that this space is experienced in relationships, embodiment and time.

Heidegger described how those phenomena that we think about and care about are close and those which we forget are far away, even when in physical space they are near, a kind of ‘de-distancing’ (Heidegger, 1962). His ideas about setting aside our assumptions and the way distance is mediated by concern are connected. We do not see the glasses that are ‘right in front of our face,’ for example. The metaphorical glasses we wear cause us to see things as others from our culture see them. A cultural 'they-space,’ can be observed in the UK, for example, when we enter a room and avoid sitting in a cluster. We leave seats empty, sitting at an equal distance from each other. However, the space of our own personal being in the world is different from these intersubjective processes. We can for example have feelings of being intruded on, even when the intruder is not present, or feelings of being close to someone who has died. This reveals the dimensions of our own space. In Robert Stolorow’s description of suddenly remembering that his wife had died, set out above, a personal time and place had broken into the public being together of a conference.

The space we occupy as a child is at first all about being with others. Parental figures are experienced as huge forms that overshadow our world and they often remain out of proportion in our adult world where at other times they are just people alongside millions of others. Perhaps it is in the classroom that we first learnt to ‘take our place’ as any child in our culture should. It is a surprise then, when we are called out in front of the class. For example, a child might be accused of something and immediately respond with; ‘well everyone was doing it!’ This is a situation which introduces a new kind of space. Classmates are likely to draw together in their denial and the child is suddenly alone, perhaps for the first time, in having to account of their personal being. In life, for a while, that personal being can remain unrecognised,

unexplored and assumed. There is a familiar social landscape in which a space is open to us. However, that space becomes an issue for us when it is difficult for us to fit within it, when it feels too restricted, or too open, with no clear path ahead of us.

This metaphor of taking up personal space in a social landscape underpins a lot of psychological theory. For example, the term 'attitude' was at one time only used to describe the physical posture of a person's body, as they might be depicted in a landscape painting. Over time, in our talk, it became something internal, an aspect of our psychology. The posture of a body can be recorded and depicted as it occurs in the natural world, but a psychological attitude exists in a world of meanings; I suggest that it cannot be captured or described in the same way. There are patterns and habits, but in existentially based research, separating out a psychological self and predicting behaviours based on claims about individual dispositions is not seen as useful.

In this study, I do not assume that there is an internal structure inside the person that we could measure, as we would when using the approaches of empirical science. Here I argue, following Heidegger, that the metaphor of space is both the clearing that lets light into our understanding, and at the same time, it is that light which is now illuminating the things that are revealed in the clearing (Heidegger, 1962). When we speak metaphorically of taking an attitude, we are both constructing that way of being, and being it. That being cannot be measured in the same way that physical objects are measured, as having consistent shapes and dimensions with an orientation to other objects, in a given space. Our resilience is not already there, it is brought about through our talking of it. There may be some recognisable patterns, but there is always a potential for us to feel resilience one moment, then intruded upon and suddenly vulnerable when we next check-in on ourselves.

There is, in our talk of therapeutic practice, the notion of maintaining interpersonal boundaries. This reveals an acceptance that these boundaries are not fixed, but that rather, they need to be constructed and repaired when breached. Psychodynamic theory explains this by reference to the psychological development of individuals, but in existential theory these boundaries are not 'already there.' This study looks to the use of language in expressions such as resilience, to observe how boundaries are built and maintained. Talk of resilience would then be part of the maintenance process whereby we separate out what is ours from what is of the other, moment by moment. Heidegger's observation is that our being is always attached to a place, a being-there, a 'having to be somewhere,' even though we rarely feel at home in that place. I use metaphors here, of space, landscape, being-there and world-view, to construct a sense of specific experiences.

In this study, I do not take words to be a simple code, where terms denote specific objects in the natural world. I do not assume that there is a thing called resilience, out there, which this study attempts to describe. What this study describes is the flow of meanings in social interactions. For example, an email can carry a virus which infects your computer. The sender and the receiver might not know this; they are unaware that the receiver's computer has started to communicate autonomously with others, linking with the source of the virus and forwarding it on. Similarly, a sentence might appear to use terms which denote natural objects in a clear manner. However, it could also include subtle inferences, which trigger connotations, which subvert the hearer's world-view in ways that they are not immediately aware of. They might repeat this language with others, spreading an 'attitude' which none of them have chosen to adopt.

Personal space is not always encapsulated and separate from social space. This means that we should try to rescue terms such as 'attitudes' and bring them back to the original way in which they framed dispositions within contexts.

> *"Because human participants can relate intentionally to objects of the world consciousness manifests relationships to things and others that are other than cause-effect relationships. Consequently, the concepts and practices of the natural science are not the best model for the human sciences to follow."* (Giorgi, 2005: 75).

I believe that a model of human experience is needed in which the wonder and intensity of existence is not reduced to numerical scales or defined categories. Existential theory is linked to certain psychotherapeutic approaches, which do not try to make the extraordinary ordinary, as in; 'On a scale of one to ten; how far does infinity reach?' I suggest that, similarly, it does not support research approaches that reduce experience to make it fit into predictable results.

Gadamer, Jaspers and Binswanger on description and interpretation

Hans-Georg Gadamer extended the dialogical nature of Heidegger's philosophy, observing that we cannot remove ourselves from an equation of which we are part (Gadamer, 1975). Our cultural and therefore inevitably prejudiced traditions of thought are 'fore-structures' of our understanding. They are our horizon, a limit which we must accept in critically turning our gaze back on ourselves (Hawes, 1998). Genuine understandings can only be achieved through a fusion of horizons with the other (Gadamer, 1975). Consciousness in this account is not transcendent. Each person will be aware of different aspects

of a life-world they share to some degree with others, while also, it is not individual. It is in the flow of conversation, in dialogue, that consciousness finds its way into meanings:

> *"A genuine conversation is never the one that we wanted to conduct. Rather, it is generally more correct to say that we fall into conversation, or even that we become involved in it. The way one word follows another, with the conversation taking its own twists and reaching its own conclusion, may well be conducted in some way, but the partners conversing are far less the leaders of it than the led. No one knows in advance what will "come out" of a conversation. Understanding, or its failure, is like an event that happens to us."* (Gadamer, 1991, p. 383, cited in Frie, 2010: 88)

Consciousness happens to us and always in the context of being with others. In a hermeneutic phenomenological analysis, the researcher always aims to get as close to the original experience of participants as possible, where words and experiences are understood in the contexts in which they find expression (van Manen, 1990). Carl Jasper refers to 'static understanding;'

> *"Phenomenology only makes known to us the different forms in which all our experiences, all psychic reality, take place; it does not teach us anything about the contents of the personal experience or the individual, nor anything about the extra-conscious basis on which psychic events seem to float like a thin layer of foam on the surface of the sea. Penetrating these extra-conscious depths will always be more attractive than merely demonstrating phenomenological findings, yet the completion of this latter task is an essential prerequisite for all further investigation."* (Jaspers, 1912: 1323).

Jasper's metaphor helps us, in our understanding by granting the moment of our experience the qualities of the moving surface of water. That moment of intentional consciousness is the interface between a social material world and the moment by moment formation of our self, in relationship with others. As a surface it has no depth, but only the capacity to reflect or refract, as it mediates meaning-making; this metaphor is also developed by Deleuze & Guattari (1987). A surface cannot be detached and in van Manen's approach the researcher uses language in explorative writing to work across that plane, teasing out a sense of what was originally experienced (van Manen, 1990).

I suggest that if resilience exists, it is revealed in the way it is spoken of and used in our conversations. The person who feels damaged by trauma, for example, might 're-frame' their experience through the narrative of 'post traumatic growth.' They might think of their resilience as a kind of immune system which they must test and build up. However, their resilience is that 'imagined construction,' only effective while it operates on the surface of their talk in their interactions and practices. That is where descriptions and meanings are always connected. While also, this is the plane on which we make our research observations, which then remain on that plane (van Manen, 1990). Even when the researcher is engaged in a reflexive dialogue with themselves, working through their notes, this meaning making is expressed on that surface. While again, that surface is where the meaning remains when it is written up and read by others. Experience is the combination of description and interpretation, the enmeshed processes of perception and meaning-making we continuously experience in being with others in the moment.

Ludwig Binswanger was influential in building on the work of Heidegger and Gadamer. He takes the term 'horizon' from Gadamer: *"…the relation of the present individual to his past is not itself determined by that past, but by the horizon within which he experiences both present and past."* (Binswanger, 1975 /1963: 92). Binswanger also sets out to demonstrate that the authenticity, which Heidegger writes about, is not

only an individual possibility in the face of one's own mortality. He argues that it is also achieved through reciprocity and openness with others. He develops a dialogical understanding, a concern-full solicitude, acknowledging a debt to Martin Buber (1970). I believe that this reciprocity and openness to others is at the foundation of hermeneutic phenomenological research methodologies.

The methodology I set out here includes both description and interpretation. It works with the present moment of human experience to which our meaning-making is always pinned. However, it also acknowledges that it is not possible for the essence of that experience to be captured in words in a manner that does not interpret. Any separation of experience and meaning is tenuous, as the varying ways that our experience can be interpreted are a part of the original experience. The metaphorical references in the term resilience, for example, are part of that attitude, or way of being, which enables people to feel confident in their ability to cope with difficulties.

I suggest that to separate description from meaning might be seen as a kind of 'dissociation.' It could be argued that this is the state underlying Robert Stolorow's experience discussed above; the separation of one's self as a meaning making entity from that which is made meaningful, or might be made meaningful, to fit in with a situated cultural way of being. Rollo May suggests that this self-alienation and separateness is a valued contemporary detachment; an estrangement from the world and from oneself which is essential for survival in Modern Western societies (1986). The term dissociation is now used to describe what is thought to be an individual and pathological psychological state. However, I suggest that it is equally meaningful to use the terms self-alienation or false-consciousness, which take more from a critique of power dynamics and economic inequalities in society.

I believe that metaphors are related to ideology in the way they structure meaning. With a 'hermeneutics of suspicion' (Ricoeur, 1981), we could ask what the metaphor is doing, as a theory of language could show how structures cause us to think in specific ways, or, following Jacques Lacan, we could trace that causality to 'under the surface' unconscious processes (Bracher, et al., 1997). However, in a hermeneutic phenomenological analysis, the researcher always remains with the original experience of participants, on the surface, where words and experiences are understood in the contexts in which they find expression (van Manen, 1990). Once more, I suggest that people might fall into habitual ways of being, in response to the limited world-views available to them in their social landscapes, but they are not 'caused' to do so and can choose to see things differently.

Paul Ricoeur's account of the discursive turn

In the literature review, I mapped out the conflicting ways that researchers use the term 'resilience,' while the etymology of the term brings additional meanings. The word resilience has its roots in the Latin *resiliens* (present participle of *resilire*); 'to rebound, recoil,' from *re-* 'back' and *salire* 'to jump, or leap.' As a metaphor, the term applies the qualities of material objects to our personal being, such as flexibility and durability. In aligning to a post-structural view of language, such as Derrida (1980), I am not claiming that there is one correct meaning to the term; it only has meaning in the way that it is used.

In the above sections, Heidegger's conception of the 'life world,' 'equipment' and the meaning of 'signs' were reviewed. This has introduced a means of approaching resilience as something that is tied into the concerns and practices of participants, into the emotional flows of their interactions. In the following sections, the action of resilience as a metaphor is considered and the use of metaphors as linguistic devices, which impose meaning, will be explored. This provides further clarification of the distinction that

I draw between hermeneutic phenomenological methods and the methodologies of empirical science. The approach used in this study does not concern itself with facts as such. There is a concern instead with the way that we are changed as our own worlds are opened up as we come to understand the experiences of participants.

I would argue that metaphors are rhetorical devices, or equipment in Heidegger's terms, which restructure experience and create frameworks for understanding. For example, in borrowing meanings from material substances, and applying them to people, the metaphor of resilience can divide us into those who are flexible and durable and those who are not. The view is taken in this study, that this is done for a purpose, driven by the concerns of people in specific contexts. In contrast, when engaging in empirical studies we are in the contradictory position of both looking through the lens of a metaphorical model while at the same time being seen though that lens. As in Heidegger's example of the spectacles of which we are unaware. In a phenomenological hermeneutic approach, this kind of equipment must be set out on the same plane, or surface, as other processes that are observed in the life worlds of participants (Latour, 2005). A critical perspective observes the way that subjectivities are constructed through the understandings which define them, and we cannot step entirely outside of this meaning making (Foucault, 1973).

I suggest that whether we find someone to be resilient, or not, can be an outcome of the knowledge we use to construct their way of being. A hermeneutic phenomenological methodology would not test people to discover if it is a 'fact' that they are resilient:

> *"The first function of understanding is to orientate us in a situation. So understanding is not concerned with grasping a fact but with apprehending a possibility of being."* (Ricoeur, 1981: 56)

Ricoeur (1981) builds a 'hermeneutical arc' by drawing together ideas from the work of Heidegger and Gadamer and combining them with later post-structural theories of language. He thereby links the structure that is provided by language, through its internal logic, with the reality that it can only ever have meaning in context, as it is used in speaking, writing, reading, hearing. His arc starts in the conversation and connects the various steps of meaning making from comprehending individual words, to how they are given meaning within the structure of a sentence, but also by referring to that which is outside of language, to what is being done by those involved in speech acts, the speaker, hearer, those who overhear, those who are the topic of the discussion and so on.

Ricoeur observes the polysemy of words, which have more than one meaning, revealing the need for context, as discussed by Heidegger in his example of an indicating device. Ricoeur observes the 'distanciation' which takes place when writings become texts, removed from the context in which they were written, and freed from the intentions of the author (Ricoeur, 1981). He explains metaphors as playing with the links in the hermeneutical arc, between words and sentences, between the structure internal to language and its reference. The tensions implied by polysemy of meaning and novel reference are the creative drive in metaphorical expression, encompassing human agency (Ricoeur, 1977).

In Ricoeur's terms, there are dead metaphors, which have settled in the sediments of systems and bureaucracies, stifling human creativity. I might wonder in this study, therefore, if our talk of people as resilient expresses a tired and worn out metaphor, or perhaps, one that is completely dead. Such metaphors can evade our scrutiny (Le Doeuff, 1980). They give structure to ways of understanding that oppress us, confining us in specific forms of being. Alternatively, our talk of resilience might be introducing possibilities, through new and creative ways for us to be.

A seed that is planted through a new and subtle metaphorical inference will grow stronger than the dead wood of worn out theoretical constructions; new metaphors are a significant means of changing our world and ourselves (Ricoeur, 1981). For example, the terms 'trauma' and 'stress' were originally used in biology to describe physically damaged bodies. In their migration into psychology they became novel metaphorical ways to speak about human experience. Perhaps, they have now settled into ways of understanding that offer little flexibility or creativity, like the term 'attitude.' I find little explanatory power in saying someone did something because of their attitude.

Like the term attitude, trauma and stress are more than mental states. While also, they are more than just words. They are a way of being in the world that some would prefer not to acknowledge; they are part of a proposed world:

> *"Ultimately, what I appropriate is a proposed world. The latter is not behind the text, as a hidden intention would be, but in front of it, as that which the work unfolds, discovers, reveals. Henceforth, to understand is to understand oneself in front of the text. It is not a question of imposing upon the text our finite capacity of understanding, but of exposing ourselves to the text and receiving from it an enlarged self, which would be the proposed existence corresponding in the most suitable way to the world proposed."* (Ricoeur, 1981: 144).

I have tried in this section to clarify some aspects of language and introduced the specific qualities of hermeneutic phenomenological research. I argue that this approach is a means of connecting the reader with the experience of participants, making in those experiences a proposed world that could be entered.

In the next section, the metaphors introduced here will be extended, to draw out why the methodology chosen for this study is the most appropriate.

Why use a hermeneutic phenomenological research approach?

All sorts of problems can arise in psychological research and in this section, I will explore Heidegger's example of the indicating system on a vehicle, to illustrate some of these difficulties. To start with, I suggest that, if a researcher stands by the side of a road and observes the passing traffic, then they will learn something from the kind of 'demographic data' they can collect. It is likely that they will observe a strong correlation between the sideways turning of vehicles and the flashing of indicating lights. I make this observation to illustrate a problem; they might wonder if there is a causal process; either the flashing light causes the turning or vice versa. I suggest that in Heidegger's argument these researchers have transformed people and their activities into things. I find that if we have put things into categories; people, motor vehicles, indicator systems we then lose their meaning. The components of indicator systems, their wiring, lights and switches can be removed from a vehicle. However, they have no meaning or purpose when disconnected in this manner (Heidegger, 1962).

In Heidegger's understanding, vehicles are forms of equipment, which extend people into their worlds. I am thinking about the role of the mental health practitioner as equipment in the same sense, as it is a way of being. It is a 'self,' that can be taken up, put aside, and rhetorically positioned in everyday conflicts. I notice that in our rule bound social enterprises, before equipment such as cars and professional roles are operated, people need to be trained. They must hold a license in the first case or a professional qualification in the latter. Only then can their worlds be expanded by the possibilities that these forms of equipment offer, although their performance is still open to critical evaluation. I suggest that we can

understand the operation of an indicator light as a way of being that is made possible, like the ability to diagnose a mental illness, detain under mental health law or administer treatments.

It occurs to me that if a naïve realism were assumed, we might believe that we can inspect a person in the same manner as a motor mechanic might inspect a vehicle. If they press this button, lights will come on, or another; the person will become resilient. In this analogy, psychological researchers are adopting methodologies from the empirical sciences, observing the person as a static object. However, in my reading of existential theory I learn that people cannot be switched off, it is not possible to remove the keys from the ignition. People always have their engine engaged in a gear. With this awareness, I can be mindful that vehicles are purposeful, they are moving, going places on busy roads and the researcher is also going somewhere. The practicalities of psychological research and the associated ethical concerns, as seen through this metaphor, reveal certain difficulties to me. In this 'as if,' gathering research data might involve a dangerous attempt to follow or stay alongside another vehicle, trying to make out who is in it, where they are going, and why.

It seems to me that when phenomena such as 'people,' 'vehicles' and 'resilience' are approached as measurable things, then we create unhelpful separations. If we assume subjectivities are fixed, as in 'a mental health practitioner,' we filter what is perceived through our expectations of this supposed identity, as if it could be separate from what happens in everyday practices. We might ask confusing questions such as: 'is a flashing light caused by the action of the person, or by the vehicle?' or 'is resilience caused by this aspect of the person, or another' We might forget that behaviours are as much an outcome of the situation as the person, asking; 'what type of person flashes lights, or who is resilient, most often?' I believe that this kind of questioning is not appropriate in hermeneutic phenomenological enquiries. While also, it does not reveal the meanings or purposes of flashing lights, or that of resilience.

In my experience as a participant observer in a hermeneutic phenomenological enquiry, I find myself getting into the vehicle with participants. I even drive that vehicle myself, while taken up in the motivations, purposes; the 'in-order-to' of a way of being. Then, for me, those aspects of our everyday routines, which do not stand out for us in our pre-reflective absorption in tasks, suddenly feel uncanny. As a participant and a researcher, I am not at home in the world, suddenly becoming aware of all the balancing and managing I do to maintain an assumed way of being. For example, Amedeo Girogi explores the experience of learning to drive a motor vehicle. A participant said:

> *"The car seemed like a giant boat. I had visions of it going out of control or of my crashing into another car. As I went on to the road and in with traffic I felt that my car was all over the road - that I took up all four lanes."* (Giorgi, 2012: 7)

In my 'being the researcher in this study,' it does sometimes feel like I am taking up all the space; the space in which the voice of participants should be heard. I am aware however, that the experience of space is mediated by the expansion of our personal being into our physical and social world. The participant in Girogi's study became the vehicle, they took up all four lanes. In this study I also expand to carry the voices of participants, along with my own being as I managed the boundaries between them. I speak a lot while introducing and describing this study, but in the analysis section it will be the experience of participants that are voiced.

Reflection box 2

When I do not know where I should be and cannot gauge the dimensions of my social space, or calibrate my psychological disposition, there are accounts of being that I have heard, which

I carry from the past to help me to orientate myself to the future. I hold my awareness that everyone must be somewhere, I remind myself that although others deny accounts of experience that I know to be true, this helps me to avoid the tranquilisation of being in the club with people like me.

In this section I explored paradoxes and metaphors because these can reveal loose edges. I find that the way concepts are put together can be unpicked by gently lifting and separating. This is dangerous however, as the construct might unravel, and I can then struggle to find a way to put it back together. I believe that the problem of relativity, in post-modern theory, is not that our theories fail to map on to a reality, but that we no longer make sense. We can then only reclaim that 'making sense' by observing the way we are always pinned to reality in the moment, in the now of our existence.

I have drawn contrasts between the kinds of questions which might be addressed in different research methodologies. My intention is to clarify how different methodologies connect with human affairs and to give a rational for the hermeneutic phenomenological methodology used in this study. This study attends to the extension of the person into their physical and social world, along with the extension of that world into their being. I have argued that these are not extensions which we can measure on a scale or define as things. A summary of contrasting research assumptions is provided in Appendix 5.

