

**Metanoia Institute/Institute of Work Based  
Learning, Middlesex University**

***Building Bridges: Introducing Concepts  
from Neuroscience and Attachment Theory  
to Person-Centred Practitioners***

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**Submitted in partial fulfilment of the degree of  
Doctor of Psychotherapy by Professional Studies  
awarded by Middlesex University**

**2018**

## Acknowledgements

I would like to say thank you to the many people who have supported me through the process of undertaking this doctorate, carrying out the research and then writing up this thesis. I am very grateful to all participants who attended the workshops and also to those who took part in the interview study. My Academic Adviser, Dr Sofie Bager-Charleson, and my Academic Consultant, Dr Patricia Moran, were invaluable supports to me, giving me feedback as necessary and encouraging me not to lose faith in myself and in the project. Sam Kennedy worked tirelessly as an editor of the text, enabling me to manage my dyslexia in particular; he has taught me so much in the course of this collaboration. Warmest thanks also to Pam Louison, librarian at Metanoia Institute, for her invaluable input on such technical matters as referencing. Very warm thanks also to Cathy Simeon, Senior Academic Coordinator at Metanoia Institute, for all her help, both with technical formatting problems as they arose, and also as a solid supportive presence. I would also like to say a huge thank you to my partner, Dr Vanja Orlans, who pulled me out of the mire on several occasions when I was seriously losing the will to continue, and who was also a critical colleague throughout this process. Finally, I would like to say thank you to my border collie dog, Theo, as he has had to be very patient in dealing with many curtailed walks on Hampstead Heath.

## Abstract

This project focuses on the bringing together of two very different professional perspectives in the field of psychotherapy, that of the Person-Centred approach and that of Affective Neuroscience and Attachment Theory. The project tackles the challenge of interfacing different knowledge areas that potentially reflect different epistemologies and practice-based pursuits. It is argued that this is an important issue that relates to the relative positioning and competition between different 'modalities' in the field of psychotherapy.

The project centres on the development of a series of workshops that bring together the two areas referred to above in the context of a learner centred approach to education and the potential application and integration of professional knowledge. The content of the workshops covered a number of specific areas of knowledge from the fields of Neuroscience and Attachment; this knowledge is critically reviewed and set out in some detail, followed by an in-depth description of the workshop design.

The thesis outlines results from the pedagogical evaluations of the workshops using Thematic Analysis of questionnaire data, as well as the analysis of in-depth interviews with four workshop participants using Interpretative Phenomenological Analysis. Evaluation of the workshops yielded three key overarching themes: Curiosity and multiple ways of knowing; Collaborative process on a range of concepts and ideas; Personal and theoretical reflections. Analysis of the in-depth interviews yielded four key superordinate themes: Impact on practice; Tensions in potential integration; Changes in personal understanding; Workshop scaffolding as a resource.

The themes derived from both of these analyses are the subject of a final discussion and critical overview that highlight some of the complexities of bringing different types of knowledge together in a form that is accessible and useful to practitioners of psychotherapy. There is also an emphasis on the need for an awareness of the related challenges in single modality trainings in terms of the ultimate service to clients.

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# 1 Introduction to the Thesis as a Whole

This doctoral thesis includes a number of different sections. I initially submitted a Recognition and Accreditation of Learning (RAL 8) document as a means of applying for 180 doctoral level credits. That document forms part of the thesis as a whole; it was awarded 180 Level 8 credits towards the credit requirement of the thesis and is included in full in section 1.1 below. My RAL 8 submission provides significant evidence that I have developed substantial work-based Continuing Professional Development (CPD) projects for psychotherapists and counsellors within the person-centred approach and within the wider humanistic tradition. By way of introduction, I will summarize the key themes from my RAL 8 submission below, followed by the full document. Later chapters outline my subsequent project that focused on the specific evaluation of six workshops for person centred practitioners on the subject of affective neuroscience and attachment theory. I provide detailed information on relevant literature, outline the conceptual and practical development of my CPD workshops, deal with methodological issues regarding the evaluation of the workshops, and recount the undertaking of semi-structured interviews with a number of participants that document their experience of building bridges across different domains of knowledge. The final chapters present the findings of this research together with a discussion of both the findings and of the project as a whole.

My professional interest in developing CPD projects emerged from three key areas:

- the expanding context of service provision and the impact that has had in the field of counselling and psychotherapy in the UK over the last 25+ years;
- the dilemmas and questions that emerged in response to the changing landscape of the profession as I drew on my reflective and reflexive processes and identified areas of new knowledge that led me to 'think



outside the box’;

- my interest in engaging with areas of developing knowledge and research that could be applied to best professional practice; I felt this could potentially establish a broader landscape of research and contribute new knowledge by ‘building bridges’ between diverse groupings and modalities in the professional fields of counselling and psychotherapy.

A final thread that I have carried through from my RAL 8 submission to my subsequent research is the ethical principle that practitioners are required to keep up-to-date with the latest knowledge and respond to changing circumstances. And, furthermore, to carefully consider their own need for CPD and to engage in appropriate educational activities as part of their commitment to good practice (e.g. BACP, 2016). One aspect of my personal commitment to ethical and professional practice has been, and continues to be, the provision of CPD workshops that challenge primarily person-centred practitioners to engage with new knowledge and research that facilitates the process of critical evaluation and the synthesis of information and ideas that will contribute to their professional development and practice.

*‘Creating a learning environment that supports practitioners to build on the knowledge they have, to challenge what they know, and to engage with new research ideas and concepts and integrate these into a range of practice settings, resonates with me as an ethical and moral imperative in the field of psychotherapy and counselling’ (Edwards, 2007).*

## **1.1 RAL 8 submission awarded 180 credits at Level 8**

The sections below reflect the actual structure of my RAL 8 submission and include details of all references referred to in that document.

## **1.2 Introduction to RAL 8**

This RAL 8 application provides evidence of four substantial work-based projects within the field of Continuing Professional Development (CPD) training. The projects demonstrate my ability to engage with learning, develop specialised knowledge, and synthesise disparate approaches within the psychotherapy world. Throughout this RAL 8 I will elucidate the systematic approach I have taken to providing knowledge in an accessible format, designing and delivering relevant CPD training, and making a contribution to practitioners and their practice. This RAL 8 application also provides me with an opportunity to recount my personal and professional journey so far. In the application I will share the learning from my experience of challenging therapeutic practitioners who are dominated by an in-group modality focus. I will also demonstrate my ability to deal with multiple communities of learning, and to disseminate and synthesise new ideas and related research across diverse groupings.

## **1.3 My professional context**

In 1990 I decided to embark on a major career change and left the security of my 17-year career with British Telecom (BT) I wanted to train to become a counsellor and psychotherapist. I qualified as a Person-Centred counsellor in 1991 and as a Gestalt psychotherapist in 1995. These training experiences opened the door for me to engage in study that I found profoundly impactful, and which provided me with invaluable experience of my own ability to learn, absorb knowledge, enter into academic discussions, and develop my own ideas. As someone who failed as a student in formal education, this training was transformative. It is the ground from which my professional self, both as an educator and a practitioner, has grown and it is a thread that ebbs and flows through my Review of Personal and Professional Learning (RPPL), my Practice Evaluation Project (PEP) submission, my DPsych Learning agreement (LA), this RAL 8 submission, and potentially my final project.

## **1.4 Psychology Matters Ltd**

In 2000 Psychology Matters Ltd (PM) was established to provide Continuing Professional Development training within the psychotherapeutic field and as an organisational consultancy (see Appendices). Key changes in the fields of psychotherapy and counselling were underway as accrediting and regulatory bodies (UKCP; BACP formerly BAC; BPS) were formalizing their requirements for CPD training, creating a clear need for organisations like PM. PM was established with two co-directors. I took the lead in CPD training design, marketing, and course facilitation, and Vanja Orlans, a counselling and organisational psychologist, focused on the organisational consultancy section of the company; although she also agreed to co-facilitate CPD training on occasions. PM also engaged a small pool of associates on whom we could draw for occasional course facilitation.