Methods

Theorists who have contributed to phenomenology observe the methods that academics use to study ancient texts. An understanding is constructed by attending to both the structure of the sentence and to the meaning of individual words (van Manen, 1990). Heidegger formulated these processes in describing

a 'hermeneutic circle.' Gadamer developed the approach, observing how pre-existing knowledge of the meanings expressed within a language are an initial guide, but that understanding is constantly adjusted and refined. This has become the fundamental method in hermeneutic phenomenological studies, described by van Manen as 'considering parts and whole.' The shared aspects of human existence are also an essential guide for an empathetic reading of what a participant in a research study has experienced. As described above, this is:

> *"...a shift away from understanding meaning in terms of the relation between name and reference, perceived objects and mental objects, and a move toward the changing contexts of meaning in which human beings find themselves, and to the complexity and instability of textual meaning, the language games and narrative practices that give expression and interpretation to human experience."* (van Manen, 2006: 714)

Max van Manen describes the key steps for engaging with phenomena:

> (1) turning to a phenomenon which seriously interests us and commits us to the world;
> (2) investigating experience as we live it rather than as we conceptualize it;
> (3) reflecting on the essential themes which characterize the phenomenon;
> (4) describing the phenomenon through the art of writing;
> (5) maintaining strong and orientated social psychology relation to the phenomenon;
> (6) balancing the research context by considering part and whole.
> (van Manen, 1990: 30).

A reflexive analysis is described by van Manen (1990) as firstly, holding a fore-understanding, then meeting a resistance when interrogating experience and then attempting an interpretative revision of the fore-understanding. The researcher moves back and forth in a kind of iterative dialectic between experience and awareness, immersing themselves in multiple layers of meaning (Finlay, 2003b). Critical Theory reminds us that in human affairs, the 'first-person' experience, our individual perspective on the world, is always overlain by 'third-person' rationality (Hepburn, 2003). The researcher cannot assume that they are simply seeing though their own eyes. Their rationality is likely to be an expression of the most influential ideas within their current social context:

> *"…the dominance of a technological rationality ultimately means that everything becomes subject to calculation and prediction; that man, nature and production are all transformed into objects of manipulation, vulnerable to unlimited control and readjustment."* (Alvesson & Skolderg, 2000: 113).

This relates to Heidegger's understanding of 'instrumental rationalism,' a re-ordering of our world by the logic of technological production (Heidegger, 1977), and to Edith Stein's understanding of the state (Stein, 2006 / 1925). I argue that research, in the already established world of human affairs, cannot be separate from the agendas and processes of that world. Reflexivity is therefore employed by researchers in an attempt to avoid being totally subsumed into pre-established agendas. It is not adopted in an uncritical attempt to make results more accurate, as would be expected in empirical science. Borrowing from traditions developed in feminist research, it is used to examine power balances between the researcher, participants and other agents in the research process (Finlay, 2005). Although, following van Manen, one would avoid the 'hermeneutics of suspicion,' (Ricoeur, 1981), which is a construction of the person's behaviour as determined by unconscious, political or cultural structures. There is a reliance instead on a 'hermeneutics of empathy' (Langdridge, 2007: Ricoeur, 1981; Stein, 1989 / 1921).

In my reflexive work, I recognise the importance of explaining the research study to participants; describing my motivations for engaging in the research and being present with them as a human being (Talmy, 2011). I use a reflective diary to help me trace power dynamics, to identify understandings which might be imposed on the research process. I have included notes from my reflections to make myself more clearly present as the researcher, so that I can more effectively edit my presence out of the analysis presented below. I approach the research process while maintaining a 'voice,' which is informed by an emotional awareness of what it is like to be with people, participants, supervisors, or those in research administration roles; a 'reflexive embodied empathy' (Finlay, 2005). This is a conversational 'second-person' voice which anchors first-person experience, resisting the pressure of the technical and remote third-person voice, through which instrumental rationality is imposed.

> *"The phenomenological process, in this view, does not involve a researcher who is striving to be objectivistic, distanced or detached. Instead, the researcher is fully involved, interested and open to what may appear. Researcher subjectivity is prized and intersubjectivity is embraced. The challenge is for the researcher to simultaneously embody contradictory stances of being "scientifically removed from," "open to" and "aware of" while also interacting with research participants in the midst of their own experiencing. An additional challenge is for the researcher is to stay vigilant, both to avoid charges of self-indulgence and solipsism, and to ensure that the focus of the research does not shift away from the phenomenon, and / or participants' lived worlds, to the researcher."* (Finlay, 2008: 4)

I am aware that all research processes generate structures in which there are various pre-given roles and positions. I observe that an uncritical write-up accepts existing power differentials in which it is only

possible to speak with authority in some roles. There is a tendency therefore that the kind of knowledge which is granted legitimacy supports established distributions of wealth and access to resources.

In this study, I tried to maintain an awareness of the positions each person takes up, or finds imposed on them, in the social systems and practices through which power is exercised. I openly situated this positioning in the research process. Results are thereby less authoritative and more self-critical, providing findings that are more partial, partisan and indexed to context (Finlay, 2003a). Being 'self-critical' implies a kind of 'triple hermeneutics' (Alvesson & Skolderg, 2000: 144). For example, ordinary social reality is expressed in the interpretations of participants at level one. While they explore this, the researcher expresses an interpretation of these interpretations at a second level. While at the same time, in the critical aspect of the research approach, they considered their own position through an interpretation of their motivations, assumptions and positions in relationships involving conflict and power dynamics.

Design

This was a small study using semi-structured interviews. A broad range of understandings were sought from mental health practitioners. A hermeneutic phenomenological analysis was employed as this is an effective means of eliciting human meanings from conflicted situations. The study was conducted following the ethical guidelines of the BPS.

Ethics

Permission to conduct the study was gained from the Ethic Committee at the University of Middlesex. Some participants worked for the NHS, but the local research department took the view that as the study

did not involve patients or patient related data in any measurable form, it could be conducted as a service audit; with the aims of informing and improving professional practice. The gaining of ethical approval, however, cannot be taken as an adequate precaution. When a study enquires into a topic which can be emotionally charged, it is necessary to prepare and to reflect on emotional processes as they are played out while conducting the study (Boden et al., 2016; Dickson-Swift, et al., 2009).

> *"We suggest that, to protect participants* and *researchers, self-awareness, empathy, and strong (but flexible) boundaries are important, alongside a willingness to be honest with yourself and your research team and to allow yourself to be vulnerable when necessary. This requires courage, particularly as it is open to being misunderstood as being unprepared, unable to cope, or unprofessional—But this level of embodied, emotional engagement is necessary to undertake a deeply committed, experiential analysis that does justice to the depth and complexity of the phenomenon…"* (Boden et al., 2016: 1086)

An emotionally engaged research process cannot be entirely planned or set out and ethical challenges must be addressed as they arise, with adequate supervision and support provided within the research team. Efforts were made to ensure that the study was conducted in a manner which met this standard.

Participants

Seven participants were interviewed, three from primary mental health services, two from secondary mental health services and two working for adult social care services. They met the criteria of being professionally responsible for the care and safety of vulnerable adults diagnosed with mental health problems; they self-identified as experiencing anxiety about the risk that these people might die through

suicide, misadventure, or neglect. They were homogeneous in relation to these inclusion factors, but broadly representative of diverse groups across different ages, genders, backgrounds, and length of time in employment. While also, the selection of participants from three different work settings was purposeful. This was done to ensure that variety in the experience of being resilient across different work settings would be included. This study was designed in this way to capture the experience of participants as mental health practitioners, rather than the specific nature of one individual work setting, or one type of person. Pseudonyms are used and information on participants is excluded to maintain confidentiality. While also, detailed demographic data were not routinely collected as it was the experience of participants that was sought, rather than their supposedly fixed characteristics. However, the following details were observed:

Adam: Is in his early thirties, White British and is a Social Worker employed in Community Mental Health Services.

Ben: Is in his late twenties, White British and is a Social Worker employed in Community Mental Health Services.

Carys: Is in her forties, she is a European immigrant and she is a senior Counsellor in a Primary Mental Health Service.

Dave: Is in his fifties, he is White British, former member of the armed forces, educated to degree level and is employed as a Peer Worker in Secondary Mental Health Services.

Ellen: Is in her late thirties, is White British and is a Counsellor employed in Primary Care Counselling Services. She is studying for a doctorate in counselling psychology.

Fiona: Is in her forties, is White British, she is a Team Leader for a community mental health team and a Registered Mental Health Nurse.

Gina: Is in her thirties, is White Eastern European and working as a Counsellor in Primary Care Counselling Services. She is studying for a doctorate in counselling psychology.

Procedures

A flyer was prepared describing the research and inviting potential participants to contact the researcher via phone or email. This was placed on staff notice boards at Community Mental Health Service offices in East Sussex. The flyer was also displayed and circulated at a Primary Health Counselling Service in North London. The researcher screened potential participants and provided information sheets (provided in Appendix: 2), inviting for an interview in rooms booked in their offices, or in offices nearby, or by Skype, if they preferred not to be interviewed in their work setting. At interview the researcher checked through the information sheet and the consent form (provided in Appendix: 3), ensuring that the study and what was consented to was understood, reminding participants that they could withdraw at any point; that if they did, their data would be destroyed, other than that which was already anonymised and part of an analysis. The researcher interviewed using two digital auditory recording devices, then completed a debrief, providing recommended support services listed on a debrief sheet (provided in Appendix: 4). The researcher explained how participants would be informed of the findings of the study, if they wish to be.

The interviews

A list of prompt questions was prepared by the researcher and agreed with supervisors (provided in Appendix 1). While these questions were available to the researcher, the researcher invited each participant to describe the topic in their own words, so that the researcher only used appropriate prompt questions when participants did not cover all the aspects of the topic. The researcher used a conversational style and was involved in the dialogue. The researcher was fully present in the interview (Talmy, 2011) and reflexivity was used to edit the influence of the researcher out of the resulting transcripts, so that only the words of participants are available for analysis.

The researcher is a part of the process of generating talk (Talmy, 2011), while in the process of turning that talk into text, what participants 'meant' when they spoke is lost. The researcher engages in a systematic and rigorous analysis of the traces that remain of human experience in the text. What these traces now reveal, is only open for the researcher in their own experience of their life world. As in Husserl's descriptive approach, themes are understood to have structure only in the way that the researcher makes sense of phenomena, not in the phenomena themselves (Giorgi, 2012). However, if this is successful, then, when someone reads the text that the researcher generates, they are also opened-up in their own experience of their life world, connecting in a similar manner with the experience of participants.

The analytic approach

An existentially informed hermeneutic phenomenological approach was employed (Langdridge, 2007; Lindseth & Norberg, 2004; van Manen, 2002; van Manen, 2006; Willig & Billin, 2012). Verbatim transcripts of the interviews were crafted into narrative form, then analysed in a series of readings and reflexive

processes. A first reading and annotation of individual transcripts picked out initial themes, concerns and emotional responses. Annotation involved repeated attempts to encapsulate that which participants experienced, as much as possible, using their own words. This was done to place the researcher in the position of the participant, searching for a wording which expresses what was happening for them.

A second analysis drew representative excerpts together in initial themes, again summarising and expressing what it was that participants felt and experienced. In a third analysis, these themes were compared across transcripts, considering parts and whole, in a hermeneutic circle. This required an exploration of fore-understanding, alongside an interrogation of experience, with an attempt at an interpretative revision of the fore-understanding. This third reading pulled the most sentient phrases together in an inductive process which retained these encapsulating excerpts.

The coherence of the themes, as constructed by the researcher, was judged and assessed using Husserl's notion of 'imaginative variation.' This is a means to confirm what is described; *''is this phenomenon still the same if we imaginatively change or delete this theme from the phenomenon?''* (van Manen, 1990: 107). As outlined above there are existentials which guided the researcher's phenomenological writing. Following van Manen (1990), these existentials are a fusion of an objectivist hermeneutic circle (part-whole) and with an alethic hermeneutic circle (pre-understanding). They work to connect the participant's experience of a phenomenon, as a whole experience, with the researcher's role in the research process. In van Manen's phenomenology, the term; 'description' includes both interpretive hermeneutic analysis as well as a descriptive phenomenological account (van Manen, 1990).

The researcher played with the transcripts following principles in Gadamer's writings which are also described by Ricoeur: *"Whoever plays is also played"* and *"In play, subjectivity forgets itself: in seriousness,*

subjectivity is regained." Ricoeur, 1981: 186). For example, in the analysis below, on page 120, Carys makes the statement that 'she was a Primary Care Service.' In a first level of analysis, the researcher imagined how her experience would be different if she only said that 'she worked for a service,' asking what her strong identification conveyed, that she was a service. She seemed to experience herself as embodying the service or merging somehow with it; with all its material offices and furniture, its complex policies and procedures. This revealed the way boundaries can be drawn around, between and within people, across the materiality and intersubjectivity of their worlds.

At a second level of analysis, experiences were selected and brought together where it was felt that they would be meaningful and useful for potential readers. For example, in the analysis below on page 170, Gina talks about a client who unexpectedly took her own life. She explains that; 'with some clients maybe you think about it, but I did not think she would do that.' Then, when she experienced her supervisor's concerns, Gina became more aware of an expectation, that perhaps this suicide could have been predicted or prevented. This experience seemed to be central to the analysis. The literature review revealed evidence that professionals perform only a little better than random chance in predicting suicide (Franklin, et al., 2016), although it is claimed that this outcome is a predictable and preventable consequence of mental illness (Beaton, Forster & Maple, 2013). Gina's experience presented itself as something that potential readers of this research analysis might share, if they struggle to predict suicides. At a third level of analysis, the researcher's readings of experience were brought together under themes, and Gina's concerns could be aligned with those of other participants who describe similar issues.

The emphasis in these readings was placed on getting close to the experience of participants through play and thereby setting aside subjectivity, but also through a methodical, rigorous and empathetic

engagement with their words. The researcher's experience of encountering the material drew out that which is central to what was experienced by participants, making that available to the reader.

This research process was largely conducted by the researcher as an individual self-transformation; an *"exposing ourselves to the text and receiving from it an enlarged self, which would be the proposed existence corresponding in the most suitable way to the world proposed."* (Ricoeur, 1981: 144). However, each initial analysis of separate participants was shared with supervisors and the researcher's analysis was refined with the benefit of their comments.

Chapter 5: **Findings**

In the analysis presented here, findings are set out under three broad themes. Within each of these themes there are sub-themes, although there are overlaps, as set out in the table below:

Theme 1: *Not-disengaging in an emotional process*	**Theme 2:** *Growth through enduring difficulties*	**Theme 3:** *Being human under the scrutiny of authority*
Being with but separate	Resilience based on pride and concern for others	The shock of a sudden death
Detached but empathetic and consistent	Deconstructed, powerless, feeling raw, surrendering to being out of control	Answering to authorities while remaining balanced
Managing relationships	Transitions	Being human
From meditative to active	Reflection and letting go	Accounting to authorities following a death
Facing dilemmas in a system	Finding personal meaning and reaching out to others	
Death and duty in a system		

Theme 1: ***Not-disengaging in an emotional process***

Overview: In recounting their experiences of resilience, participants describe many aspects of this phenomenon, revealing its diffuse and complex nature. Then, an experience is brought into clearer focus when they describe encounters in which they were with someone who feels suicidal, when they found themselves taken up in emotional processes. Participants were pulled into being in an urgently felt need to respond to suicidal feelings and preoccupations, within time-limited encounters. This response was mediated by their position within an institutional system, where responsibilities and risks are subject to conflicting interpretations.

There is a risk which arises when someone is taken up in thoughts and feelings to the degree that they might take their life. This risk became a tangible reality that was present for participants. They felt vulnerable in these encounters and an awareness of boundaries came to the fore for them. Two participants expressed this through the idea that they might be metaphorically wearing armour. However, in these situations, it seems, they do not have the security of an imperviable barrier. They find themselves alongside their clients, engaged with what that person is experiencing, letting concerns and motivations flow into them.

Participants spoke about their own experiences of different emotions, which they felt when being with the people they tried to help. This 'being with' seems to be a blend of meditative and active positions, as participants allowed themselves to be pulled along in emotional flows, going with, but also holding themselves separate. When participants spoke about times when they were more active, several emotional strategies were revealed. Also, in their encounters, participants were not just being with the people who use their services, they were in relationships with colleagues and managers, who were also present for them.

One participant describes how she became angry when she tried to involve a GP, but then returned to a compassionate and meditative stance in working with her client, moving on to experience a lack of trust in relation to colleagues in other services. Another participant is detached when experiencing the anxiety of the practitioners she manages. Most participants refer to the complexity of their emotional processes in institutional work settings.

Participants express their experience of being with risk and associated anxieties, in complex relationships, and in their use of language, two of them used a double negative. This reveals how sometimes, it is what they do not do, rather than what they do, which is central to their experience.

Sub-theme 1: *Being with but separate*

The position of being with the person they try to help has a paradoxical quality for participants, in which do not feel they are directing the interaction. It feels as if sometimes they are not even fully choosing to hear their client's experiences, its more that they are drawn in, affected, and exposed. Ellen, for example, finds herself describing this in a double negative, as 'not-disengaging herself.' She says:

I would say that I, I, not-disengage myself, because don't I think that is what I do in my work. (Ellen: 99)

I suppose not-disengaging myself but knowing that it is their choice and, and, they're, they're autonomous. (Ellen: 105)

The boundary which Ellen holds is built on her awareness of the autonomy of her client, knowing that her clients are separate people who are free to make their own choices. This requires that she must recognise the action of taking one's life as a choice that someone could make. Because of this apparent freedom that they have, she must go with the possibility that this could happen. She is trying to explain what she does in sessions and she resorts to describing what she doesn't do. Carys has a similar experience of being with a client, a young man who disclosed recent attempts at taking his life:

There's this feeling; 'Oh my God I'm not going to be able to deal with this, it's all going to be too much, I don't even really want to know about; I, why I'm, you know, even here?' So, it's, it's, it's a kind of push me pull you, situation. (Carys: 261)

Carys' description of her panic is quite graphic. She is questioning herself asking; 'why am I even here?' She does not really want to know that her client has been trying to kill himself and might succeed at the next attempt. This is a reality which pulls a strong emotional response from her. Participants are in these encounters and it is the way of being of the client, related to what they might do, which is experienced. Ellen describes how she is fully present with this reality, being with the feelings that the client experiences and exploring them:

Obviously it's not something I would like them to do, but equally, um, it's their choice and I need to respect that and be with whatever they're going through. (Ellen: 122)

It's really important to, to sit with those feelings, um, you know and be with them and explore them, you know, um, and, and, yes question them to unpick them, to you know, help them to understand what it is about and be there, you know be there, it's all about the relationship. (Ellen: 214)

That's what makes a good therapist when you are able to stick with that despair and discomfort, that anxiety, you know whatever that may be, so that they feel held and contained. (Ellen: 383)

In her use of the terms 'held' and 'contained,' in the context of a relationship, Ellen is expressing an experience of being separate but together in a consistent manner. She is aware of points at which she is active in her questioning, but this is attuned to the client's understanding rather than her own. Her position is in some ways also meditative as she lets the encounter focus on what her client experiences. Ellen is active in the way she works to stay with that focus, not letting go of the despair and the discomfort.

Sub-theme 2: *Detached but empathetic and consistent*

Ellen is delineating the feelings and experiences which belong to her client, and this enables her to be with those feelings. While also, she must herself be able to experience the emotive events that are revealed, as she becomes a witness to the reality that distressing choices are possibilities. Ellen is a counsellor and she is trained to stay with the emotions which her clients bring to sessions. While also, this staying with and being consistent is something Adam describes in his practice as a social worker. Even though Adam can experience feelings of frustration, and a desire to tell his client to just 'Get on with it.', he reflects and is then able to separate what he is feeling from what is happening for the person he is trying to help:

I have left visits and been really frustrated, and I've thought you know what, get on with it, but then I've had to reflect on that and think well actually that's how I'm feeling and what I need to be is consistent, with this person. (Adam: 267)

Adam is working to be consistent, rather than being reactive; he will be visiting someone a number of times and perhaps will try to present with the same calm and reasoned approach each time. There is again a move not to disengage but to remain present with the person, attending to what they are experiencing.

It seems that the way participants can separate their own feelings from those of others is central to what they are doing. Although they are allowing themselves to be pulled along in an emotional process, they still have a sense of detachment, an ability to steer the flow to some degree. This ability to detach and to steer is important for Fiona who is in a leadership role. Fiona manages a community mental health team, where the possibility that the people might die is always present. Although she does not see most of the clients, she feels the anxiety of the practitioners she manages:

A management role, it's a slightly more detached but you still feel that pressure of holding people's anxieties. (Fiona: 9).

In Fiona's experiences of herself, as holding anxieties for people, she feels a pressure, while at the same time in her management role there is a sense of detachment. Feeling isolated, she is careful not to share her stress with other team members. She observed how therapists contain their own emotions. She does not feel it is appropriate to express her own feelings of stress, or distress when she is with others in her team:

I think as a team leader, it is a very isolative position, you are not, I'm very mindful of not, or trying not to share my stress with the clinicians, because it is a bit like that therapist client relationship isn't it, you as a therapist wouldn't go into a client's setting and say; "Well I've had a terrible day and everything's awful." (Fiona: 60)

As a team leader, I'm very mindful of not wanting to, be um, particularly, demonstrative in terms of my anxiety, I would probably suppress a lot of how I am feeling. (Fiona: 65)

Fiona suppresses her feelings, she is not demonstrating or expressing her anxiety, and Gina also describes how she is selective in expressing feelings; "*…in the way that I took her threat of suicide, of caring but not showing fear or worry…"* (Gina, 364). Fiona and Gina are aware of the way they manage their emotions, choosing what to show to others and what to withhold. They are also aware, therefore, that being in different ways, expressing one emotion rather than another, can lead to different outcomes.