## **1.5 Learning to date from my RPPL, my PEP and the DPsych LA**

The number of ways in which my understanding and reflections on ‘my life’ experience of learning has clearly synthesized with my work-based knowledge has been a transparent theme throughout my doctoral journey. This synthesis underpins my philosophical position and the ways I develop knowledge and make it accessible in the courses I design and facilitate:

*Creativity, co-creation of learning spaces, passion, collaboration, the importance of individual learning styles, the belief that we are all learners, and the importance of practice-based knowledge, are central to the work based courses I design (PEP, 2010).*

My philosophical position emerged through my personal experience and reflective and reflexive processes as I deepened my relationship with developing knowledge and facilitating courses as a Primary Tutor on the Person-Centred Counselling Course at Metanoia Institute. My ability to identify gaps in knowledge and practice came to the fore as the landscape of counselling and psychotherapy changed, focusing more on therapeutic provision within specific contexts. My

responsibility as Head of the Metanoia Counselling Course and as a member of the Metanoia Management Committee provided me with the opportunity to work creatively. I critically evaluated new areas of knowledge and translated and disseminated new dimensions of theoretical knowledge as I developed the course curriculum.

A key development from the activities (RPPL, PEP, LA) of my doctorate journey thus far has been a method for making my implicit creative processes explicit, and thus for bringing new ideas, developing areas of research, and emerging knowledge into the public domain through the CPD courses I design. I draw on my tacit knowing, enter the ebb and flow of the stages of heuristic inquiry and reflexivity, and move in and out of collaborative discussions with peers, colleagues, supervisors, and students in order to gain clarity and focus. Interestingly, finding a language for these processes has helped me to articulate the contributions I have made to the profession and has brought new dimensions to my authoritative stance, particularly in the domain of collegial discussions and presentations.

### **1.6 RAL 8 overview**

This RAL 8 focuses on the development of four CPD courses that have been designed and delivered by Psychology Matters Ltd since 2000. It demonstrates my ability to be self-directed and to engage with the changing landscape of the profession, as evidenced by my establishing an organization that provides learning for practitioners in a range of contexts. My original vision was to provide training that would support person-centred practitioners as they moved into the newly-emerging contexts in which counselling and psychotherapy were being offered. A key aim of the courses was to challenge preconceived ideas of the appropriateness of the person-centred approach in certain contexts. Over time this developed into a broader theme: encouraging and challenging practitioners to ‘think outside the box’.

Another influence on the development of the CPD training came from the change in the ethical position that several organisations held regarding practitioners and CPD. Since 2001, ethical frameworks have moved away from formal structures and codes to frameworks that focus on the principles of good practice and which challenge practitioners to locate themselves fully in the process of ethical practice. One such principle was the need for practitioners to formalise their CPD activity. Ethical frameworks were clearly highlighting the importance of the support CPD provided to practitioners seeking to keep up to date with the expansion of theories and research in the field. This principle resonates with me, it has been central to my endeavour to provide CPD courses, and it is thus located firmly within the ethos of Psychology Matters, as outlined below:

*Creating a learning environment that supports practitioners to build on the knowledge they have, to challenge what they know, and to engage with new research ideas and concepts and integrate these into a range of practice settings, resonates for me as an ethical and moral imperative in the field of psychotherapy.*

Moving on to the four specific courses that I have selected from the PM portfolio of CPD training, I will demonstrate how each project provides evidence of my Level 8 capabilities, my personal and professional learning, and my ability to meet the requirements of the RAL 8 application. This submission includes my engagement in critical evaluation and in reflective and reflexive activities. It also provides evidence of the relationship each project has to a range of professional contexts, the development of professional knowledge, and its contribution to professional practice. Each project has evolved within the context of a specific timeframe but they all share the common themes of developing new dimensions of knowledge and research, and the synthesis of these findings into practice. Relevant materials on each project are included in the appendices.