Sub-theme 3: *Managing relationships*

Participants work in settings where their action, or their inaction, are open to different interpretations. The nature of their subjectivity is called into question, as acceptable or unacceptable to others, in these different interpretations. This means that they must act strategically, taking care to manage what they do, or what they purposely do not do. In their relationships they are aware of how they might be perceived by others and how they might be responsible for the actions of others. For example, while Fiona is being detached and withheld, she is concerned that she might be experienced by others as cold:

I know, in the team, find it a bit mute and a bit cold, it could be interpreted as cold, um, the reasons why I do it is more because, it's about making them not feel they are, um, responsible, they can bring to me whatever is on their mind, and I will be that buffer. (Fiona: 70)

Fiona uses a double negative to express her experience of being with the practitioners she manages; 'making them not feel that they are responsible.'. She is trying to be available for others so that they can

share whatever concerns them. She holds responsibilities which she does not want her team members to worry about. This requires that she must suppress a lot of what she is feeling; perhaps, so that others in the team will not feel responsible for looking after her. In her experience, withholding emotional information on her own difficulties makes her more available for others. Holding authority can require a careful management of relationships in which emotional expression is finely balanced. Carys, for example, manages trainee counsellors. She explains that she must be alert all the time, due to their inexperience:

I feel like I have to be alert the whole time, um, a lot of time for risk actually, um, because they are trainees and I feel that maybe they haven't got the experience to notice risk when it arises. (Carys, 236)

Carys is aware that noticing risk is something which comes with experience, for the trainees she manages. She is also concerned that they will avoid the difficulty of responding to risk when required in professional practice. There is again a difficult line to tread, with the need to empathise and stay with the experience of the client, while also having a duty to act on risk, to breach confidentiality if needed. Carys observes that this can be an unpleasant process to engage in:

And that's not a pleasant process either, because they don't want to do that, they don't want to jeopardise what they see as their relationship with their client, by saying to the client; 'I have to, you know, take this further.' (Carys, 242).

It is not pleasant to hold conflicting duties, facing different expectations, and Carys experiences the conflicts her trainees have in meeting expectations, as she is responsible for ensuring that they do that. She finds this a challenging experience, as she in turn faces the difficulty of maintaining relationships while meeting conflicting pressures:

I have got to sometimes ask the supervisee to do something they may not be particularly keen on doing, and then, there's the idea that um, I have to manage the relationship with that supervisee. (Carys, 245).

Carys must ask the trainees she supervises to do things they do not want to do, while still maintaining a relationship with them. There is a kind of mirroring in relationships as duties, pressures, conflicts and emotions flow between people at different layers in a system. Carys and Fiona face similar dilemmas as they both hold responsibility for the work of others; they both hold supervision duties as an aspect of their work roles.

In remaining detached, although Fiona feels the anxiety of clinical practice, it seems that she does not become driven by it. The practitioners that she manages will be aware that they remain responsible for the risks their clients present; Fiona is not taking this from them. She does seem to be at odds, however, with the way this boundary separates her from her colleagues and she finds it is important for her to check in with them:

Now that could be interpreted as a bit aloof, and a bit distance and somebody who doesn't share their sort of experience and doesn't share um, adversity, that could be, people might feel that's a bit at arm's length. (Fiona: 67)

It is really important to support staff, and hear their voice and hear their um, feelings about how things are, checking in with them on them and their wellbeing. (Fiona: 26)

As a manager, Fiona is at arm's length from others in her team, but she wants to support them and hear their voices, being concerned by how they feel. She is aware that their wellbeing needs to be attended to. It is in these complex positions of; 'push me pull you,' 'not-disengaging,' 'making them not feel responsible,' that the containment of what is happening between people is enabled. Participants remain open to their own emotional responses, which they hold as separate.

Participants spoke about their personal and professional boundaries. Adam, for example, mentioned the advice he often hears, that he must remain professional and not take things personally:

I hear a lot about well don't take it personally, well it's professional, but, you can have that professional, armour, but sometimes it can kind of go through that. (Adam: 127)

In Adam's experience, emotional processes sometimes flow through his boundaries. Dave, who was in the army and accustomed to wearing a uniform which separated him from civilians, also uses this metaphor of armour. It seems to be an emotional protection as much as a physical barrier, which, he explains is necessary in his current role:

Working in mental health, you almost have to have the same sort of, suit of armour, whatever that might be. (Dave: 65)

Dave is employed as a peer worker, which means it is part of his role to describe his own recovery journey, the steps he has taken to manage symptoms of his Post Traumatic Stress Disorder. Like Fiona, he needs to be detached, in his terms; 'thicker-skinned,' while he also needs to connect with people. In this

connecting with the other, he experiences himself as using the same language, wearing the same T-shirt (with the same slogan written on it, perhaps):

When people are saying you don't get how it feels to be like this, you can empathise with them, you know you say; "I am a peer." (Dave: 37)

Whatever language they're using, you know, 'same T-shirt' as you, so you use the same language, mirror, what they are saying almost, or the way that they are speaking. (Dave: 39)

In using the same language and mirroring someone's way of being, Dave is taking up a social space alongside that person who he is trying to help, talking the same way. This would be a difficult kind of 'separate but together' position for Dave to occupy and he explains that telling his story is still an emotional experience:

As a peer, I'm there to talk about my lived experience, my live experiences, so, you get more thicker-skinned the more you tell the story, but it's still my story, so there is still some emotion there. (Dave: 100)

I'm not a robot, so if I'm talking about, when I've been at the lowest point in my life, and, when I've hung from a rope and when I've considered to kill myself in the past, um and just the consequences to my family and my loved ones, my friends people like that, it does, you know, it does bring a little lump in your throat. (Dave: 95)

Dave is connected to the emotive nature of his own experiences and understands this connection to be a necessary aspect of his role. Although Dave has a sense of being protected in his role, and he has

developed a 'thicker skin,' there is still an emotional aspect to what happens for him. He is however, able to hold his own feelings as separate from that of the person he is trying to help. It is distressing for him to talk about a time when he made an unsuccessful attempt at hanging himself. Like Fiona, he is likely to suppress his emotions so that others do not feel responsible for looking after his needs rather than their own.

Dave and Adam both describe the experience of emotions reaching them at a personal level while in a work role. They are working to separate their own feelings from the experience of the person they are trying to help, and this is central to what they do, but there must be a connection. Like Carys and Ellen, they are working to stay with the people that they are there to help; the people who they are supporting through processes of emotional expression.

Sub-theme 4: *From meditative to active*

A lot of emotional work is taking place in the encounters described here by participants. They are opened to the possibility that someone might take their life, or die in some other way, and aware of the repercussions of that possibility for them. Experiences are then revealed for them, in which emotional processes have flowed through them, crossing boundaries, suddenly expanding their way of being and opening them to these distressing possibilities.

Carys works in primary care. In this setting, the referring GP is expected to screen patients to identify and address the risk that they might die, whether that is through physical health problems or acting on their suicidal thoughts and feelings. In the situation that Carys describes, this screening did not happen and when her client spoke about his recent attempts on his life, she started to feel panicky:

It became quite obvious, that he was very very suicidal, and that he was desperate for some kind of help, and, I started to feel quite panicky and wondering; 'What can I do, what shall I do?' (Carys: 42)

Carys was initially wondering what she should do, experiencing feelings of panic. Then, a key experience is revealed in which she appears to feel no division between her personal and professional self. She is fully in the situation, which she knows should not have arisen:

He's been referred into Primary Care you know, and I was a Primary Care Service, I shouldn't even have been seeing this type of presentation. (Carys: 44)

Part of Carys' response is the thought that the situation should not have arisen, but she seems to have experienced herself as personally responsible for addressing the risks that she encountered. Her being expanded so that 'she was the Primary Care Service.' She became absorbed in the encounter, also experiencing feelings towards the client as if he were one of her own children:

That was my feeling; 'Oh this is a young man, he's only twenty-one, what a tragedy.' And on top of that is a layer of, my children are sort of nineteen to twenty three, and so I um, immediately have feelings about him in terms of how he could be one of my children and then that kind of distresses me more because, I, I see um, I see how quickly people can lose their way in the world, and then I think; 'Oh it could happen to one of my children.' (Carys: 45)

So it felt, um, so first of all I had the panic, and then I had um, the distress, thinking; 'Gosh this is only a young man what a waste of life,' um and, then I realised that I had to take control of the situation. (Carys: 67)

There are transitions in Carys' emotional experience and in her thinking in this encounter, as her being is expanded she envisions a possibility of the loss of one of her own children. Her world has been opened to outcomes that are real and extremely distressing. Carys is open to what her emotional response might be if one of her children took their life. Similarly, Dave is aware how others would feel if he had taken his life; *"Just the consequences to my family and my loved ones."* (Dave: 96). This kind of awareness is present for participants. There is an initial sense of a meditative stance in Cary's account, as she listens and experiences the possibilities which arise from what her client is likely to do. She then has a realisation, as she comes to see herself as the responsible person who must take control.

Carys notices that her client is struggling with an imposed structure in his weekly routines. She also experiences difficulties in her own weekly routine, in which Tuesdays can be especially difficult:

I feel Tuesdays, I probably approach them with a little bit of dread [laughs], because that feeling of; 'what's going to happen today?', is always there. (Carys: 234)

I approach it with dread, because I don't know what's going to happen, and there's going to be, I know, some kind of conflict, or there's going to be um, upset, or somebody's going to be seriously disturbed and I'm going to get upset by that. (Carys: 257)

There is a day in Carys' week on which she anticipates experiences of distress. She laughs at the thought of this, perhaps connecting with the question she asks herself as to; 'why is she even here?' Why does she put herself through these difficulties every week? However, in putting her own feelings aside she reports on how she attended to the life of the young man she was trying to help:

I could see that, if he kept trying, whether he really actually wanted to commit suicide, and I think he did, um, then he would actually succeed and what really scared me was that Thursday's his worst day. (Carys: 72)

Carys talks about feeling scared and approaching her day with dread. She explains that this is related to the unexpected events that might play out; the distressing possibilities which will inevitably come around each week. She also picks up on this feeling of being caught in a difficult weekly cycle in her client's experience. She attends to her client's needs, but the encounter is still caught up for her in her own experience of time and routines. In this shared flow, on this Tuesday, she experienced him as blown about in an unmanaged manner and it is only by chance that she is meeting him:

All my other people on the waiting list didn't answer the phone and he did, so I offered him my next appointment, so by some fortune he actually was my first assessment and, but the Thursday before I saw him he had also attempted suicide. (Carys: 74)

I could have had somebody on my list who actually didn't turn up, because he had committed suicide so that was in itself quite scary and I was quite upset about that. (Carys: 77)

I felt like he was just some kind of thing being blown in the wind (Carys: 190)

While caught in the moment by moment durations of a structured work week, Carys hears her client's description of his difficult weekly routine. She observes the happen chance or random nature of events, which brought this client to see her, at that time, on that day. She is aware of the possibility that she could have been waiting to see someone who did not turn up, because he had taken his life, and she finds that scary. In this situation, in which there are sequences and events over which she has no control, she believes that she needs to take control:

The first thing I thought about taking control of was, getting angry with the GP and what the hell was he doing, letting this young man wonder around. (Carys: 80)

In her concern for her client, realising the risks that he presented, Carys became angry, specifically with the referring GP. In that moment she held responsibilities which belonged to that GP, but she did not feel able to trust her colleague. She did speak with the GP, to discuss referring the young man to the mental health crisis services, but was not offered any help or support:

I said; "Well I've got to be at another GP, at another surgery, um, at five o'clock and if I make this referral, I'm not going to be able to go." And he said; "Oh well I've got um clients until six o'clock," um you know, whatever, He sort of just washed his hands of it so, it was left with me. (Carys: 94).

I realised if I didn't do something he would probably slip through the net because I couldn't trust the GP, um, you know he hadn't done the first time so I doubted whether he would deal with it the second time. (Carys: 109)

Carys' anger at the GP was not leading anywhere and she remained responsible for ensuring that her client was held, and that risks were resolved. It was not just that his emotions might not be contained, but that the encounter was not contained within the given duration of Carys' assessment session. Meanwhile it seems that if the GP experienced an emotional response to the account of risk that Carys passed on to him, he suppressed his feelings. She remained in a position of responsibility while the GP contained his time and his emotions.

The scenario which Carys sets out reveals how she can be caught up in things over which she has little control. Her sense of who she is can be suddenly expanded so that she holds all of the responsibilities of a Primary Care Service. The emotional distress that we feel in response to the potential action of taking one's own life has flowed from the young man who was struggling with this possibility into Carys, who was suddenly aware that one of her own children could take their life. However, her attempt to share this distress with the GP, who she says should have held that responsibility, has failed. She is isolated with the young man in carrying difficult emotions, in an encounter which is difficult to contain within the time available in her structured day.

Sub-theme 5: *Facing dilemmas in a system*

From the descriptions explored here, it is clear that boundaries are not just relevant to each emotional encounter with a client. There are the boundaries of the time in which encounters takes place; the boundaries of who is responsible and who is not. Emotional processes do not necessarily respect these boundaries. When he considers his own resilience, Ben describes how important it is to be aware of his emotional processes. He refers to an emotional literature as a kind of structure, which he can manage and express. In his experience, his emotions have an impact on how resilient he is:

My emotions, can actually have an impact on how resilient I will be in relation to something, so I think having a, a better emotional literature or structure. (Ben: 163)

I think it's more about understanding yourself and how you manage yourself really and I think if you can understand your own emotions, and how things will make you feel, and you're able to express that. (Ben: 236)

Linked to his experience of resilience, Ben places emphasis on the need to understand his emotional processes; his ability to express this, is for him, like a valuable skill. This awareness enables him to say the right thing in a timely manner:

I try to understand my emotional process, but I wouldn't say. I think it's quite a skill actually, in being emotional intelligence, its potentially, is quite a valuable thing to, to have isn't it, to be able to sort of read your emotions, being able to, you know try and say the right thing at the right time. (Ben: 273)

Timing is important again and Ben, it seems, is able to read and understand his own emotions. He can use this skill in fluid interactions with the people he is helping. His emotional process is enacted, rather than a static state that he is in. An emotional process is skillfully expressed, with a sense that timing is important. Similarly, with her emotional awareness, Carys describes how she realised that being angry was not moving anything forward and she returned to her work with the young man who was suicidal. She describes how she was then engaged with the situation, separating her own distress from his. She felt calmer taking on the task of helping him and wanting to make sure he had a good experience, was safe, and that things turned out well for him:

I calmed down and then I just focused on the young man. And um, that calmed me down as well because you know, I realised it was his life and, his distress and um, and I, I started to, you know look after him as best I could. (Carys: 111)

He was in this situation of being really really let down, and I wanted to make sure that his experience of me, would be somebody who um, would take care of him and would um make sure that things turned out well and he was safe. (Carys: 141)

Carys experiences an empathetic connection creating a desire in her to take care of her client. Once more, in her emotional process, she separated what she felt from that which her client felt. She was then recognising and respecting that her client had his own life in which the risks were occurring and that there was a need to pay attention to how he felt about that. She moved from seeing him as; *"Some kind of thing being blown in the wind"* (Carys: 190), to engaging with him as a person. Carys described thinking through her options and making choices based on previous experiences; considering which services were helpful in the past and which were not. At first, she considered calling an ambulance to take her client to A+E, then she thought about referring to a risk assessment team, or a crisis team. She anticipates how a suicidal young man will be understood and objectified in the culture of an A+E department:

Not knowing the system, it might frighten him, it might make things a million times worse so I didn't want to, go, too far, to one extreme, because I know what A+E feels like, it's, it, it, becomes like, you're completely objectified, and he felt objectified anyway. (Carys:117)

Then I go into the mode of; can I trust a Risk Assessment Team, to actually get him assessed this evening, um, I don't trust people, it's, it's really um, I, you know I think; 'Can I trust this person, to do what they say they are going to do?' (Carys: 149)

I mean the Crisis Team is particularly um bad I think because if you're thrown into that kind of emergency hospitalisation, then it really makes things worse. (Carys: 160)

At his point in her encounter, Carys has gone through her initial emotional responses and she started to set out options as she saw them; it appears she was informed and reasoned in her exploration, but at first, she could not trust that any option would be safe or helpful. Being aware of her emotions she could report how she moved from an initial panic, to a stance of anger and trying to involve the GP, to being with the young man, separating her own emotional process from his and attending to his needs. Her task was then to help him understand what support was available and to help him decide which option would be more manageable and beneficial for him.

Ben values this ability, this skill in understanding his own emotional process so that he can use it to respond in a timely manner to what is happening for the person he is trying to help. Similarly, Carys must ensure that action is taken in a timely manner and she is concerned that the Risk Assessment Team might not visit her client that evening, leaving him more at risk, although on this occasion Carys was able to arrange support from a Home Treatment Team. A familiarity with emotional processes, and awareness of the routine understandings and systems of professional settings is essential for participants in these situations, so that things can be said and done at the right time.

The dilemmas that Carys faced when being with a suicidal client, in how to respond emotionally, were not new to her. In her familiarity with this kind of scenario, she thought through how that client might cope with the different interventions she could make; which services would be reliable, who can she trust, and what would make things worse. Several participants spoke about dilemmas in facing conflicting expectations in complex institutional systems of care. Ben, for example, describes the difficulty of being with the needs of clients, feeling pulled in, while also working with policies and procedures, then being pulled in different directions:

They are then pulling you in and then you've got your local policies and procedures and, you know, and everything else that goes with it, and then you've got your own life as well, you know, your own emotional, like, life. (Ben: 291)

Similarly, Adam is aware of disagreements between professional values and the expectations of the employing organisation:

Sometimes our, views and our, values can kind of go against the grain of what our employer's expectations or what we should be doing. (Adam: 114)

Ben observes that being pulled in different directions has emotional consequences; *"Too many things pulling you in different directions does take its toll."* (Ben: 297), but it is the ability to separate what is happening for whom in complex interactions which counts. Ben explains how he is expected to manage risk. He must take account of the risk that the people who need support from Adult Social Care services might die, but at the same time he must respect rights and promote autonomy. He describes how he faces conflicting expectations:

Weighing that up with people's rights and their choices, and you know, and still giving people some autonomy. (Ben: 40)

You want to support someone to make their choices, but then also, you have to weigh that up against the risk of um, dying and how much they understand. (Ben: 44)

In supporting people to make their choices, with associated risks, Ben must consider how much they understand, while promoting their rights and autonomy. Freedom and the containment of risk are conflicting pressures he needs to manage. Being caught up in systemic organisational processes is an experience which adds to the complex problems that participant must address.

Sub-theme 6: *Death and duty in a system*

Participants have expressed the view that people can choose to take their lives or put themselves at risk of dying. However, they are aware that they have a duty to prevent this. Participants can then feel manipulated when people are at risk and seeking something from them. However, they are aware that, what the person who seeks help is feeling, is about them; something to do with what is going on for them. Dave is able to see that when people are distressed and suicidal this is not about him, this is to do with their feelings of being trapped:

I think it's just having that understanding that, they don't do it to upset me, they're not doing it to attack me, it's more because they just feel that they're trapped and can't find a different way out. (Dave: 56)

I suppose the resilience I find in the worrying about; 'What if they kill themselves;' if they're going to there is nothing I can do about it. It's just accepting that that can happen. (Dave: 69)

It seems that Dave is reconciled to the reality that he cannot stop people from taking their lives. He believes that this acceptance is part of his resilience; an acceptance of his powerlessness; an acceptance that other people make choices separately from him. He understands that when people consider the option of suicide, this is because they are trapped, and it seems that Carys was initially trapped with her client struggling to find help and support. Dave acknowledges that people are not purposefully suicidal in order to upset or attack him. Adam expresses a similar acceptance while emphasising that this is not a form of complacency:

But suicide, it's um, I think if somebody's is going to do it they will do it no matter what, you try and do, but that's not to say you just, ignore it, you don't, you take it very seriously, and you try and, support that person. (Adam, 42)

Adam also accepts that people can follow their own choices whatever he does. He is taking up a position in relation to the risk of death by working out how he can be supportive. For Dave, the death of people who attend the service where he lives has become almost a familiar occurrence:

Since I've been here, I know of three people that I've had direct contact with that have taken their own lives, so, you know, it's a reality, you've got to accept that. (Dave: 85)

The reality that people do take their own lives is something that Dave and Adam say they have come to terms with, and they are therefore able to hold boundaries. They are not overwhelmed emotionally by

this reality. In being present with the difficult feelings they experience participants are reflective and again there is that acceptance of a person as separate from them, as someone who has a choice.

While participants are to some degree accepting of the reality, that the people they work with might die, they are concerned about how others will respond in the complex network of relationships which make up their institutional work setting. In his account, Adam explains that he is thinking about the situations he is in, considering how they will be interpreted. He values a kind of emotional intelligence which enables him to stop during the flow of an interaction and consider what is happening:

I think being emotionally intelligent as well links to being resilient, and trying to, roll with resistance, kind of go with the flow also, stopping during that flow to kind of think about well what is happening and why it's happening and what's the impact. (Adam: 86)

There will be consequences following his interaction with someone and Adam is aware that his views might be resisted. While stopping to notice what is happening, he is aware of the way that responsibilities can be managed, so that he has to deal with things:

It can sometimes be difficult if you have someone who, is dependent and relying on you, you know I had people; 'Well you're the social worker you're the professional you have to deal with that, I don't have to do it.' (Adam: 435)

Clients have said to me I know this system I know how it works I can manipulate it, and it's kind of then a game and it can feel like it's you and them, and it shouldn't. (Adam: 350)

Adam experiences situations in which he could be manipulated, and he does not feel it should be like that. He has an awareness of different interpretations in a system and he can maintain a sense of seeing himself in that system. He can separate his own emotional process in a questioning and curious stance:

What is the system here, what is going on, how does it operate? Who's in it why are they in it I'm in it, why am I in it, they're in it, why? So, there is always a professional curiosity all the time. (Adam: 551)

While Adam and other participants are present with their clients when distressing realities and feelings are explored, they are also holding knowledge of where they are in systems and how things might be interpreted or manipulated by others. These encounters are emotive and difficult due to the risk that the person might die or that some other unfortunate event will occur. The encounter with a suicidal young man, which Carys describes, is a clear example of how practitioners are caught and trapped with the people they try to help in these systems. In a similar experience to Carys' experience of 'being the Primary Care Service,' Ben describes how he has different things filling him:

You've got all these different things filling you, so you're got your professional role, as a social worker, you've got your professional body, that has a like a, you know a code of ethics. (Ben: 288)

Ben feels that his professional body is present for him, making him aware of the code of ethics which he must follow. While he holds these things, it might be difficult to also be a human who connects with others.

The accounts that participants give, brought together in this theme, demonstrate how resilience is not something they already have in them, somewhere, as would be assumed in an essentialist understanding.

Resilience is something that is revealed in their difficult encounters. There is resilience in their ability to hold some boundaries, while accepting that emotions do not respect those boundaries and interpretations can shift and change; the landscape of their experience can suddenly be transformed. Responsibilities can be shifted and held by different people when emotions flow through the system. The flow of time is another pressure, which participants manage, as the life-worlds of others lock into theirs in structured durations.

There is also a sense of resilience in the ability to stop in the flow of interactions in complex systems to be meditative and to know where you are with things, to see what is happening. Participants, however, cannot know all the consequences which come into play when they act, or when they are just 'not-disengaging.' They do not know that things will work out, or that everyone will be safe and still alive the next day. However, it seems that they are open to the possibility that they might and that is perhaps a core aspect of their resilience.

Theme 2: ***Growth through enduring difficulties***

Overview: Participants describe the personal difficulties that they have come through, as they consider the origins of their own resilience. Dave gives a clear account of overcoming trauma and experiencing personal growth. In this account he reveals three aspects of Post Traumatic Growth. 1. He feels closer to people, valuing them and seeking more intimacy in his relationships. 2. He describes how he feels he knows himself better, that he feels stronger and is grateful, while being more accepting of his vulnerabilities and limitations. 3. He is more appreciative of his life and he has moved into a career in which he gives support to others. Other participants also reveal these changes, but Dave gives the most complete account.

There seems to be a common process, although this is experienced and described with different words and understanding. Participants refer to feeling deconstructed, raw, unable to control things, powerless and not indestructible. This experience, this acceptance of vulnerability in our limited human state seems to be associated with transitions in each participant's life. In these transformative experiences, participants explain how they have become more positive about, and accepting, of the challenges they face.

Sub-theme 1: *Resilience based on pride and concern for others*

Born into an army family, Dave learnt to be self-reliant as a child, frequently moving and being separated from his parents while placed in boarding schools. When he was a teenager, his father was killed while in active service, and Dave's own experience in the army left him with Post Traumatic Stress Disorder. Although he believes he had developed a mental toughness or form of resilience when he left the army,

he explains that he did not feel prepared for civilian life. In his army experience he endured many lengthy periods during which his life was in danger. In response to the constant risk that his unit might suddenly be under attack, he learnt to be prepared. He describes being stuck, with that sense of always being prepared for danger, which was exhausting:

For twenty odd years I was just in fight mode all the time, which was exhausting, you know, I didn't sleep well, I drank too much alcohol. (Dave: 314)

Dave continued to anticipate danger and he used alcohol to manage this. However, he did not ask for help and did not want to be a problem to others. He believes that this saved him from taking his life, because his pride and his fear made him resilient:

The resilience there, was more the, the fear of being found out as one of these weaklings you know, we used to call them the 'sick lame and lazy.' (Dave: 20)

It was more about the fear that the despair would get the better, and then I would do something, you know, I didn't know what I'd do, I always had this thing of, I'd get drunk, not wear appropriate clothing and disappear on a really cold day. (Dave: 22)

It was the despair that Dave experienced which troubled him so much, a concern that he might do something while not knowing what that might be, other than taking off without adequate clothing. He disregarded his own wellbeing and safety. He describes an attempt at suicide, observing that he did not want to cause problems for others and he suggests that this was a protective form of resilience:

The one suicide attempt I had was, whilst drunk, um because that was my default to, what I thought was to handle a situation. (Dave 15)

I wouldn't be an inconvenience to anyone, you know, um, wouldn't put anyone at risk through jumping in front of a train. (Dave: 25)

The resilience I had there was more about, worrying about other people. (Dave: 27)

During this difficult period, Dave was still concerned for others and he sees this as a part of his resilience, something that enabled him to survive. In worrying about them, perhaps he was alienating himself from his own awareness of his needs. When this awareness broke through, he isolated himself. However, it was when he developed physical health problems that his usual coping strategies failed him. He could no longer use alcohol:

For the first time ever, I had to stop, I had to actually live with um, my nightmares, my flashbacks my memories, because I'd always kept busy, and if I wasn't busy I got drunk, because of medication I couldn't get drunk, as I was on quite strong pain killers, um, so I had to sit with that, and that almost broke me. (Dave: 282)

Because Dave needed to take pain killers, he could not use alcohol, and he could not avoid being with the symptoms of his Post Traumatic Stress Disorder. This is an experience which he feels almost broke him. He feels that it was in recognising his difficulties that he was able to develop his resilience:

Resilience is accepting that you've got a problem, the minute you can do that then everything else starts falling into place. (Dave: 322)

In Dave's previous way of being in the world, there is a strong sense of being driven by fear and experiencing a constant need to be prepared for danger, a constant need to protect others. Accepting that he had a problem was the start of things changing for him. Carys makes observations which support this understanding, also experiencing acceptance as an important step:

Part of recovery is accepting where you are right now. (Carys: 343)

People resist understanding, they really don't want to look at it, it's almost like they've built a whole life on looking the other way and the last thing they want is to suddenly see what is there for them. (Carys: 352)

In her reflection on resistance, on an unwillingness to look at things, Carys seems to be describing the same thing as Dave, when he speaks about his use of alcohol and busying himself. Although the dangers he faced while in the army were no longer present in his world, Dave continued in his previous ways of being. He was enacting a way of being which prevented any reflection on his past traumatic experiences, while also not really connecting with the here and now. He was isolating himself with the experiences he carried, disregarding his needs and blotting out his thoughts and feelings through the use of alcohol.

Sub-theme 2: *Deconstructed, powerless, raw, surrendering to being out of control*

There is resilience in Dave's determination to come through difficulties, while driven by pride and fear. It seems that he was constantly working to retain his sense of control, his indestructability, in his efforts to protect others, while strong emotions were a constant threat. It was when he felt let down, having limited options, when he was under pressure to change that he responded, believing that it was up to him to find a solution in the face of those limited options. The break-through for Dave came when he was unable to avoid thinking about his experiences of powerlessness and loss.

For other participants there are moments when they have encountered the reality of death along with a sense of being powerless. These are the times when they are required to be present with these aspects of our world. Sitting with these realities is associated with a process of change and growth for participants. Dave describes a change in himself when he thought he knew himself, but his self-knowledge proved to be unfounded when he recognised that he was not indestructible:

We all think we know ourselves, um, and I thought I knew myself really well until I got ill, and then I realised I wasn't indestructible. (Dave: 225)

Up to his point in his life Dave had taken risks, taken himself off and blotted out memories. However, in facing his inability to isolate himself from others or to avoid distressing memories, he saw himself as the same as other people; *'Oh my God; I am just like everyone else.'* (Dave: 314). Looking back, he realised how he had experienced himself as separate and different, like an island:

Like I was an island, I was the only one who knew what I was going through, so how could anyone else empathise with me. (Dave: 328)

Then, in realising that he was just like everyone else Dave was suddenly more connected with others. He took on roles helping others and found that he felt better:

The more I got involved in helping others, I realised that's where I needed to be, but also I found that I was getting better. (Dave: 119)

It was through that helping other people, when I could see other people in despair, I thought; 'Yeah OK I've got problems,' you know I was still having flashbacks, I was still having nightmares, I was still using alcohol to subdue that sometimes but I thought to myself; 'I not on my own.' (Dave: 120)

The acceptance that he was not alone was an important aspect of Dave's recovery, he continued to endure symptoms, but he no longer felt that he was on his own. His more complete understanding of resilience includes encountering difficulties which reveal his connection with others who are also in despair.

Meanwhile, Gina's account reveals a transformation in her way of being, while she was in training as a counsellor. She talks about her first experiences of working with the risk that clients might take their life, and then, the shocking realisation that a client had taken their life. She now describes these experiences as traumas which have made her stronger. She recalls struggling with problems prior to these traumas and she has come to experience those problems as much less troubling or significant for her now. She feels more present in her work with clients; she experiences the value of each person, being more aware that they might die:

This trauma and this really bad thing that happened, really made me kind of strong and and, I'm, how can I say it?, um yeah, after that a lot of the things I was struggling with, in, in therapy or with supervisors, a lot of those things seemed like very little problems that I just won't give too much energy to. (Gina: 209)

It didn't seed me any fear, or anything, it was just good about, being more, present and raw, kind of, even more caring. (Gina: 189)

For Gina, being present raw and caring, are experiences which have increased in their intensity for her, following her encounters with death in her therapeutic work. These encounters did not trigger fear in her. Instead, they enabled her to be more caring. Ellen also sees transformations in her way of being following her first encounters with clients who were suicidal. She recalls experiencing herself as lacking confidence and unsure about the possibility that the client could make a safe choice. She now feels more skilled, and confident; she experiences herself as making sure that the client is safe:

I think the first suicidal client I worked with I felt like I couldn't cope, I possibly didn't feel I had the skills, to um, to make sure that they were safe. (Ellen: 101)

When I was first training as a therapist, um I might have felt that I wasn't skilled enough or competent enough to, to ensure their safety, or ensure they wouldn't go ahead with, um, suicide. (Ellen: 103)

That comes with experience, um, um, and growth, I think for me, um doing the work that I do, I definitely feel more confident enough to be able to handle that and know that it's not, um, there is choice. (Ellen: 120)

While Ellen accepts that people have choice and autonomy, she has also learnt to be confident and to handle things, knowing that the person can choose not to take their life. She has found that this confident position developed in her way of being over time. She also has a support network of people she can go to if she needs help:

I might be struggling with something, now that I'm older I am able to recognise that, and I've got a network of people around me who support me. (Ellen 150)

Having access to a network of people who can support her is important for Ellen and her ability to support positive choices has come with maturity. Fiona also associates maturity with resilience. She observes that when she works with older people, she is aware of the resilience that they have developed. She suggests that resilience comes with having lived fulfilling lives, achieving many things:

They've done lots of different achievements in their lives which have made them get to this position and the age that they are in, therefore, they themselves, the client base, have been quite resilient. (Fiona: 136).

You are already working with a client group that has a certain amount of resilience or certain amount of capability already. (Fiona: 172).

Fiona also associates resilience with capability, the ability to achieve things over a life time. Meanwhile, Gina explains that her ability to be with the possibility of death is not an intellectual process but something which happens for her at a bodily level, motivating her to do more to help people if they are considering taking their life:

For client's it really made me see, every individual client is important and everyone can have, like you know in a bodily level, I felt like there's a soul here that might be having some troubles and it decides to die, so I'm going to do everything possible. (Gina: 190)

Gina's awareness at a bodily level connects her with the possibility that each individual person might decide to take their life. The awareness that participants develop is not then only held at an intellectual level. It can be a raw and primary awareness, felt at a bodily level, connected with the settings and circumstances of their work lives.

Sub-theme 3: *Transitions*

Participants describe transitions as they have moved from one habitual way of being to another. Adam, for example, talks about his professional training, he felt taken apart and put back together, becoming more equipped to deal with his difficult experiences and more able to make sense of what happened for him in his past. He describes how he can no longer take sides in an argument:

You started the training with a view-point and your, your, views of the world and everything and it's as if, you're kind of deconstructed and put back together. (Adam: 461)

Because I now, I can never kind of take a side in an argument, I can always see the middle ground [laughs] which sometimes isn't good, but that again the training has kind of equipped me with dealing with things outside of work and looking back. (Adam: 463)

With his ability to avoid being reactive, to see the middle ground, Adam feels more equipped. However, this is not just about theoretical knowledge; he also mentions difficult life experiences such as bereavements and having a family member struggling with mental health difficulties:

In my life, having to, deal with various things, through, you know, childhood, in to a teenage um, life events, bereavements, you know, family members with their own mental health difficulties, I remember having to try to, deal with all of these things. (Adam: 455)

I remember, well at school being bullied for about ten years, constantly and obviously at the time I hated that, it was awful, you know verbal and physical bullying is awful for anyone, but that kind, changed and molded me as an adult. (Adam: 466)

I'm quite glad I went through those experiences because they kind of changed my view of, you know my adult thinking and kind of going into this work and, understanding from first-hand experience, what it's like to be in a minority group. (Adam: 471)

Although Adam hated being bullied, he values having gone through that kind of experience because of the way that it changed his views. This is a transformation, as he re-evaluated understandings in the light of his first-hand experiences. This kind of 'going through something' brought about changes in him.

Carys also speaks about a 'going through.' For her, it was experiences of hardship and dealing with emotionally volatile family members which stretched her abilities. She believes that facing difficulties in life is strengthening, while also observing that it was important for her to have a sense of meaning that is gained from her family's way of being:

I had to live through a really austere time, it didn't stop me, achieving what I wanted to achieve, through determination. (Carys: 364)

Completely surrounded by family and those sort of connections and um, that gives you real kind of sense of meaning of who you are in life. (Carys: 370)

That's how we identify ourselves in the world, is by our family traditions and family meanings. (Carys: 392)

There is a varied combination of experiences in Carys' childhood. She recalls a feeling of connectedness and belonging, which is in contrast with the brutal and difficult experiences of dealing with emotional volatility. She speaks about having to learn to deal with emotional distress from a young age:

I had to learn how to deal with it from when I was very young, from my upbringing because, um, I was um, I had, I suppose my father was very volatile, and, um, an angry man. (Carys: 302)

I had, quite a difficult upbringing, it was, in places brutal, in places, there was a structure that I could, you know find myself in as well, that you know there were my cousins, my aunts and uncles, my granddad, my grandmother, my grandad in [*] was a beast, I was really scared of him. (Carys: 480)

While her family gave her meaning and a sense of who she is, her childhood was also brutal at times. An extended family network was supportive, while also, being in relationship with specific members of that

family was a challenge. Meanwhile Adam, Ben and Ellen also refer to the need for security, connection, role-models and attachment in childhood:

Resilience is formed over your life, and I think, it starts in your, formative years, you know, your blueprint, if you like, when you're a child, you know your caregivers. (Adam: 144)

Say if you were a fully secure child, had a really secure attachment, your experience of how you manage loss in your life as an adult might be very different to someone who has a very insecure or avoidant attachment. (Ben: 139)

If you have a parent who or have care givers who are very resilient, um, you then you may you know, um, kind of copy those kind of behaviours and those strengths. (Ellen: 68)

Resilience, in the understandings that participants express, might be partly learnt or picked up in formative years. There is then a need for some security and some challenge perhaps, for resilient ways of being to develop. This combination of support and challenge seems to be important for most participants, in having a sense of being resilient. However, Ben clarifies this in his reference to experiences of being powerless. While Dave had formerly avoided thinking about the vulnerability and loss, which he experienced in the army, Ben was already reflecting on powerlessness as enlightening and motivating. Due to his experiences of hardship, he feels that he shares much with the people he is working to help. He knows what it is like to be powerless and to not know how to move on in life:

You could call it insider knowledge of things, but you know I've actually experienced somethings that actually gives me a bit of empathy that I can think actually that I do sort of understand how powerless this person may feel or how difficult it is for this person to actually move on. (Ben: 312)

Those sort of experiences at quite a young age helped me to focus more on, you know actually wanting to do well and built, maybe at the time I wasn't thinking; 'oh well I'm going to build resilience,' but it, it makes me focus more on my life and what I was wanting. (Ben: 331)

In Ben's experience, he has an ability to use empathy to understand how difficult things can be for the people he helps. While at the same time, his experience of facing his own problems, he believes, has caused him to want to do well, although he did not experience this as specifically a desire to build resilience. Carys also talks about being motivated to succeed, even though her childhood was austere. Ben's powerlessness, being in a family where there were few resources and no secure employment, meant that it was hard for him to find ways to move on. This has led him to feel empathy for others in similar positions. In contrast, when Carys was in a powerless position as a child, she initially felt a need to be in control. Carys' attempts to take control were perhaps more like that which Dave describes in his account of his life when he left the army. She reflects on how this was not a good way to deal with things, but it worked to the degree that she was able to look after herself:

I had to learn how to deal with that from quite a young age, with, um, emotions that are very difficult to deal with, and somehow, I managed to, um learn to look after myself, not always in a good way because sometimes I realised that I become very controlling, trying to find out what was going on in situations and control that situation as best I could even as a child. (Carys: 304)

While Carys describes how she tried to be in control, she also explains that she has come to accept that this is not a good way to be, because it is not always possible to have this sense of control. This seems to be a similar experience to Dave's when he felt a need to be indestructible. Like Dave, Carys' efforts to achieve this are also an expression of her determination:

Controlling the situation, wasn't great because, you can never control a situation, but um, learning to um, get on with life regardless and almost, um, a determination to get on with life, regardless, is, is kind of important. (Carys: 315)

It is a false, um, sense of control when you think you are in control [laughs], um and it only works so far, then actually, the anxiety increases because you are trying to control something. (Carys: 331)

You're not in control, so why pretend, might as well surrender yourself um, to the situation and see what happens and then, deal with things as they happen. (Carys: 333)

Carys has come to recognise that her attempts to be in control only work to a degree; that any security she gained from this was false. In the face of her lack of control she sees herself as learning to get on with her life, with determination, regardless. She also talks of surrendering herself to the situation, to finding out what happens and dealing with things as they happen. This valuing of powerlessness is also expressed in Ben's observations. He has endured periods when it has felt that there is no action that he could take that would improve his situation. He recognises this experience as something shared by the people he tries to help, while it is also something he can experience in his professional work role. Perhaps it has value because it is shared, and it can therefore connect people, uniting them in a commonality:

To then feel, sort of like you have no power, might actually give you a good grounding to think well actually this is, you know maybe this is how people are experiencing, when I have an intervention with them. (Ben: 608)

Having that powerlessness could actually help you to develop more skills. (Ben: 610)

Ben values powerlessness in his work setting, as something which enables connection and empathy with people who need help. He believes that experiencing powerlessness is an opportunity to learn more skills.

It is Dave's more complete account of being changed by trauma which can be mapped directly onto understandings of Post Traumatic Growth, in his experience of self-understanding, acceptance and wanting to help, wanting to be with others. There is a sharp contrast between experiences of feeling alone and subsequent feelings of being with others. Other participants describe aspects of this change. Adam, in coming to value his experiences of bullying, Ben in his knowing what it is like to be powerless, Carys in her ability to surrender to not being in control, Gina in experiencing her problems as far less troubling and Ellen in her sense of feeling more confident at an older age. However, perhaps it is the ability to be with powerlessness, to not be in control, which is a key aspect of the kind of resilience that participants need in their work roles. This is an indication of what might be different for people when they have achieved some Post Traumatic Growth.

Sub-theme 4: *Reflection and letting go*

Participants spoke about resilience as something they achieved through their ability to reflect. They spoke about how they are left feeling after a difficult emotional encounter and how they work to let those moods

pass. They describe how they are present as themselves, not just acting in the role of a professional worker. This requires that they are aware of how they are positioned as responsible agents, within a social system, a setting where there are established meanings and expectations.

The strategic meaning-making in which participants experience the construction of their being can cast them in a negative light and this can leave them with feelings which intrude into their lives, troubling them when they are not at work. Adam, for example, feels skilled in his ability to reflect on the emotional aspects of his experience, although these feelings are not always immediate or transparent for him. Adam is aware of complexities, which can mean that feelings stay with him and intrude on him at different times, the feeling that if things go wrong it will be his fault for example. This is not always something specific, but can be a general concern about what he must do in his role and how things might be taken so that he is understood to be responsible:

*There are times now when I will wake up in the middle of the night, not necessarily thinking about a client but just the stress of the role and what I have to do. (*Adam: 309)

I used to go home and I would be worrying all weekend about somebody and you know and taking it, as a, or if anything happens it's going to be my fault. (Adam: 312)

Adam worries about what might happen at work, the outcomes for which he would be held responsible, and this intrudes into his home life. He is concerned that he will be found to be at fault. This being with risks, and with the associated emotionality, is not easily contained within daily work situations. Carys is also affected by difficult encounters at work and explains that after she worked with the young man who was actively trying to take his life, it took several days for her to recover:

It took me two or three days, to recover, from the young man's experiences, or the experience of being with a young man who was in such distress and how that affected me. (Carys: 284)

*The experience didn't leave me, um, so I did feel very down, um, afterwards and for a couple of days, but eventually it did, it did leave me, I suppose that is resilience as well. (*Carys: 208)

Carys has explained how being with this young man opened her awareness that her own children might find themselves having similar experiences to his. She also spoke of the dilemmas she faced in trying to help him. She explains that these difficulties caused her to feel down, but she sees resilience in her ability to let these feelings leave her. Gina also struggled with a client who spoke about taking her own life:

I could really, kind of get stuck and, um, get stuck with the emotion and with the thoughts of how can someone, like, have been through all of this and how can someone feel like this and how can they go on living and how can life be so unfair and especially when I hear of childhood abuse. (Gina: 327)

I slowly made my peace with that in the sense that, um, in the sense that I let it go, yeah I learnt how to let go of clients after they leave the room, or at least intend to let go of them, sometimes it's impossible to, still, but at least the next morning I let them go. (Gina: 330)

In Gina's experience it is sometimes impossible to let go of how she is being with clients after they leave the counselling room. It is, however, her intention to do so, and she feels she has learnt to do this to a greater degree; with time that emotional connection fades. Adam is also describing how he has adapted

and changed, something he is not always aware of at the time, but for him this is an important aspect of resilience:

You're constantly adapting, to things all of the time, things perhaps that you're aware of and somethings you're not always aware of, but change is happening all the time. (Adam 640)

Through those, kind of, periods where you are adapting and changing, to kind of manage a situation, that's building the resilience, because you're changing, or you're reacting in a particular way to work through or to manage or to deal with whatever the situation is, to get through it. (Adam: 642)

Resilience is something which is built through the process of changing and adapting for Adam, as he tries to manage situations. It is his reaction which enables this changing and growing. Again, he experiences a connection between resilience and adaptation; "*Maybe that's what resilience is about as well, it's about, being able to adapt to difficult situations*." (Adam: 645). Adaption, in Adam's experience, is closely associated with resilience. However, he also feels that being able to reflect is important. He is aware of how he is affected emotionally by the complexity of the systems and layers of the institutional setting in which he works. This can wear him down, so he keeps his focus on the practicality of what he is doing and why he is doing that. Reflection helps with this:

Working in difficult situations, which can be emotionally, they can affect you emotionally, um, but in terms of my resilience, it's around so many systems and layers that we have to go through; very process driven, and that, kind of does wear me out a little but you have to keep focused on what you're doing and why you're doing it. (Adam: 62)

I'm a very good, reflector on how things make me feel and it may not be, something that's affecting me there and then it could be afterwards. (Adam: 70)

Adam feels skilled in his ability to reflect on the emotional aspects of his experience, although they are not always immediate for him.