## 1.7 Timeline of the four projects for this RAL 8 submission

The years courses ran from 2001	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
<b>Certificate in Brief Work</b>	✓ ✓	✓	✓	✓	✓	✓	✓				
<b>Certificate in Collaborative Supervision</b>	✓	✓	✓	✓							
<b>Certificate in Person-Centred Supervision</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Working with Trauma and PTSD: A Person-Centred Perspective</b>			✓	✓	✓	✓	✓	✓	✓ ✓	✓ ✓	✓

The courses were offered from my evaluation of the professional needs at specific times and the responses/requests from the field in terms of interest and relevance of the topic of each course.

### **Certificate in Brief Work:**

**8 courses:** This course ran yearly, including once in Dunblane, Scotland 2002 (see Appendices).

### **Certificate in Collaborative Supervision:**

**4 courses:** This course ran yearly from 2001-4 (see Appendices)

**Certificate in Person-Centred Supervision:**

**11 courses to date:** This course has run every year since 2001. In 2009 it became a joint programme with The Metanoia Institute, located in the Person-Centred Department.

**Working with Trauma and PTSD: A Person-Centred Perspective:**

**11 courses to date:** This training first ran in 2003. It is an ongoing course, and sometimes runs twice a year.

## **1.8 Project 1: Certificate in Brief Work for Person-Centred Practitioners**

### **Setting the context**

The design of this course was a direct response to the changing landscape in the provision of psychotherapy and counselling. Established practice had been moving from open-ended and long-term psychotherapy and counselling towards a time-specific/brief therapy frame within a range of different organisational contexts and practice settings. This shift created a tension for person-centred practitioners both philosophically and in relation to the ways that person-centred practice was perceived within the broader contexts of counselling and psychotherapy provision. Some of my supervisees made me aware of the tensions that person-centred practitioners were beginning to experience within placement settings and organisations - such as employee assistance programmes - that provided brief/short-term therapeutic services for clients. The supervisees raised two key issues. They expressed concern at the lack of training in relation to person-centred practice and brief work and the perceived philosophical opposition of the person-centred approach as a non-directive, client-centred therapy, which did not engage with the medical model of assessment or with externally-driven specificity of treatment. For some, this was directly at odds with person-centred practice (O'Hara 1999).

### **Critical inquiry**

I began a process of critical inquiry about the nature of what appeared to be a polarisation between sections of the person-centred approach and the organisations that offered this promising style of brief therapeutic support. In discussions with fellow supervisors, colleagues, and practitioners it became clear that some therapeutic approaches that had a more obvious structure to theory and practice (e.g. Brief Psychodynamic Psychotherapy and CBT) were preferred by key organisations such as Employee Assistance Programmes (EAPs), Primary Care Trusts, and a number of voluntary counselling and psychotherapy services. With a sense of responsibility to the person-centred community I



entered into a dialogue with a senior manager from ICAS, then one of the Europe's largest EAP providers, which was significant in the UK in the early 2000s, and discussed their position on person-centred practitioners. It was clear that ICAS did not consider the person-centred approach capable of delivering brief counselling and psychotherapy and that this was primarily due to their emphasis on non-directivity and a lack of interest/capability to work with a key medical model assessment tool of the DSM. I felt challenged and perplexed; a seed had been planted and I reflected on the information and insight I had gained, and I sat with the dilemmas until the answers gradually became clearer to me. After further exploration and discussion with colleagues, practitioners, and other providers of counselling and psychotherapy within this new time frame, several factors began to emerge:

- Brief counselling and psychotherapy was here to stay;
- It was obvious this challenged person-centred philosophy and beliefs;
- Clearly, some person-centred practitioners wanted to engage with this new framework;
- A workable framework was required for those person-centred practitioners who supported considering this new dimension to practice. This framework needed to expand and redefine existing knowledge of brief/short-term work;
- Person-centred practitioners needed to be empowered to challenge organisations to consider the research that shows the therapeutic relationship as more significant to successful counselling and psychotherapy than specific theoretical models;
- It was thus essential to develop a framework that supported dialogue and the synthesis of ideas, and that would enable person-centred practitioners to think of themselves as effective brief-therapy practitioners.