It is clear, from the experiences brought together under this theme, that working with people who might die through suicide, self-neglect or misadventure can leave participants feeling, dislodged from their usual moods and ways of being, in their home lives as well as at work. This breaking through into the personal realm is mentioned by Adam, Carys and Gina. In Adam's account there is a kind of adaptation taking place, which is facilitated by his reflection. However, all the participants seem to be reflecting and working on themselves to overcome their distressing emotional responses to work based difficulties.

Following trauma, participants cannot return immediately to an ordinary state; when Adam feels deconstructed, when Ben feels powerless, When Gina is feeling raw, and Carys is surrendering to being out of control. These experiences did not happen once for them and then they just bounced back to their normal state. These experiences opened them to possibilities which are uncomfortable, possibilities such as distressing separations, bullying, lack of opportunity, emotionally volatile family members, the dangers of armed combat and ultimately death. Participants are fundamentally changed by their developing awareness. However, a positive emotional state is then something that it is easier for them to achieve, when they have adapted to the truths or realities they have encountered. They are more able to reflect on their experiences and to let go of things that are distressing for them. This is another core aspect of their resilience.

Theme 3: **Being human under the scrutiny of authority**

Overview: Resilience seems to require that participants are mutually experienced as human and emotionally engaged in their encounters. Although they are under the scrutiny of authorities, participants accept their flawed humanity, their emotionality. Unpredictable and traumatic events such as a sudden death can then be experienced as strengthening, as the participant is pulled into being present and more engaged. Further motivations are found in that immediacy; to be there for others, to value them, to offer support and empathy. This motivation is individual and deeply personal while also something that participants share; rooted in a need that we all have, to make our lives meaningful.

Participants talk about feeling centred. This seems to be related to their encounters with the challenges that the people they try to help are facing. It is not a simple case of being knocked off balance by becoming aware of these challenges. To a large degree, these challenges are shared and intrinsic to the human condition. Perhaps that is why they provide a sense of being balanced. A participant, for example, explains how her connection with the people she is trying to help is made deeper and more meaningful for her by the possibility that they might choose to die.

There are interpersonal tensions, where participants do not share concerns with managers and supervisors. For example, while one participant wants to understand why someone died, asking if this was intentional or accidental, her managers are more concerned by the possible attribution of blame. While participants might be concerned about how they will be experienced and what meanings might be imposed on them, they are more often exposed to the immediate possibility of death. In contrast, for their senior colleagues, perhaps it is the way that events will be interpreted that matters.

Each participant is revealed to be motivated by their individual and unique experiences. Encounters with austerity, for example, can motivate them to help others who are enduring similar challenges. The structures of their employing organisations and professional ethical codes are perhaps part of those challenges. They are part of the facticity of their way of being in the world; the structures and pressure that they must work with. When participants meet these challenges, they are bringing their own meaningful past experiences to encounters with others; they are projecting themselves into the future while being opened to possibilities.

Sub-theme 1: *The shock of a sudden death*

A young woman died suddenly while Fiona was trying to help her. This was a shock for Fiona and she was troubled by uncertainty as to whether the person intended to take their life. This uncertainty appears to make the death even more distressing, as an unexpected and possibly unintended outcome. Gina also experienced the shock of hearing that a client she worked with had died, which for her was an unexpected outcome.

In the experience which Fiona describes, she was asked by her managers to discharge a young woman, while she had concerns about this person's wellbeing. Fiona was working as a community mental health nurse at the time:

It was a huge shock when this person died, um, I had to attend an inquest, even at the inquest it wasn't fully clear whether this person had deliberately killed themselves. (Fiona: 299)

That person was on the balcony at the time, and prior to the fall they had called emergency services and um, and was seeking help. (Fiona: 233)

They actually had been on the phone to ambulance crew at the time of the fall, um, it, it wasn't fully clear that this was an attended outcome, um, for me what was very difficult. (Fiona: 265)

The information that this person was seeking help is perhaps a heightened concern for Fiona, who it seems, had previously become quite isolated in her attempts to provide help. She had concerns that the young woman was at risk and she spoke with her managers, finding that her concerns were discounted and minimised, she was being told to discharge:

I remember having conversations with senior managers about this individual and highlighting risk, so feeling that things were being discounted and minimised. (Fiona; 245)

I was being told to discharge them, um, and it felt, very uncomfortable at the time and then subsequently that person died. (Fiona: 251)

Fiona felt uncomfortable with the plan to discharge this woman. She was aware that colleagues in Social Services would only work with the young woman while she was caring for her child. When the child was taken into care, Social Services colleagues expected the needs of the mother to be picked up elsewhere. Fiona was the one professional who had a relationship with the young mother:

So once the child is removed, the parent is on their own, that should be picked up by somebody else, and I wrestled with that, logic, because actually for me I'd had that relationship with that parent. (Fiona: 248)

That person probably would have been unlikely to engaged with mainstream mental health services at that very vulnerable point in time because they weren't really connected, and so there was a bit a lack of system, a system failure. (Fiona: 254)

For Fiona, it was a flawed logic to stop providing support to a parent after their child is taken into care. She was aware that the young woman was not seeking help from mental health services, but was vulnerable and did need help, so for her there was a failure in the care system. Fiona speculates that if a therapeutic relationship had been offered and established, the young woman could have been helped to come through a traumatic experience of having her child taken into care:

Somebody who knew the person and could potentially have a relationship with them could have seen them over that very very critical trauma. (Fiona: 254)

In her reflections on what could have been done, Fiona explains that the event at the time had an impact on her. She felt sadness and was traumatised in the sense that the event has lodged in her memory and comes into awareness whenever she drives past the location where the death occurred.

The impact on me was tremendous sadness really and I did feel, well very sad, traumatised in the sense of driving past that particular block of flats where that person lived, probably still do even though it's several years later, well never a time goes by without sort of thinking about that person (Fiona: 234)

As I drive past, it's on your mind, still sort of affected by it, and I think still just the sadness of wasted life and um, could things have been different. (Fiona: 237)

The sadness of this event has stayed with Fiona as her need to travel pass the block of flats regularly reminds her about this tragic loss. She is still emotionally affected, thinking about the waste of a live that is not now being lived and how that outcome was not certain, that things could have been different. The uncertainty of whether the young person intended to die, or not, is a significant part of what Fiona re-experiences and wonders about.

Like Fiona, Gina was also shocked to hear of a death, this was the death of a client she was seeing as a trainee counsellor. The experience opened her awareness to the closeness of death, as something that can happen at any time. This awareness was linked for her with deep and complex feelings. She had seen the client for six sessions and was inviting her back for a follow up review:

A client that I worked with for six sessions, after, I called her to come for a three-month review, I, I realised that she committed suicide. (Gina: 60)

It was a mix of a shock and deep sadness, um, and it did really, well, half of it was, I really cared for her even though it was just six sessions. (Gina: 86)

Gina cared about this client, even though it was short-term work. She was aware that with some clients, the possibility of suicide is something that she might think about. However, suicide as a possibility had not occurred to her with this client:

When I found out that she died, I was, well first of all shocked, like with some clients maybe you think about it, but I did not think she would do that. (Gina: 85)

The depth of Gina's feeling became apparent for her in the moment that she heard of her death. She found it difficult to believe the reality that the client was no longer alive and there was a feeling of sadness over the loss:

I did in that moment I realised how much I cared for her and how much I couldn't believe that she was gone now, and that she wasn't living anymore and that, and there was this sadness over losing someone that you care for. (Gina: 88)

Realising that death is really close, and then especially in this moment it was so close I felt, like my heart just opened and I felt love and sadness at the same time for my family, and for the people that I care for. (Gina: 94)

In her realisation that death is close at hand, Gina felt like her heart was opening and she felt love and sadness. She experienced these feelings in relation to her family and friends. Her closeness to the reality of death, that it can happen at any time, made her feel vulnerable and she had a new appreciation of what is important in life:

*It just felt like, shit, this can happen any time, just so vulnerable and so, like in touch with what's really important, in this life and what's not. (*Gina: 96)

Although the experience of a client taking her own life was transformative, Gina was initially taken up in her emotional reaction. She describes having a kind of ceremony in which she honoured this client and released her, a process which Gina experienced as powerful, trigging a lot of crying:

I honoured her and like, just kind of released her, into the sunset, it was like this energetic thing, right, I'm ready to let this go, um, and it was really powerful, um, I, I cried, I cried a lot. (Gina 133)

That night and that morning, so much crying, like I thought a lot of the time I was judgement to myself, 'why am I crying for a total stranger; that much?' but I just, I still did it I was like well whatever I need to cry and that is it. (Gina: 135)

Gina questioned why the experience caused her to cry but was then accepting of it as something she needed to do. She seems to have gone through an emotional process and come out with a sense that for her things were resolved. Gina explains that this is one aspect of the experience, being close to death, caring and loss, in an immediate emotional process. Then there is another aspect of it, which Gina also reports as happening in the moment, but this is more reflective and about re-evaluating what matters in life, experiencing feelings in relation to family and friends, while being transformed.

Fiona and Gina had experiences which are both similar and different, when an unexpected death occurred. For Fiona, there is a lot which is still unresolved; unanswered questions about intentions and what might have been. Gina seems to have come to terms with the experience with a dramatic and intense immediate emotional reaction.

Sub-theme 2: *Answering to authorities while remaining balanced*

The descriptions that participants give, of working to let distressing feelings leave them after their difficult encounters, are set out above. Descriptions are also given of how they reflect and try to understand what

is happening for them in their complex work settings, how the situation will be understood and how their subjectivity will be constructed in the different interpretations, which could be applied to what has happened. In all of this they are aware that they are accountable to those who hold authority over them and they are trying to balance the different pressures and agendas at play in the situations in which they find themselves.

Fiona and Gina both described their experiences of the sudden death of a client. Their accounts include explorations of their own individual emotional responses. However, these responses took place in social and institutional settings, which also had an impact on their experiences. Working with another client, Gina mentions that she could be filled with fear and doubt, due to the risk of suicide. In her reflection she does not believe she was holding good boundaries at the start of this work:

I could go home and be filled with fear and doubt for, whether she's going to live, whether I did everything, and couldn't sleep, and all of that, so I didn't hold very good boundaries, as a therapist myself. (Gina: 253)

I did come back but, yeah, um, boundaries with her? I think I held them quite well, um, I by just kind of in the way that I took her threat of suicide, of caring but not showing fear or worry, in the way that I would, for example I went for a break, I gave her numbers of emergency telephone numbers, she can call, but I didn't give her my number. (Gina: 263)

Although Gina feels that her boundaries were not good to start with, she worked to establish them, and she did not show her fear or worry. This attending to, but withholding of her own emotional responses, seems to be central to her newly established practice. She was caring but was able to take a break from

the work and was able to remind her client of other available sources of support. In this work, the client negotiated longer periods of working, with Gina mediating by asking her supervisors. It is not clear for Gina that flexibility was 'working within structured boundaries,' in repeatedly agreeing to extend the work, however, she was glad to have stuck with the client, as she feels that they are getting somewhere:

I saw she wasn't really getting better, or that she was getting worse, I just really considered and then I asked my supervisors to, to give her some more sessions, and that happened three times, so I don't know whether that's boundaries or she very good at getting what she needs. (Gina: 275)

I'm really glad that I stuck with her because it was difficult, like sometimes, I got, so upset and kind of she was really making me feel confused that I was like I can't work with her anymore she's taking too much of a toll on me. (Gina: 287)

I did with the help of my supervisors and kind, pushed through the difficult ones, and now, the last month it's been showing finally and opening and it feels like wow, we've been through a journey together. (Gina: 289)

Gina observes that it was with the help of her supervisors that she was able to work with this client, who did start to make progress. It is clear then that her new way of working in supervision is not simply ignoring advice, but perhaps, bringing her emotional responses and accepting the encouragement to continue to work with the client. At times in the work, she was upset and confused. There was a pushing through the difficult parts of the work, which eventually created an openness for Gina and her client. She feels that they have travelled together. She has perhaps found a balance between following the advice of her supervisors and trusting her own emotional responses.

Balance is a concept which comes up for participants as they describe their reflective practice and the need to account to authorities. Adam, for example, describes how he analyses and reflects, wondering what the person who is at risk can bring to the situation, but also, how he is being with that person. There is a sense of balance for Adam, which Ben also observes:

I think there is a balance, and I think it comes back to, an individual using themselves as their best resource, because you know you think about people who, perhaps are living in a chaotic way, well actually, they're functioning within that chaos. (Adam: 232)

You can use legislation to really protect people, but maybe too much, that you are then infringing on their rights and I think getting that balance can be quite difficult. (Ben: 41)

When Ben seeks balance, he is aware that on one side he has the interests of the person he is helping, and on the other there are risks which must be managed through professional frameworks and legislation:

If you then take everything away from someone then they don't, they don't have a stake in it, stake in it, so they are then not going to you know, they're not going to develop that skill, or do that, but you have to balance that with the you know, the risks and autonomy and all of our frameworks, and legislation. (Ben: 397)

Ben is describing his experience again, of being caught between different pressures and expectations, balancing risks against the opportunities to promote autonomy, all within complex professional frameworks and related legislation. Ben has spoken about being filled up with professional standards and

ethical codes. Adam also tries to keep his perspective, when he feels frustrated and fails to see the point of his employed role. He wonders if there is a distinction between this personal way of being and his being in the role of a professional:

I'm just trying to, not be reactive, but try and look at it, put it into context and perspective, um you know sometimes I do, get frustrated, and what is the point of doing this role? (Adam 94)

You've left feeling, angry upset and frustrated and worn out, wherever those feelings are coming from, should you take them on on a personal level? Or is it a professional level? (Adam: 125)

Adam can come away from encounters feeling angry, upset, frustrated and worn out. He struggles to work out whether that is to do with him as a person or his professional role. He must work to maintain his sense of perspective. Fiona also observes the difficulty of retaining balance within the current service models of her employing organisation:

When you are seeing a lot of people who are very unwell, or long term and very little change happens, both of those experiences can be quite disheartening because you don't get that balance. (Fiona, 123)

Fiona observes that when specialist teams are set up, practitioners can have an unbalanced workload. Meanwhile, Adam values the ability to hold a broader perspective. He describes how he uses his thoughtfulness when he tries to help people, coming from an outside perspective:

Sometimes it's about, coming in from an outside point, because when someone's involved in their own life, it's very difficult. (Adam: 25)

I can think of one lady, who, feels very suicidal most of the time, she feels very hopeless, in her situation, but it's about showing her, trying to put things into perspective a little bit, that actually, you are managing every day. (Adam: 19)

There is value, for Adam, in his separation and distance from the person he is trying to help, when he can bring some perspective to what they are experiencing. However, this is not easy while participants feel they must also remain emotionally connected, and then experience frustration and disillusionment.

There might be little ground between over-protecting and infringing on freedoms. In Ben's account he is concerned that people need to have emotional investment in their lives, through the ability to follow their interests. In these dilemmas, participants are perhaps seeking stability and certainty, in situations where there is no clear path forward and there are conflicting expectations. If the systems and routine practices of the setting in which they work do not provide these ways forward, then something more is needed. Perhaps, this is the powerlessness which Ben describes, when practitioners are uncomfortable with their inability to find a solution, and then need to accept their flawed and limited human condition.

Sub-theme 3: *Being human*

Participants appear to be proactive in their efforts to stay focused, to remain balanced and to keep their perspective. This involves maintaining an awareness of what is happening at many different levels; of how things play out within given processes. However, these processes can seem rather absurd. Meanwhile there was something for Carys, in her experience, which made her feel connected with her own feelings of meaninglessness, while perhaps, this is also bringing her back to her own resilient way of being:

I recognise that feeling of meaninglessness as well, its not like it doesn't touch me sometimes, so, I think coming into contact with something like that, it's, it's powerful, a powerful experience and, upsetting, but also somehow, yeah, somehow it just reminds me of being human. (Carys: 287)

This experience of things being driven by processes that do not make sense can leave participants feeling powerless. Again, this is not necessarily viewed as a negative experience. Ben explains that while working within his professional role, he has no choice but to follow legislation. He describes again his understanding of powerlessness as a positive experience. He wonders if this is helpful in enabling professionals to build their own resilience:

Maybe experiencing a bit of powerlessness every now and then is a good way to maybe build resilience, because obviously, as a professional you hold maybe quite a lot of power. (Ben: 606)

That is the key isn't it, to this role, that, you're having that balance between the human, the professional. (Ben: 286)

In Ben's account, experiencing powerlessness can also be helpful in reminding us of our human limitations. It is perhaps problematic for him to be the efficient professional all the time, when perhaps what people need is an empathetic connection with a sense of a shared and flawed humanity. Similarly, Carys talks about shared humanity and mutuality, in her struggle to find the right help for someone who is suicidal, which she finds strengthening. She believes that it is possible that her client might also be strengthened by the experience:

It puts me in a place of um, shared humanity, that we're all in this together, um, that somehow just in sharing that, it's quite strengthening. (Carys: 260)

It's a paradox of um, you know, in sharing it, I'm being strengthened and perhaps the other person is too, by that real sort of mutuality of feeling something, about human, being human. (Carys: 261)

There is a paradox for Carys, who appears to be ambivalent to some degree, finding she feels strengthened by the experience while also experiencing a period in which her mood is low. Being open to what she encounters is, in her view, part of being human, part of a shared human mutuality.

There are legislative processes in the varying work settings that participants describe. These processes must be enacted, and resources are limited, so practitioners can feel powerless and are then reminded of their human limitations. They are often with people while being unable to give them what they need, so that they are required to develop abilities in other ways. Being powerless, and only having the option of staying in an impossible dilemma, is perhaps an experience which can lead to the development of resilience.

Unfortunately, expressing our humanity and being powerless or meditative are not always valued within the institutional systems in which participants are employed. Ben for example, mentions someone he worked with who was homeless. His experience of working with this person had an impact on him and how resilient he felt:

With someone who, you know, was homeless and things like that, that did have a significant impact on me and how resilient it felt (Ben: 159)

I, do, can find that quite difficult personally if, you know if I feel like someone needs support and then I'm not able to access that support for people. (Ben: 248)

Ben speaks about how difficult it is for him to frame the experience of working with someone who is homeless, being with his powerlessness. Sometimes it is difficult to retain a remote professional perspective. In contrast, Ben also talks about how passivity is sometimes encouraged within his employing agency. He is criticised when he tries to advocate for someone:

I feel I was actually trying to advocate for someone I'm working with as a professional, perhaps yeah I got a little bit too involved in that but you know, but isn't that how, you know I'm a human being. (Ben: 252)

It has been said to me like; 'Oh do you think I'm rescuing people; is that why you are in this role? Because you want to rescue people, rather than.' You know that was quite, for me quite, quite difficult. (Ben: 249)

This is a difficult experience for Ben, in which it is suggested that he is trying to rescue people from their problems rather than helping them to deal with them. This accusation, which Ben has faced, is that he has taken on the role of mental health practitioner with the hope of saving people from their difficult circumstances, rather than empowering them to do that themselves. This is not, perhaps, just a criticism of his professional approach, but more a suggestion that he is not able to tolerate being with people who are in distress. This might then be a culture in which Ben is expected to toughen up, to harden himself to the distress of others. However, Ben values and uses his emotionality:

If something touches me emotionally I'm going to feel more, likely to work more, which maybe is wrong in a way but, that's how human's work isn't it. (Ben: 267)

Being touched emotionally is motivating for Ben. He experiences himself caught in the emotional flows and he values that. Adam also finds being human important; in the need to be seen as having that quality:

It's about how you come across and I think if you need to come across as a human, and you need to have a human, human element to the work. (Adam: 387)

How you come across is important in Adam's work and he trying to be human. However, for Adam this is only an element in the work he does, there is perhaps also a need to be remote and professional at times. For Ben, it is necessary, in order to show empathy, and that he should connect on a human level:

With the way that you are resilient, say you have one line that you can protect yourself but then you also need to show empathy and you know be able to connect to someone on a human level, as well as, you know, your professional level. (Ben: 284)

While holding a line or a boundary, Ben also mentions empathy as an important aspect of his ability to provide help. This is the balance that participants are working to maintain. They are holding professional boundaries which can protect them, while also being human to connect with the people they are helping. Ben expresses that subtle awareness that there is a boundary to be held, but empathetic connections must be allowed to cross, so that shared humanity can be experienced.

Sub-theme 4: *Accounting to authorities following a death*

Having navigated her own immediate emotional response to the shocking death of a client, who took her own life, Gina describes how her experience changed the way that she uses supervision; or changed her way of being with her supervisors. She experienced one supervisor as struggling with a very human response to the death; he was concerned as to whether the service did the right things and if blame could be attributed to anyone. Gina describes how this creates a kind of disjunction when seeking support from that supervisor, who it seems, was trying to console her, saying the death was not her fault, while it had not occurred to her that it might be:

I first of all, called my supervisor, and he kind of was just trying to console me that it happens and that I shouldn't at all see that as my fault. (Gina: 112)

[laughs] But he was then like it's not your fault, you did your best and everything and I was like, yeah? yeah? It was kind of like what should I feel about this? (Gina: 121)

Gina laughs and perhaps she still uncomfortable with not knowing what to feel in a situation where her supervisor has a different concern from her own. She did feel that this supervisor was helping her, in as much as she felt a need to hear something and connect with someone, but in meeting with him, the way they seemed to be responding differently was clear for her:

I feel that in that moment, he, helped me, even though he said that, like I just needed to hear something from someone (Gina: 126)

When we saw each other for supervision, that's when I really felt like, you are not taking this well actually, you are taking this worse than I am, because for me what I did that day, I just kind of it completely came naturally. (Gina: 131)

In Gina's experience, her supervisor was not responding well to the death of her client. She draws a contrast with her own emotional process, which had come to her in a manner which she felt was natural. The news of the death was still a present concern for Gina, but she felt that emotionally she was no longer taken up with it. She explains that her supervisor was still concerned about what was done for the client, was it adequate, or could they be blamed for the death. She felt a need to hold him back, as she was not worried by these things:

The next day I was really feeling much better, obviously it was still on my mind, but emotionally I let it go, but when saw my supervisor, he didn't, like he was completely all about; did we do everything, like can we be blamed for this and, don't worry and I was like; 'wait wait wait, I'm not worrying, like who's worrying now?' (Gina: 145)

Her supervisor placed the emphasis on what the service had provided, or not provided, and Gina experienced this, perhaps, as moving too much away from the loss and the emotional processes which were central to the event for her. This is not to say that Gina was not open to learning from the experience and she seems to have been through a process of gaining a clearer perspective on what she believes to be important in life and what matters. However, this change required that she adopt a new perspective on her supervisor.

In contrast to Gina's rapid but intense emotional process, Fiona still struggles with her feelings. In her experience of a sudden and shocking death, she thinks about what was done and what she provided herself. She is reflecting on an employment setting where emotions were charged. She is now aware of how practices have been set in place to manage staff in these circumstances. *"…there is an SI process, that's better followed."* (Fiona: 281) (in using the initials 'SI,' Fiona is referring to a 'Serious Incident'). She is aware that a meeting is now organised to debrief staff, to share feelings and provide support. However, at that time this did not happen. She recalls that she was told about the death and was left to herself, so she just withdrew to a quiet place. It was a big shock for her:

It's a very highly charged atmosphere because yes, you yourself are going through a kind of reflection about what practice was given, what did I personally provide. (Fiona: 244)

There was no debrief, that was offered, there was a debrief of myself from my immediate line manager who told me of the news, when it was discovered that the person had died, and I need a bit more time to process it after it was told to me, and I thought 'oh crikey,' and I sort of withdrew and went to a quiet place, left, because it was just a big shock. (Fiona 267)

There was kind of no subsequent formal debrief with psychology or any other kind of, anybody else that was involved in the whole care of that individual, there was no pulling together of other professionals, and in hindsight that would have been helpful, but it never happened, and wasn't even considered. (Fiona: 271)

Again, Fiona is aware that it is now standard practice for professionals to come together, facilitated by a psychologist, to discuss their feelings and pull together responses, in preparation for considering what

lessons might be learnt. She feels that would have been helpful, but it did not happen. While also, there is a requirement to contact and offer support to the bereaved family. Again, this did not happen, and this created a difficult situation for Fiona:

Plus, that individual had a parent, had a mother, and I knew that children's services have been in touch with the mother and had some sort of conversation with her, but our service hadn't, so there was no contact from our service with the next of kin. (Fiona: 274)

Going into that inquest having no sense of what's the views thoughts and feelings of that next of kin and knowing this person's going to be sitting right in front of me while giving evidence, that felt very uncomfortable. (Fiona: 276)

It was very uncomfortable for Fiona to give evidence in a Coroner's Court with a member of the bereaved family sitting in front of her, without knowing what that person was thinking or feeling in relation to their loss. She did not know how things would play out, and found the situation emotive, perhaps anticipating a difficult exchange with heightened expressions of distress:

I thought, I don't know where this is going to go and I don't know what that person's feeling, that's incredibly emotive, and I felt that could have been done better (Fiona: 278)

It is likely that Fiona is concerned about how the bereaved family member felt, as that person might have expected services to have prevented the death, feeling that the support provided was not enough, somehow incomplete or inappropriate. She explains that she was able to give her evidence and that the

Coroner was sympathetic towards the services in which she was employed. However, there was no resolution of the question as to whether the young woman intended to take her life or not:

I gave evidence at the inquest and the coroner was very sympathetic towards mental health services, um and as I say as it wasn't fully clear that this person had intended to take their own life. (Fiona: 263)

The lack of clarity around intention comes up again for Fiona. Like Gina's experience, Fiona found that there was a contrast between her experience and that of the senior colleagues to whom she was accountable. She felt a need to search for clarity, while it seems that her managers responded by trying to control the way that the death would be understood. She describes how she was interviewed following the death and how this felt quite controlling:

I was interviewed by the person conducting the SI, um, that was also done with my manager present, which, felt quite, controlling. (Fiona: 282)

For me it felt like me and three very senior persons questioning me, which um, I did, because that's what I was asked to do, but it didn't feel comfortable. (Fiona: 285)

It felt controlling and uncomfortable for Fiona, to be interviewed by three senior managers. She explains that her manager attended the inquest. Then, at that inquest, for her, it felt like her manager was trying to protect the organisation from criticism, rather than supporting her:

My manager and that was the service manager at the time, attended the inquest and, if felt from the comments that she made that it was her agenda to attend, because she wanted to ensure that there was

no criticism of her organisation, as she felt, that was the idea, rather than actually I am here to support you as an individual. (Fiona: 287)

I did come away with some quite angry feelings about, that, that experience. (Fiona: 294)

Fiona was left with feelings of anger. She felt that the meetings which were held in response to the death were held to control her, or control the situation, perhaps managing any interpretation of events, or expectations of what should happen in response to the death; who would be held to be responsible and so on. She was left uncertain as to whether the young woman intended to take her life, she might have wanted to explore what happened openly while being supported; however, she was left with feelings of anger.

Meanwhile Gina has thought about the client who died and what that death meant for her. She has considered the way that her supervisor was revealed, perhaps, to be quite human. He was taken up in his own concerns about the death. It seems that in response to this experience, Gina started to pay more attention to her own feelings in her counselling work, giving less consideration to her thoughts or what her supervisors recommend:

I started paying more attention to what I feel with clients and less, what I think or what my supervisors think. (Gina: 172)

Gina refocused on what she felt when working with clients and trusting her own responses more than the guidance offered to her in supervision. She describes working with another client, a client who did make

explicit statements about being at risk of suicide. With this client, Gina was concerned about the risk that she might go ahead and take her life. This was another learning process for her:

I did have a really strong response to this client, kind of bodily, I was always really anxious and confused after our session and I didn't, it was really this time in my training and I didn't know what to do with it. (Gina: 177)

My supervisors, I like even remember once they said 'oh come on, she's just an old lady trying to get some attention' and it didn't feel right and now I know that it wasn't right. (Gina: 179)

It seems that in supervision, Gina's concerns about the risk of suicide were to some degree dismissed, while Gina knew herself that this client was not just seeking attention. After the first client that Gina mentioned had died, she felt more centred in herself and although she was working with a lot of supervision, she did not feel the need to take unhelpful advice:

It was weird, like there was this whole team that I was working with, of supervisors and other services, and I felt like after this event, I was much more centred, in myself and I didn't take any shit from any of them. (Gina: 206)

Gina felt more centred in herself and more able to attend to her own feelings. She takes a stronger stance in her work under supervision. Fiona has also changed in response to her difficult experience of an inquest and being interviewed by senior managers. She was left feeling angry and not satisfied with the support she received, or the quality of the service review, as it seems that there was no attempt to learn from the

unfortunate death or ask how services could improve. Fiona is now motivated to ensure that her colleagues are supported when there is an investigation into an unexpected death.

Sub-theme 5: *Finding personal meaning and reaching out to others*

Each of the participants have expressed their own individual understandings and they describe unique experiences. Although common themes are identified, it is paradoxical that one of those shared themes is the individuality of the participants, in the kind of stance that each of them habitually takes. Each participant explains how they are resilient in relation to their specific experiences. For example, Fiona has explained how she has been left feeling angry. The death of a young woman was not treated by her senior managers as a learning opportunity and she did not feel supported. She is now motivated to support others.

Fiona still wonders if a young woman would still be alive if a better service had been provided and she wants to provide better support to the practitioners she manages than that which she received herself. The experience made her thoughtful and she takes care to ensure others are supported:

It certainly made me, more, um, thoughtful and careful about other clinicians who are going though similar experiences and certainly about how that person is cared for and supported through the process. (Fiona: 301)

I've always attended the inquests with staff because I think, it's a stressful experience to have. (Fiona: 308)

Fiona attends inquests with the members of staff she manages, knowing it to be a stressful experience. She observes that this support can be a simple matter of telling the practitioner to take time out to recover and reflect, rather than coming straight back to work. Fiona gives her time to facilitate this:

You know simple things like saying; 'you're going to an inquest in the morning, you really don't have to come back to work for the rest of the day, you know don't feel that, you have to come straight back in and pick up your workload.' (Fiona: 309)

'We can go and have a coffee afterwards and then go home and do what you need to do,' so there is that kind of recognition of reflection in your own kind of quiet time afterwards. (Fiona: 311)

It is very meaningful for Fiona, that she can spend time with people who are struggling with the same difficulties that she has experienced. She wants to reflect with people, but also sees the value of having quiet time for oneself. Fiona is also motivated to have conversations with a bereaved family member, to give her time and attention to their needs:

I made it my business to phone up that person's spouse, to check in with that person, did they need and support, did they need any attention, is there anything we can do to help, leading up to the inquest. (Fiona: 322)

Fiona is describing how she gives her attention to others. She feels a need to support the staff team she manages, she reflects on this as kind of mothering. She wants to provide good care to others:

I almost feel sometimes that I slip into a kind of mother, within the team and providing a good parenting, providing good boundaries and providing good care [laughs]. (Fiona: 337)

People are grownups and they make conscious decisions, and the manage their own care you know, as they should, but there is no harm I think in taking that extra care of people to make sure there are well and attended to, cared for. (Fiona: 340)

Fiona is prompted to laugh when talking about taking a mothering approach. She has young children of her own and perhaps it seems strange to her that she might relate to adult practitioners sometimes as if they were young children. Although they are adults, she sees no harm in expressing her care and ensuring that they feel looked after. She is aware, perhaps, that this caring is not always there for people in our society, so she does not want to replicate the neglect which some people, who are being helped by the service, might have experienced:

It's about not replicating the neglect that the client has had, in their life, and by teaching the staff to be cared for, they in turn care for the client, in that kind of rolling way. (Fiona: 343)

Fiona envisions a way of providing care across the layers of her hierarchical work setting. In her caring approach she feels she is teaching her team members to care, so that the people who are helped by the service feel cared for.

Fiona provides a complete account of how a specific experience has been traumatic for her, and also how this has resulted in her talking the role of a mother or a teacher, now that she is employed at a management level. Although her role might require that she is remote and withheld emotionally, she

overcomes this limitation to be with colleagues in emotional processes. This kind of individual response to specific experiences can be traced in all participants. Dave, for example, is keen to question and challenge the idea that practitioners are indestructible:

Get rid of that stigma, get rid of that old thing; because you're a nurse or a doctor you're tough, you can cope with anything, we know that's rubbish, you know that's so wrong it's archaic. (Dave: 187)

Dave is arguing that the idea of professionals being tough and able to cope with anything is out dated, claiming that this is notion commonly understood to be untrue. This will be related to his own personal journey in which he changed from believing that he was indestructible to saying; *"Yeah OK I've got problems"* (Dave: 121). Meanwhile Adam, who endured bullying at school, is sensitive to the way that minority groups are marginalised. He has developed a desire to help people who do not fit in society:

They can be marginalised by society, you know I like working with people who are if you like on the edges of society, who are just not, they don't fit in to social norms. (Adam: 474)

Being on the edge and not fitting with social norms is a state to which Adam relates and he feels some affinity with others in that position. This has then influenced his choice to train and gain employment as a social worker.

Ben has experienced powerlessness, to the degree that he struggled to identify any action that he could take which would change his circumstances. There are for Ben, harsh facts of life that he must accept. He will be aware that although he might worry that he has not done enough, there are things which cannot be prevented no matter how hard he tries:

You can worry you know, that you haven't done enough, or you can blame yourself, but I think sometimes people do die and that is a fact of life. (Ben: 104)

Death, for Ben, is another one of those things that he cannot do anything about. His experiences have brought him to a way of being in which he is more accepting of others, recognising how it is that often they have not chosen their circumstance and that they have endured harsh realities.

Although she does not mention specific life events, Ellen says she has grown, and she attributes this to being more mature in age. However, she described the difficulties she experienced when she first encountered people who were seeking help due to feelings and thoughts around suicide. She does observe a change in her practice as she has developed skills. In response to her specific experiences, she has learnt that there are things which trigger something in her. She has learnt that she can rely on a network of people who know her well and will help her to reflect and to understand what is happening for her:

It's age, its growth, I'm getting more resilient than I was when I was a teenager, or in my twenties, um, yeah, and like I say, knowing my triggers, knowing my, having that support network I think is really important. (Ellen: 299)

Ellen, like other participants has her own unique way of being, while also, there are patterns and themes in her understanding and experience, which match with other participants. There is a contrast between a time when they have tried to fit in with others, pretending that they are coping and avoiding any reflection on the meaning of their experiences. There is then a transformation, often in response to specific

traumatic experiences, in which the meaningful aspects of their lives are taken up and made their own. Carys tries to explain why she chooses to do a difficult job in which she knows that emotionally distressing events are likely to happen each week, often on a Tuesday:

A lot of life is done on automatic pilot and we have a sort of façade and everybody is pretending that everything's OK, um, and that can be a little bit samey and probably meaningless, whereas, when, when some of those moments with clients, and you really feel, that sort of, what human beings feel, together, it, it, it I don't know if it re-centres me or I don't know, I get something from it that's for sure. (Carys: 272)

For Carys, the unreflective ordinary way of being that everyone adopts lacks meaning. In contrast, when she has difficult encounters with clients, something happens for her. She described how she was knocked off balance by her work with a suicidal young man and she cannot say for certain that these experiences bring her back to being centred in herself. However, there is something for her about feeling what humans feel, being connected and she gets something from that. Gina also talks about staying centred, but not self-centred. She is challenged by her work and is left feeling grateful and humble:

I find it challenging and humbling most of all, because I always leave the sessions feeling more grateful and more humble and less self-centred. (Gina: 325)

'What I think resilience is?', um, what comes at me right now, is, staying centred and flexible through difficult situations. (Gina: 223)

The kind of centred that Gina experiences is flexible, it about the posture she adopts in relation to her world view:

Flexible is posture flexibility, like emotional, um, your own kind of world view and openness. (Gina: 242)

For Gina, being centred is an emotional flexibility which is open to the world. Her experience is similar to other participants, who are all on their individual journey through life, but all open to the world and therefore, they all have similar outlooks. The idea of being centred is not orientated to an individual past, or to a promotion of a fixed self, or meeting selfish desires. Being centred is revealed to be orientated to the world and the truth of the human condition, to an honest acceptance of what might happen for us in the future, although that reality can be emotionally distressing.

The unique but shared experiences of participants are like the 'being together but separate' experience which some of them describe in their encounters with the people they try to help. There are moments when it is clear for them just how they are the same as others while having a specific human way of being, forged through their own experience of life. They are not just doing what any other metal health professional would do in their place. They are bringing their own meaningful self to encounters with others; they are projecting themselves into the future while being opened to possibilities.

Chapter 6: **Discussion**

Introduction

The experiences described by participants reveal a kind of resilience which is drawn from them, when they are open to the possibility that the people they try to help can die; when they face the task of finding meaning in this possibility. The possibility of death comes to the fore in their professional encounters, and, as described in the first theme; *Not-disengaging in an emotional process*, they do not disengage but stay with their client's feelings and concerns. They find themselves taken up in emotional processes, being with, but also separate. They are caught in the moment as these encounters are played out under the pressure of time, often with conflicting expectations around risks and responsibilities. They can be detached while also emotionally engaged and consistent in repeated durations of time. They are selective in expressing emotions. In their resilient responses they adopt both meditative and more active positions, as they face dilemmas in the complex institutional systems of their employment settings.

As described in the second theme; *Growth through enduring difficulties*, most participants talk about enduring difficulties in their own lives, through which they developed a desire to be closer to people, feeling stronger through self-understanding, valuing what they have, wanting to help others. Resilience is seen as developing over a life time, built on childhood experience which included both security and challenges. This is a form of personal growth that stands in contrast to a kind of resilience which relies on pride, control and imagined indestructibility, driven by fear. When moving on from a fragile and isolated position, participants describe how they feel deconstructed, powerless and emotionally raw. Resilience is found in their professional roles, in an awareness of the possibility of death, in powerlessness, surrendering to being out of control, while using reflection to remain balanced.

Participants explain in the third theme; *Being human under the scrutiny of authority*, that resilience involves being present with someone, with a mutual understanding of their stared human states, in an engaged emotional encounter. Accepting their flawed humanity is important, even though they are under the scrutiny of authorities, facing complex and contradictory expectations. Then, the shock of a sudden death can be experienced as traumatic but strengthening, an experience which pulls a person into being present in their work. A sense of being in conflict with senior colleagues and authorities can add to the difficulties that participants face. However, in these further experiences of trauma and personal growth, participants feel motivated to be there, to value, to offer support and empathy when others struggle with similar difficulties.

In the third theme, sub-theme; *Finding personal meaning and reaching out to others*, each participant's motivation is revealed to be deeply personal and individual, while also rooted in a shared need to make life meaningful. Motivation is sometimes problematic when it clashes with that of managers and supervisors. Being motivated and seeking balance are responses to individual and specific life-difficulties, which inspire emotional commitment, fostering a change and growth. For participants, trauma and pain are more bearable in shared empathic understandings, in these changed ways of being.

In this study, I explored resilience not as a psychological disposition, but as something that is revealed in where we are and what we do, how we are with others in each of the durations of our day. I find that the 'being with' which participants describe, opens possible worlds for them and, also, for us as readers. These potential realities connect us to emotional processes in our unfolding awareness. When participants reflect on what can happen for them and how they will be perceived, in possible future situations, I suggest that we can also be opened to those possibilities, when we share a world-view. This is often

related to duties and responsibilities; to what 'people like us' should do in a moral order, although expectations vary and sometimes conflict.

As participants thicken the duration of the moment, we can see how they playout different imagined outcomes or possibilities, which might be understood as the consequences of their responses and choices. In the first theme, sub-theme; *From meditative to active*, participants describe how they become aware of possible ways to be as revealed by the experience of the person they are trying to help; the possibility of being suicidal themselves or that a close relative might experience this emotional state, with associated thoughts of desperation, meaninglessness and hopelessness (also described in the second theme, sub-theme; *Being human*). In the first theme, sub-theme; *Detached, but empathic and consistent*, participants describe how they control their emotional responses in what they selectively display. While again in the first theme, a participant is moving from one emotional state to another, trying to find a way to help her client to avoid making further attempts on his life.

In the second theme, sub-theme; *Deconstructed, powerless, raw, surrendering to being out of control*, a participant reflects on how the sudden death of a client changed her. She says there were problems that she previously struggled with, which she then felt were smaller and not worth giving her energy to. She explains that the death did not cause her to feel fear, but to experience a rawness, a sense of being present and even more caring. She does, however, give an account of holding anxieties after difficult encounters with clients, along with other participants, as described in the second theme, sub-theme; *Reflection and letting go.* This letting go can happen just after a session, the next morning or several days later.

I suggest that an awareness of the possibility of death is not a discrete from of anxiety, in the face of which people might or might not develop resilience. I suggest that being aware of the possibility of death enables

a kind of resilience, a deeper appreciation of the fragile and temporary nature of being, of the value of that being. Participants describe in the first theme how they have come to accept that people can and will choose to die. Then, in the second theme, the participant who describes herself as feeling raw and even more caring in her sudden awareness that people can choose to take their lives, feels an urge to do everything possible to help those people.

I suggest that becoming aware of the possibility of death can in itself be a form of resilience. This might be an awareness which puts other concerns and anxieties in perspective for us as minor troubles, for example, or a heightened valuing of being alive. I think this means that an awareness of the possibility of death might be relevant in any development of resilience, in the face of all challenges and forms of austerity. Although the experiences revealed in the second theme suggests that recovering from trauma and closeness to others are also part of this valuing of being alive.

I observe how trauma and distress are powerfully brought into awareness for participants and potentially for us as readers. For participants this is both the trauma and distress of the person they try to help and their own difficult experiences. In staying with these possibilities, they can be caught up in emotional flows, driven by what might happen. They talk about being in a system, in the sub- themes towards the end of the first theme, and in the second theme, when reflection and awareness are explored.

The accounts that participants give reveal for me how resilience is not something we can already have in us, as would be assumed in an essentialist understanding. I question the claim that it is a measurable personality trait. Consistent with the Post Traumatic Growth literature reviewed in this study, resilience is something that we might learn to express when we have encountered difficulties. I am aware that in mental health services, we do not always know that our interventions will be effective, or that everyone

will be safe and still alive the next day. If, following Sartre (1972), resilience is a transient emotional state which we signal to others, a 'pre-reflective act of imaginative consciousness,' then it is an anticipation of congruity and consistency in our ways of being, of mutual safety, grasped in circumstances where these outcomes cannot be predicted or controlled.

Reflection box 3

I feel that, when I have asked each participant to describe how they are as a practitioner, I have been somewhere with them; 'not-disengaging.' I know that the moment of 'being a practitioner' is over and we cannot go back to live it again. Instead, I am on a journey with participants in our conversations, as we retrace their footsteps in our intersubjective space. Staying engaged, being within that space, is where I retrace our steps again, as I conduct an analysis of their words.

A naïve realist might object that the practitioner does not go anywhere, and neither do I. They might observe that the practitioner remains sitting in their chair in front of their client, and then they are sat in front of me, talking. This is true, but I recall walking together with participants in our conversations, as we wandered here and there. It felt like I joined them in a space they occupied, and I ask you as the reader to join us, as the words of participants are opening places for you to explore in your experience, where our horizons overlap.

While writing up my analysis, it feels like I am wearing a garment which represents an amalgam of each participant's experience, their way of being in their professional encounters. In my analysis of their experience, I fashion and adjust this garment to ensure that it covers

everything it needs to. While also, as I go through the daily movements of my work as a mental health practitioner, I test the fit of that garment. I check that its seams are secure, that it does not restrict my movements. I now invite you as the reader to try this garment on, to see if it fits in your world. It is not a 'one size fits all' garment. Instead, it is something that is specific to a way of being in a limited context, but I hope, it is something which reveals the truth of this unique life-circumstance.

The three themes and their sub-themes described here are my way of drawing significance from the experiences of participants, as revealed in their accounts. I offer them as a structure within which possibilities are set out. It is the possibility that we as readers can have similar experiences that validate my analysis. I suggest that the analysis is of interest and has use because of this; because it might help us develop our awareness of what might happen for us. In describing possibilities my analysis remains hypothetical and another researcher is likely to have found different themes in an alternative structure. We cannot travel back in time to discover what participants experienced, but we can find meaning in what they say, and this can prepare us for the future.

In this discussion chapter I will start with a reflexive evaluation of the study, I will then explore what resilience means if it is a kind of emotional stance. I will explore a metaphorical construction of resilience and consider what is revealed in the analysis in relation to freedom and choice. I will explore possible recommendations before drawing conclusions.

A reflexive evaluation

When deciding to explore this research topic I was concerned about an expectation which I found quite challenging. This was the expectation that mental health practitioners should become more resilient; that they should toughen up. In the introduction chapter I asked whether this expectation might be a form of oppression, or could it be experienced more positively. Facing difficulties in life might be part of an authentic encounter with what it means to exist in the world as a human being, something perhaps, which makes us stronger (Nietzsche, 2003). Then, in my analysis, I found that the experiences of participants do reveal oppression, in the sense that there are tensions between people across levels in hierarchical structures, as set out in the third theme; *Being human under the scrutiny of authority*. I will consider oppression first and then move on to the possibility of more collaborative experiences, as revealed by the analysis.

The study employed a strategy for recruiting participants with the intention of gaining a varied but representative sample. There are clear gaps, as only a limited number of professions are represented, and while participants from primary and secondary services were included, there was no one from inpatient services. However, the material gained was rich and the inclusion of more participants could extend the analysis to an unmanageable length. Clear commonalities of experience in relation to the possibility of death were found across the different participants and their work settings. I suggest that while there were significant variations in the employed role of participants, the themes I set out encompass this diversity enabling a coherent picture to develop.

In the third theme, some participants describe how they worry about risk, observing how their supervisors and manager diminish and minimise their concerns. Then, when a client dies, people in these senior positions are concerned about managing expectations around blame and responsibility. Also, in the

second theme, sub-theme; *Reflection and letting go*, participants talk about the system in which they work, describing how they reflect when caught up in these conflicts. Again, in the first theme, in the sub-themes in which participants reflect on how they work in these conflicted systems, they observe that they can be manipulated by clients and managers as events are interpreted differently, with a kind of political spin. This is related to the imposition of subjectivity, as the way that participants are seen or understood can be imposed on them by one or other construction of what has happened.

Although the way things are understood can be imposed in their work settings, participants seem to be skilled in reflecting and working with this, being aware of the processes by which they can be positioned in negative subjectivities. For example, as revealed in the first theme, sub-theme; *Detached, but empathetic and consistent*, while a team leader does not tell others that she is anxious, she does express concern for the wellbeing of the practitioners she managers. She explains how this as a response to her concern about the possibility that she is experienced as cold or distant. In this first theme, other participants describe how they rise to challenges, grappling with conflicting pressures. They can express a kind of righteous anger when clients are not getting their needs met or their risks resolved. However, I notice that there is then the problem that they could be positioned as 'over-emotional,' or even 'unprofessional.'

A specific form of imposed interpretation or manipulation is revealed in the third theme; sub-theme; *Being human*, when a participant describes being asked if he became a caring professional because he wanted to rescue people. He reports that being placed in this dis-preferred subjective position undermines the value of his emotional commitment to his work. This is an interactional maneuver which appeals to the common notion that unmanaged emotions can undermine decision-making, which would otherwise be essentially rational. It offers up the view that remote rationality is the preferred professional

stance and that actions should not be driven by personal motivations. I believe that the analysis I have presented challenges this view, and that emotional commitment is essential to resilient forms of professional caring.

In conducting the study, I experienced anxieties and felt pulled about in a manner which seemed to mirror the conflicting pressures and positioning that participants describe. My subjectivity could be understood in different ways. For example, I have chosen a methodology in which I reveal and reflect on my emotional process. I am concluding this chapter with the suggestion that my research project should engage the reader at an emotional level and feed into motivations and concerns. In adopting this approach, I reflect on how I could be positioned as 'over emotional,' as lacking the necessary professional distance, or scientific objectivity, that is required in 'serious' academic work. I could find myself placed in a negative subjective position, as the naïve and emotional student who would be an ineffective practitioner. The expectation that professionals should be emotionally remote and rational seems to be another pressure to just toughen up.

In this study I give priority to exploring meanings and this could be criticised as neglecting 'hard evidence.' I have referred in the literature review to research which measures biological aspects of resilience, and of burnout. Perhaps more could have been done to approach the topic of the research study at an embodied level. The balance which several participants describe in the third theme; sub-theme; *Being human*, might involve a rational choice to maintain good habits with sleep, eating and exercise.

If I had chosen to measure the practice of self-care, such as healthy living, then perhaps clearer recommendations could have been made. Perhaps evidence could be found that practitioners feel more resilience when they attend to their need for rest, sleep and self-care. However, I chose instead to work

at the level of meaning and the accounts participants give of maintaining balance involve a lot of meaning making. This is the level at which an awareness of death enters our world view. Following existential theory, I observe that our human state is not fixed, and we cannot retain our balance or remain healthy forever.

When the closeness of death breaks into awareness, the meanings we attach to the events of our lives, and our way of being, will be altered (Heidegger, 1962). Participants in this study express a further awareness related to the openness of our choices. They describe how they came to realise that people might choose to neglect their safety (falling to their death from a balcony for example), or they can actively choose to take their own life. Reflecting on this awareness of choice, I chose not to ask; 'how can we make practitioners work more effectively?'; instead, part of what I ask is; 'why would they want to work more effectively?'; exploring their concerns and their motivations, along with the openness of their choices. To remain balanced myself, I have explored my own concerns and motivations in the reflexive elements of the study.

Contrasts can be drawn between different understandings of responsible decision-making (Cowles, 2017). In this study, the experience of participants reveals an openness and freedom of choice. Following Sartre (1970), we can observe our 'radical responsibility' alongside our 'radical freedom.' Following Frankl (2004), practitioners are free to choose how they respond to that which they encounter; they are responsible for the task of giving their lives meaning. This understanding of choice does not imply practitioners are responsible for things beyond their control, although they might have a responsibility to the 'other person' (Levinas, 1969). While a 'responsibility for the other,' is assumed in an understanding of decision-making in a society as governed by a moral order (Stein, 2006 / 1925; Strawson, 1993). In a moral order, if practitioners can choose their actions, then the death of someone who needs help would

only occur when a practitioner makes the wrong choice. I suggest however, based on the analysis in this study, that a resilient attitude requires more of Sartre's radical responsibility than an imagined control in a moral order. I believe that the study has been effective in revealing this in the experiences of participants.

In my own construction of resilience, in the chapter on reflexivity, I referred to my concerns and motivations. I reviewed my struggles with dyslexia, role-confusion and other life challenges. An unresolved question is revealed in my sense of overcoming these difficulties, while also wondering if I am suffering from burnout. I referred to literature which links resilience to a sense of being in control (Bandura, 1995), but also to literature which refers to tolerance and forbearance when experiencing a loss of control (Gilbert, 2010; Gustafsson & Strandberg, 2009). Then, in my analysis in this study, I was surprised when the experiences of participants were revealed, when they appear to be more tolerant than I am, when lacking control and feeling powerlessness. I was surprised when actual deaths were revealed as a significant concern, not just potential deaths

When participants described their willingness to encounter their limited ability to be in control, this surprised me. I thought perhaps I would be recommending that we help practitioners with their development of personal growth, or Post Traumatic Growth, or even Vicarious Post Traumatic Growth, as this might enable them to feel more in control. I thought that feeling more in control would be of benefit to them, to their employing organisations, and to the people they help. I learnt instead, that it would not be a good outcome for resilience to be something we try to control, another target for service improvement, another exercise in institutional rationalism which ignores human experience. I do not now want to promote the idea that practitioners can be 'made to be more in control,' which seems quite paradoxical.

I am, in this study, approaching human choice as something that is open or free, not an outcome of cause and effect relationships. This freedom is what makes me accountable as a researcher, while also, enabling me to empathise with participants who are also held to account in their employed roles. Understanding ourselves as having freedom of choice is necessary to the functioning of society (Stein, 2006 / 1925; Strawson, 1993). It is not surprising then, that participants extend this to the people they try to help; experiencing them as free to put themselves at risk of death, or free to actively take their lives. If we accept that others are free to make their own choices, then we also accept that our ability to control or manipulate them will be limited.

I find myself reassured and inspired by the acceptance that participants express, of their own limitations; as revealed in most sub-sections of the second theme. I also find this acceptance in the first theme, sub-theme; *Death and duty in a* system, an acceptance that the people can choose to die. Participants recognise and work with their human limitations and with the uncertainty of each person's continuing existence. As revealed in the third theme, sub-theme; *Accounting to authorities following a* death, they also work with the conflicting expectations of senior colleagues, and others, that deaths should be prevented and if they are not, then someone has failed to act as a responsible practitioner. Senior practitioners appear to act on the assumption that blame can be attributed.

Is it irresponsible of me to conclude in this study that our ability to prevent death in mental health services might be limited? Or must I do everything I can to ensure that practitioners are motivated to intervene and keep people safe? Well I think it is a form of oppression to hold people to account for things they cannot control, to deny them the resources they need and then blame them for failing. However, it is likely that those who are employed at higher levels of commissioning and service design are also limited

in their agency and their ability to control. I must accept that we all face the facticity of our existence; in meeting the expectations and assumptions of the world we happen to find ourselves in. I suggest that in facing these realities, and choosing our response to them, we might change things through honesty and resistance.

Emotional honesty

Questions were posed for me as I conducted the analysis and thought about existential theory. Is it more honest to passively let emotions wash over us, because 'that is how we really feel,' or, is our honesty revealed instead when we recognise our ability to choose, to take up an emotional stance? Is truthfulness revealed more authentically when we ride waves of emotion; when we decide how to respond and display that response strategical, becoming open to the possibility that a preferred future state of being might come about. The strategy of withholding emotional responses or expressing them selectively might not be dishonest. It might be inherent in our being in the world, that we are always caught in an emotional flow and always have choices, when; *"A mood assails us. It comes neither from 'outside' nor from 'inside' but arises out of Being-in-the-world"* (Heidegger, 1962: p. 176). We can still choose how to be in that world, in that flow, in our active emotional engagement with it (Slaby & Wüschner, 2014), we can choose how we respond to what happens (Frankl, 2004).

Participants, as they describe in the first theme, are sometimes choosing to let themselves be pulled long in the flow of emotion, as they hear the distressing accounts of the people they try to help; while to disassociate emotionally from what they hear would also be an option. I observe that we can all choose to step out of a flow of emotional experience, or perhaps, to let ourselves drown in it. Alternatively, we can make the emotional drama our own, in letting our own distress drown out that of others around us;

there is always choice. However, the analysis that I present here suggests that making the choice to 'strategically ride the flow of emotion' becomes available to us through an ability to engage in a deep interpersonal connection, which requires intense emotional effort, founded on an honest encounter with our own traumatic experiences.

If emotions were not an intersubjective flow, if they were static and located in people, we might then be able to peel back the layers to discover a supposed disposition at somebody's core, as suggested in humanistic theory (McDonald & Wearing, 2013). It might be assumed, for example, that a person's disposition is suicidal, as if suicidality were a discrete part of them, rather than a possibility we all face. From an existential perspective, subjectification of this kind is unhelpful, but perhaps an understandable aspect of a given world or epoch (Foucault, 1973). It is proposed, that to choose to take up and live one's life, or not, is a philosophical challenge we all face (Camus, 1991). That dilemma is not located at our imagined core, but in our way of being in the world, along with others. At our core we will only find the void of uncertainty and possibility (Sartre, 1970), the roots of our 'not being at home in the world' (Heidegger, 1962).

In the third theme, sub-theme *Finding personal meaning and reaching out to others*, participants talk about feeling centred, but not necessarily in themselves. They might feel centred in whatever it is that the distressing experiences of their client opens for them. This is perhaps a more honest and complete connection with the possibilities of existence. I suggest that encountering these possibilities provides something for each participant, a kind of resilience.

As revealed in the second theme, sub-theme; *Reflection and letting go*, participants are aware of how they occupy different subjectivities; contrasting ways of being that are sometimes taken on by them,

sometimes imposed on them by others. Behind this series of habitual wearing of masks, or different hats, nothing is fixed, in this 'not being at home in the world' (Heidegger, 1962). This lack of essence, and uncertainty, is addressed instead in reaching out to others to mutually experience the givens, the existentials of existence (Merleau-Ponty, 1962). Perhaps, where people have encountered limits imposed by these givens, such as the finality of death, the necessity of choice, the isolation and connectedness of relationships, a sense of being centred in something can then be experienced.

I suggest that the notion of control belongs to the world of empirical science, while in human affairs people will talk in a less precise manner. They talk about moral responsibility, praise and blame, guilt and pride, crime and punishment, gratitude, resentment and forgiveness, because these constitute the materials that we use to build our social and moral order (Stein, 2006 / 1925; Strawson, 1993). In response, I recommend honesty and resistance in meeting our responsibility for controlling ourselves.

I do not find that selectively displaying emotions is simply a case of 'mind over mood.' A mind is never stable or separate in the flow of interaction, there is no 'rational decider' at our core, as supposed in humanistic theory (McDonald & Wearing, 2013). Instead, I follow a line of reasoning from Heidegger and Foucault; that we are in world with each other taking up available subjectivities. I wonder if, perhaps, emotions cannot be encapsulated in an individual, unless others actively resist the sharing of that state and it is then imposed on a person in the way they are positioned, labelled, understood and managed. I suggest this subjectification can impose states such as being a 'burnt-out practitioner,' or an 'actively deciding rational professional.' The experience of participants in this study suggests that being resilient would mean selectively displaying emotions; making a choice not to be defined within a subjective position. This is the kind of honest resistance which I observe in participants.

In the introduction I discussed the metaphor of performance; the claim that we are acting the roles in which we find ourselves. This could make sense if we were all isolated individuals, choosing to rehearse for our lives, reading from scripts. However, life is a live performance and scripts are not always available. Sometimes we have just got to make it up in the emotive flow of the moment and we might then discover new ways to be in a form of personal growth.

In my experience, when we disassociate ourselves from the flow of our own emotions, we often attribute them to someone else; that other person is the poor unfortunate victim who feels sad and helpless, poor thing. We then cling desperately to a preferred subjective position, pushing others away. In contrast when we experience our emotions, we are reaching out, in attraction or repulsion, in a flow of energy. I suggest that riding the flow of emotions is a practice, a skilled way of being that practitioners develop over time, as they work to stay present, like a surfer cutting their board into that point in the wave at which their balance can be maintained; they will then be carried forward.

For me, the accounts that practitioners give in this study reveal how they work to control their responses, to stay with other people emotionally, while dealing with the complexities of their employed roles. I suggest that it is only through their being in those difficult situations quite often that they can maintain the skill of constant adjustment and finding balance, establishing a way of being with others that expresses calmness, optimism and acceptance. Meanwhile, I believe that although they must work within professional boundaries, they must not use these limits as barriers, as a kind of armour. Otherwise, they will feel trapped, unable to find a person shaped space within an imposed subjectivity, in a rigid and suffocating state. To push the metaphor further, wearing armour will cause them to sink beneath the wave of emotion.

I suggest that in their attempts to remain balanced, coherent and intact, participants seek to play a human role in the drama, rather than just representing the instrumental rationality of their employed role. For me this is revealed in the third theme, sub-theme; *Finding personal meaning and reaching out to others*. In each of their unique and often traumatic experiences, participants are experiencing and expressing their flawed human state, not just representing the service in which they are employed, as any other worker would. While at the same time they are expressing givens, or certainties, such as the reality that we are all somewhere in life, telling a story about people like us, all subject to the same critical authoritative questioning. I find it reassuring and inspiring when these robust and self-evident truths are drawn from us in the immediacy of being present in challenging situations.

I suggest that, when we do not fit within the subjective positions that are made available to us; when the material and the social fail to hold us, we are then open to the possibilities and limitations of our existence. We find ourselves reaching into the void to touch and explore the contours of that existence. We are gauging the unpredictability of 'anything might happen,' grasping the certainty of 'time is running out,' feeling the familiarity of our 'being together with others,' and the strangeness of our 'belonging to no-place.' If we can also be honest and resist imposed meanings, we might be resilient.

A spring of resilience and freedom

At the core of this study there is a simple observation which is easy grasp. Laura Barnett expresses this clearly in her statement: *"…unless professional boundaries have become barriers, when death enters the therapeutic space it touches both therapist and client."* (Barnett, 2009: 2)

The discussion presented here is my attempt to represent the experiences of participants, as much as is possible. While at the same time, as a participant observer, I was deeply involved in the exploration of the phenomena under discussion. In my conversational work, following Merleau-Ponty and Gadamer, I took steps together with each participant in directions which neither of us anticipated, to places we could not have gone alone. This revealed findings which were a surprise for me; the acceptance that participants expressed, that they cannot control others and that they should not therefore be held to account for the choices of others, although, as they describe in the third theme, they face critical authorities in social processes where this accountability might be assumed and imposed.

I found myself developing metaphorical understandings in discussion with one participant as we wondered together about the nature of resilience. As I spoke, I unexpectedly found myself comparing resilience to a spring which arises through pervious rocks and to the spring of a bow.

In discussion, I observed how water rises through a spring or well because of a layer of rock through which it permeates. I suggested that emotions flow through people in the same way, where some people are impervious and closed off, others take the flow into themselves and they filter it through their search for meaning. Resilience, in one sense is the ability to let feelings in, to process them and to let them flow out of us in a purified and refreshing form. Often, then, being sandwiched between people who do not let feelings in, it feels like there is too much pressure for us to process the flow. Then, I spoke about the energy that is built up in a bow when it is put under pressure, this energy launches the arrow into the air. If we are resilient, the pressure we are under does not break us, we are flexible enough to absorb it, to take it in and to hold it. It motivates us, and we can release it in a targeted thrust towards an intended state of being.

I observe the way participants choose to work in employment settings where they are returned repeatedly to encounters with the possibility of death, loss, trauma and many other emotive scenarios. As revealed in the first theme, they know that they will be pulled into uncomfortable emotional exchanges; they will feel powerless, anxious, out-of-control and they will struggle to contain what is happening in the available time and in their given subjectivities. The question is posed by one participant in this theme, sub-theme; *Being with but separate*; why 'why am I here,' why would anyone put themselves in situations where their choices are limited, and they are at risk of being held responsible for outcomes they would not have chosen? The answer is given in the third theme, sub-theme; *Finding personal meaning and reaching out to others*, that they do this because they gain access to something they experience as real and meaningful.

From a Critical Social Psychology perspective, participants can be said to be self-regulating; working on themselves to manage distress and fulfil the expectations of their employing agencies (Rose, 1996). Perhaps in a way they are managing risks, so that illusions can be maintained, such as that all deaths can be prevented, and all illness treated. If they are doing no more than fulfilling the expectations of their employers, it is difficult to see how they exercise freedom or make their own choices. However, it is not clear that there is a space in society for them to be which does not impinge on their freedom.

> *"To fight against the invasive influence of power, is to hold out a promise that we might one day become free – no one controlling our containing us with an alien knowledge. Yet, freedom from the ordering effects of language, from forms of life, from all traditions or conventions is not freedom: it is essentially a step into insignificance – a space where there is no freedom because there are no distinctions, and thus no choices."* (Gergen, 1999: 40)

Being in society is part of the facticity of our existence (Heidegger, 1962).

In the first theme, sub-theme, *Death and duty is a system*, participants describe how they must accept that people can choose to take their lives, while also, I suggest, the idea that suicide is a consequence of insanity cannot be avoided. Suicide might be seen as; *"…the freest decision of which the Dasein has been able to avail itself: the decision to make an end to the hopelessness of experience by annulling entanglement and ensnarement in general."* (Binswanger, 1963: 258). Suicide might free us from our unbearable intersubjectivity and imposed subjective positions. In contrast, the alternative strategy of escaping into insanity is binding, but both reject the requirement to live as 'an independent, autonomous selfhood' (Cohn, 1997: 110). Both suicide and insanity are therefore a giving up of freedom. The possibility of death and insanity as the ending of possibilities brings meaning to the choices we make (Carel, 2006), but the actuality of death and insanity is the loss of possibilities. Paradoxically, the possibility of having no possibilities is always a possibility (Heidegger, 1962).

In an existential understanding, evolved from the work of Kierkegaard and Heidegger, the individualising influence of death is observed. Our developing awareness of personal finitude is thought to separate us from the crowd and move us towards a more authentic way of living. The problem with this is, that it neglects Heidegger's equally important observation that we are always with others (Carel, 2006). As Stolorow (2007) observes, the separation between personal and collective responses to trauma creates splits between people and within them. I suggest that the practitioner's ability to avoid disassociating themselves from the reality of trauma, both their own and that of the people they help, is key to the healing process. It is also key to that practitioner's resilience. This ability to avoid disassociation can be traced in the accounts that participants give, particularly in the expressed need to stay with the distress of the client, as revealed in the first theme, sub-theme; *Being with but separate*. This 'not disengaging' is

for me an inspiring commitment to be present with the way we find ourselves in life, in a society, in a context, subject to the meanings and interpretations of that place.

Recommendations

I do not attempt in this study, to take participants out of their social context, or to understand them as objects, subject to laws of causality; as things which might have a quality that we would call 'resilience.' Neither do I assume that there is a stable and consistent rational decider at their core, that would make all the right choices, if external pressures could be eliminated. I approach participants in the contexts of their lives. This does then place limits on my ability to generalise results or to make recommendations.

It is our individual responses to the facticity of our lives, to our limited and situated freedoms, that existential theory observes (Heidegger, 1962; Sartre; 1970). We are all always in context and I have worked to engage emotionally with the accounts that participants have given, remaining open to the distressing and traumatic realities inherent in each of their specific ways of being, while also maintaining an awareness of the given qualities of human existence. I suggest that in hearing their accounts, we might be more prepared to accept that trauma and distress can happen to any of us, that it probably already has, and if not, it will sooner or later. I suggest that these things are not just happening for other people, for those we think of as less fortunate.

Employing Heidegger's notion of 'instrumental rationality,' as observed in the Methodology Chapter, mental health practitioners can be thought of as equipment, as the means by which we in our society deal with the distressed and the disabled. Edith Stein had observed that the state requisitions people who must then enact its processes, to get things done, while the state never becomes human; it cannot

understand or feel for the people it uses (Stein, 2006 / 1925). Practitioners can then, in these understandings, sometimes fail to be 'ready-to-hand.' They would be like a hammer which is the wrong size or broken; they are failing to function below the level of our awareness in the 'in-order-to' tasks we set them in our society. If, for example, suicidality is not tidied up by practitioners as a preventable symptom of mental illness; then, the human distress that is caused when a Government cuts wages and welfare support might be exposed.

In response to the experiences of participants, as revealed in this study, I suggest that their functionality, their resilience, is an aspect of their individual human becoming, not a thing we can use, but who they are. I do not believe we should give them the task of 'making clients feel better,' as in being disassociated from harsh realities. I do not think they should be employed to protect the public from harsh realities, by pretending that people can be 'made better;' that 'all deaths can be prevented;' that harsh realities have no substance, no effect on us, that everything will be fine, and we will live forever.

I observe that it is because there is no right or acceptable way to do things, that we are subject to the critical judgement of those who hold power. I see reflected in the experience of participants, my own sense of wrestling daily with the negative ways in which we can be cast in popular understandings. A trainee in the army cannot just 'be somewhere,' the words of a witness in court 'cannot be taken at face value' and an entertainer cannot 'be accepted for who he is.' Under these pressures and criticisms, I find that it is not so much that we lose our reason; it is more that reason and rationality fail us by offering us no solutions. I find we have no means of justifying ourselves, particularly when facing the challenge of 'why do you care?' and many of us then feel driven to madness or suicide. In response to this, and in response to the experience of participants in this study, I am hopeful that existential resilience can be developed and practiced more often. If we can learn to ride the flow of emotions and retain our balance

in places that we find it is difficult to be, if we can remain congruent with our own human state in facing uncomfortable truths and distressing realities, then our presence might be helpful for others. Where I cannot make recommendations, I hope instead to inspire. Changing the world requires that we help each person, one at a time.

Following my analysis, I am not able to recommend solutions that could be applied through the introduction of prescribed practices, through changes to service delivery or policy. Instead, I must observe that an assumption of this nature, that people can be made more resilient, must be challenged; practitioners and the people they help cannot be made more resilient through some kind of instrumental intervention. I can observe that if mental health services are to attract and retain staff, they need to accommodate the individual motivations which inspire people to help others. I suggest that a practitioner's resilience, and perhaps their effectiveness, cannot be brought about through bureaucratic or regulatory processes. I suggest that an individual and emotionally engaged respect for others needs to be promoted as a form of resistance to the economic rationalism of modern societies.

I could recommend that practitioners take a meditative approach and maintain their awareness of their ways of being in the world, their inability to control aspects of their lives, their facticity, the way they are thrown into circumstances that are not of their choosing. This would not be a passive awareness, but a 'letting it be' awareness; it is the positive possibilities that lie just beyond our horizon that we are letting be, and we are thereby letting them come to fruition (Davies, 2007; Heidegger, 1962; 2010; Schwieler & Magrini, 2015).

I am aware that a lot of facts are often stated in the findings of research studies, leading to complex recommendations. However, I wonder whether, in the moment in which practitioners engage with human

choice and all the risks that this freedom opens for them, how useful this is? Because in that moment, while they are accountable to critical authorities, it is the emotional immediacy of their being that is the mediating factor. All the facts and recommendations that are set out in the rational accounts of research and associated policy documents have no actual existence in the intensity of human encounters, other than what can be brought to into awareness in that moment.

I take note that there is only the now which we are locked into, in our current duration. This now does not always draw rational calculation from us, or the detail of what we read some time ago in research papers or policy guidelines. The experiences of participants in this study suggests that our ability to remain balanced and consistent in ourselves depends on skilled navigation through the emotions of the moment, founded on experience, where we have incrementally built our resilience in repeated distressing encounters with harsh realities. It is not a matter of finding and following a script. It is a response to the current situation, a situation which we have never encountered before. It is an opening to the possibilities of that situation, leading into the future.

I am aware of the intense emotional flows, which erupt for us in the sudden realisation of the possibilities of death, trauma and loss. I know these can be managed as symptoms of illness, tranquilised and tidied away. However, I suggest that it would be more helpful in mental health services, if they could be harnessed as motivating forces, as invigorating and enlightening in the way that they expose us to the givens of our existence. Resilience, I observe is not then something fixed or measurable inside us. It is something to do with our need to find meaning; experiencing that which is salient, or significant for us in the flow of emotional connection in human to human contact. Resilience in an existential sense is how we are pulled into being and strengthened by a firmer grasp of what it means to be alive, to have choice, to be with others.

I believe this study reveals the importance, in mental health services, of remaining open to the nature of our existence. I do not believe it is helpful to objectify the people we try to help, separating ourselves emotionally, assuming trauma and stress only happen to other people. It is not helpful if we diagnose and categorise, editing the person out of their experiences and seeking instead to interact with a proposed pathological psychological process or illness. I observe that we then fail to connect with or support the person, while also as 'burnt-out' practitioners, we pathologise ourselves. Instead, I recommend that practitioners are supported in accessing adequate supervision. I believe that we must build trust and we must hear practitioners when they share accounts of their own emotional processes, when they are open to their vulnerability and powerlessness, when they face the reality that they too can experience trauma and distress.

While ethics and responsibility in a moral order are important, I want to recommend that mental health practitioners attend to the responsibilities that they have to themselves. I recommend that they maintain their awareness of their vulnerability, of the closeness of death and the potential for traumatic experiences to occur at any time. I recommend that they continue to reflect on these things and to talk to others about these harsh realities. I recommend that space is provided in the systems of organised mental healthcare, for practitioners to be open to their experiences and to share them with others.

Conclusion

If you are a mental health practitioner who is struggling with an unmanageable caseload, or a manager who cannot allocate referrals due to limited staffing, if those who are under your care remain distressed and at risk, I do not have easy answers to offer. I tried working more hours, I tried to improve systems, to

find better solutions. Then in conducting this research study, I took myself through a process of coming face to face with the impossibility of these challenges. It seems that I am trying to connect with others in an honest acceptance of our human limitations. I continue to work each day, facing these challenges, and like Sisyphus I know that rolling that boulder up the hill is enough (Camus, 1991).

I have found that a meaningful and comprehensive understanding can be generated, when as the researcher I am involved in the world, concerned about the topic, and then going with participants, becoming involved in their concerns and activities (van Manen, 1990). This involvement can reveal the meaning of signs, such as an indicator light on a vehicle, or the notion of 'resilience.' I find that the meaning of such phenomena becomes apparent when the researcher is operating equipment alongside the participant. The concerns and the way of being of the person are shown, through the equipment they use to extend themselves into their world and by how they use it. I could have chosen other methodologies, which reduce the inherent complexity of this to one level of analysis, such as; the nature of the individual, or their society, the power-dynamics, the structure of language, unconscious process, and so on.

In this study, I did not want to approach the psychological self as an isolated leftover, or a remainder, when everything else is bracketed. I have observed that the self can be a form of equipment, a specific subjectivity one moment and then suddenly another. I also observe that the moods and emotions which drive our concerns are similarly irreducible to the level of the individual. I find they are picked up by us in our interactions, or perhaps it is more that we are picked up and carried in their flow. I find that experience, as mediated by existential givens, can be shared, but not necessarily predicted. I am surprised by the results of this study, which suggests that I had conversations with participants which developed along their own path, taking us to places we would not have gone on our own. It was not my intention to

record facts in a database that might be useful for some process in a remote system of institutional rationalism. I wanted to give an account of human experience that is meaningful and moving for each reader, so I needed to join participants in their worlds. I am inspired by the accounts that participants give and I hope through my analysis to inspire someone to do something, change something, in a flow of purposeful human action.

I do not want to leave this discussion too neat and tidy, as if the topic could be wrapped up, understood and put away; as if we would then have no need to think about it or be concerned with it. I believe it is important that you the reader are troubled by what is revealed by the analysis, that it reflects the untidy, random and upsetting nature of the topic for you. I must leave us all with the possibility that you, me or someone we know will suddenly no longer be alive in the world, with the reality that the choice to end our own life, or to damage ourselves, to neglect ourselves or to fail to ensure our safety are ever-present. I believe that each one of these choices can seem at one time or another like a reasonable response to the distress and trauma of life.

I have observed that we can distance ourselves from mental illness as something which happens to other people, other families, other communities. I suggest that in a moral social order, it is then the job of mental health practitioners to tidy up the disturbing evidence that this is not true; quietening the voices of those who suffer, sedating them with medications and employing pacifying psychological interventions. While also, I reflect on the use of these practitioners as a barrier; employed to stop the needy and the distressed from overwhelming the system, infecting everyone with their despair and hopelessness. I believe this is the oppressive instrumental rationalism in which practitioners are being used as things, equipment, to process distress, disguise it or hide it away, so everyone else can pretend that things are OK.

In my experience, in the face of power, authority and existing psychological knowledge, we are divided as mental health practitioners into those who are appropriately doing our job and those who are failing and burnt-out. I then think that perhaps our own distress must be tidied away, along with the distress of those we try to help. The experiences of participants in this study reveal many understandings of resilience. It can be an isolated and fragile hardness, in a practice of disassociating ourselves from our own distress and turning the distress of others into pathologies, which need to be treated and removed. Another understanding is also revealed, in the ability to be open to the distress of others, a forbearance and tolerance of the associated flows of emotion, in an intersubjective process in which we are also aware of our own distress. This kind of resilience, I conclude, is a personal commitment, a harnessing of emotional strength, which projects us all into a safe and shared future. It is a confident stance which is forged through personal encounters with life challenges. A confidence that traumas can be overcome, that random finitude can be made meaningful and that we can retain an intact sense of self despite of the subjectification of being with others in an unforgiving society. It is an inspiring and often nonsensical human response to circumstances, which a rational analysis would suggest, are impossible for us to endure.

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Interview prompt questions

1. You say you are concerned that the people you are trying to help might take their own life or die through misadventure or self-neglect? – Please describe how that feels.

2. Do you think you are a resilient person? – Please describe what that means for you.

3. Do you think it is necessary for a person to be resilient when they work in mental healthcare and if so, why?

4. Can you give some examples of how resilience has, or has not, been important in the work you do?

5. Can people become more resilient and if they can how do you think that change takes place?

6. If you believe people can become more resilient, can you describe an example where you have seen that happening?

7. Do you believe that increased resilience could, or should, be included as a treatment outcome?

8. Can you describe interventions which are likely to increase resilience?

9. Are there times and places that you feel more, or less resilient?

10. When was the first time that you noticed that you have a quality of resilience?

11. Is there anything particular about your life which helps you maintain your resilience?

12. If you met someone knew, how would you find out about their qualities of resilience?

13. If someone asked you how they could become more resilient, what advice would you give them?

14. Do you believe that people who have endured difficult life experiences are more or less likely to be resilient?

15. Do you believe that people who suffer from mental health problems are more or less likely to be resilient?

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Information sheet

Researcher: **Simon Wharne**, email at: SW1172@live.mdx.ac.uk tel.: 07487 402648
Supervisor: **Mark Rayner**, email care of: admin@nspc.org.uk

Date:

Title: **How do mental health practitioners experience and understand resilience?**

Invitation paragraph You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

What is the purpose of the research? The research study aims to clarify what the concept of resilience means in the lived experience and every day understanding of mental health practitioners. This clarification is necessary because conflicting models of resilience are promoted in related research literature. These models imply different priorities for mental health services and it is important that any unexplored assumptions are challenged. It is important that policy making and service design are informed by the experience of practitioners. The research will take part between 01/08/2017 and 01/08/2019.

Why have I been chosen? You are invited to take part in this research because you are a mental health practitioner and you are responsible for ensuring that adults who are vulnerable, due to their mental health problems, are safe and cared for. Also, that you are concerned that someone you care for might die due to suicide, misadventure or neglect.

Do I have to take part? It is up to you to decide whether or not to 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. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part? If you take part you will be invited to attend for an interview in a location, at a time and date that are convenient for you. Interviews are likely to be for around one hour, not more than ninety minutes. If you consent to take part in the research you will be asked about your experience and understanding of resilience. A digital auditory recording of the interview will be transcribed and analysed; you can ask to receive a copy of the findings of the study if you choose. You can stop the interview and withdraw at any time without giving a reason. All data will be securely stored and will only be accessible to the researcher and the study supervisors.

What are the possible disadvantages to taking part? There are no specific risks associated with taking part in the research other than the difficult feelings you might experience if you choose to describe distressing events.

What are the possible advantages of taking part? You might find that it is beneficial to talk about difficult feelings related to challenging work situations. You might feel that it is of value to you that you have contributed to a research process. Findings are likely to contribute to research understandings.

Consent A copy of this information sheet is sent to you at the point that you express interest in taking part in the research. The researcher goes through the information with you prior to asking you to sign a consent form, before taking part in the research. Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

Who is organising and funding the research? The researcher is organising the research as a part of their study programme in a Doctorate in Counselling Psychology. The research is not funded by any other agency.

What will happen to the data? The research will be conducted in strict confidence in accordance with the Data Protection Act. Auditory recordings of interviews will be destroyed when the analysis phase of the research is completed. The transcribed interviews will be anonymised, with names, dates, organisations or place names and other personal information removed or replaced by pseudonyms as far as is practically possible, reducing the possibility that participants can be identified to an absolute minimum. The transcripts will only be available to members of the research team. They will be kept on an encrypted data stick in a locked cupboard, where they will remain for five years after the research is completed, after which they will be destroyed. Signed consent forms will be kept for the same period of time and will also be stored in a locked cupboard, but located in a folder that is separate from the transcripts. Transcripts will be analysed retaining short excerpts, which do not include identifying information. These short excerpts and other representative or interpretive material from the transcripts may be included in published findings.

Who has reviewed the study? All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The Middlesex Psychology Department's Ethics Committee have reviewed this proposal.

Concluding section Thank you for reading this information sheet.

Research Supervisors:

Mark Rayner, email care of: admin@nspc.org.uk tel.: 0207 435 8067

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Informed consent

How do mental health practitioners experience and understand resilience?

Researcher: **Simon Wharne,** email at: SW1172@live.mdx.ac.uk tel.: 07487 402648

Supervisor: **Mark Rayner**, email care of: admin@nspc.org.uk tel.: 0207 435 8067

- I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet.
- I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.
- I understand that while speaking as a mental health practitioner I am bound by the policies of my employer and / or by regulatory professional bodies. I confirm that I am abiding by those polices in relation to any work tasks which I describe.
- I further understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur.

_____ _____

Print name Sign Name

date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Health and Education Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: ☐

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Debriefing

How do mental health practitioners experience and understand resilience?

Researcher: **Simon Wharne,** email at: SW1172@live.mdx.ac.uk tel.: 07487 402648

Supervisor: **Mark Rayner**, email care of: admin@nspc.org.uk tel.: 0207 435 8067

Thank you for taking part in this research and making a valuable contribution towards the aims of the study. This debrief is your opportunity to talk about your experience of being interviewed. If you feel you would like to talk more about the issues which have arisen in the interview process, or any difficult feelings you have experienced in relation to this, there is a list of organisations at the bottom of the page.*

This research aims to clarify what the concept of resilience means in the lived experience and every day understanding of mental health practitioners. This clarification is necessary because conflicting models of resilience are promoted in related research literature. These models imply different priorities for mental health services and it is important that any unexplored assumptions are challenged. It is important that policy making and service design are informed by the experience of practitioners.

The digital recording of your interview will now be transcribed by the researcher and will be destroyed when the analysis phase of the study is completed. In the transcription process, interviews will be anonymised, with names, dates, organisations or place names and other personal information removed or replaced by pseudonyms as far as is practically possible, reducing the possibility that you can be identified to an absolute minimum. The transcripts will only be available to members of the research team (the researcher and study supervisors). They will be kept on an encrypted data stick in a locked cupboard where they will remain for five years after the research is completed, after which they will be destroyed. Signed consent forms will also be kept for five years in securely locked cupboard in a folder that is separate from the transcripts. Transcripts will be analysed retaining short excerpts which do not include identifying information. These short excerpts and other representative or interpretive material from the transcripts will be written up as part of a PhD dissertation. They may also be included in peer reviewed journal articles and other published findings.

I hope that your involvement in this research study has been a valuable experience. Should you be left with any confusion or doubts about the research process, or have any other queries, please do contact me by email at: SW1172@live.mdx.ac.uk

If you have concerns or would like to make a complaint please contact my supervisor Mark Rayner, by email care of: admin@nspc.org.uk tel.: 0207 435 8067

***Further Support:** If you want independent advice or support on employee rights, your local Citizens Advice Bureau can provide this (for East Sussex contact: Hastings 01424 718882, Eastbourne 03444 111 444, for North London contact: 0300 456 8365). If you want support from within your employing organisation there are contact details for your Occupational Health service and Staff Welfare service on their website. If you are a member of a professional body you can also get support and advice from them. If you would like to have counselling, the not for profit Sussex Counselling & Psychotherapy Service can recommend an appropriate service or individual: http://www.sussex-counselling.uk

Appendix 5. A summary of common assumptions in different research traditions:

In an empirical science research approach:

1. Reality is taken to be a series of facts recorded in text books
2. Facts just happens to be true, often in a counter-intuitive manner
3. Researchers are unconcerned and impartial in the way that the come across these facts
4. Facts exist and are true quite independently of the existence of humans
5. Facts are stated and dealt with as if humans did not exist
6. Ethical concerns are not relevant as facts are neutral and inert
7. We speak about facts in the third person voice as if we did not exist
8. Facts can be stated about people as objects, subject to the causal laws of the universe

In an existentially informed hermeneutic phenomenological research approach:

1. Reality is experienced in the present moment, in a duration of time
2. We cannot step out of the present moment, in which we are always in one location
3. All our understanding of the world is filtered through the present moment
4. Aspects of the past which we selectively bring into awareness shape the reality of our world, opening potential futures
5. Our understanding is driven by emotion, by that with which we are concerned
6. Anything which appears to be true for us is related to our purpose and our meaning-making
7. Truth is partial and partisan in competing ideological interpretations
8. Facts are constructed purposefully with some intended social change or outcome
9. Facts are never neutral, people are not independent observable objects
10. People can take up available subjectivities or find them imposed upon them
11. Facts are promoted or repressed in competing systems of knowledge, imposing realities
12. People have freewill and their behaviour is not caused by external processes