## **Reflexivity**

As a framework for a certificate course began to formulate, I continued to discuss the developing ideas with my colleagues and peers, and with the co-director of

PM. One focus of these discussions was my personal involvement and agenda in designing this course. My commitment to challenging aspects of the current thinking of brief therapy-providing organisations, as well as certain dimensions of the person-centred community, meant I needed to take a step back and hold a position of creative indifference. Taking this stance gave me the space to reflect further on the validity of such a course, the extent to which it made a contribution to practice and the wider community, and the value of its contribution; these were issues that could only be practically addressed post-course design and delivery.

The course would need to address some complexities arising from the synthesis and translation of ideas from brief therapy to a range of approaches with minimal reference to the person-centred practice. The Certificate Course would focus on developing new dimensions of knowledge, engaging with different contexts, and developing a workable framework for person-centred brief therapy. Supporting a practitioner as they develop their ability to articulate what existing person-centred theory could bring to brief therapy, and their willingness to engage in dialogue with colleagues from a diverse range of approaches would be central to helping the person-centred community find its place within the provision of brief therapy.

## **Course design**

The ethos of the courses offered by Psychology Matters is to provide support for individual learning styles and for the professional development of participants. The format of the courses allows the facilitators to provide input on relevant ideas, while also remaining interactive and experiential for participants. This process is informed by the work of a range of writers in the fields of education, workshop design, and adult learning. Fundamental to my style of presenting knowledge and course facilitation is my desire to understand the nature of human experience as it is proposed by Dewey (1997/1938) and which is underpinned by two principles; 'continuity and interaction'. My reflective practitioner stance and reflexivity are also central to my creative process and my development of new ideas. Key factors in the CPD course design are:

- Supporting individual learning styles;

- Creating a space that enables self-directive learning;
- Facilitating the development of a creative learning community;
- Engaging in an open, transparent discourse and dialogue in which ideas, complexities, and the challenges of practice can be shared;
- Sharing a range of new ideas, developing knowledge and relevant research in a systematic format that contributes to practice;
- Communicating in a form that is accessible and understandable and that supports the development of new dimensions of practice.

My intention as I design courses is to provide a broad, systematic outline that is coherent, and in which each component informs and builds onto the next, weaving a tapestry of experience, theory, and discussion, and which provides for the dissemination of theoretical knowledge that support a synthesis with practice.

For an example of this see the relevant appendices, which provides an overview of the first Certificate In Brief Work for Person-Centred Practitioners, outlining the key themes to be covered. This course was advertised and put into the public domain in 2000 and commenced in May 2001.

## **The course**

This was the first Certificate Course run by Psychology Matters that addressed the issue of brief therapy and the person-centred approach. As the participants reflected on their dilemmas about brief therapy, it became clear that the course needed to address the following issues:

- 1) Some person-centred practitioners felt constrained by an internalised dogma regarding the theory and philosophy of the person-centred approach. Clearly there is a divide within the person-centred approach; between practitioners who accept the existence of limits of time and therapy provision and those who argue the approach is not compatible with externally imposed time-limits (Tudor, 2008);
- 2) Adopting this method of working was challenging for practitioners who had previously offered long term therapeutic work and were now unsure how

brief therapy would impact them as person-centred practitioners. They wanted to know if a radical shift in their practice was required;

- 3) Communicating with organisations and practitioners from diverse approaches and clearly articulating what person-centred brief therapy can offer clients proved to be a challenge.

By engaging with participants, I learned that the issues they sought to resolve by attending the course were very much in line with the ones I had identified through research, discussion, and the reflexive process as I planned the potential design and format of the course. It was clear that there was a gap in available training for person-centred practitioners and that the course needed to provide a workable framework that would support an interest in considering how new dimensions of understanding can be synthesised with existing knowledge, as this is often a useful way to open the door to new possibilities in professional practice. Revisiting the significance of Rogers' ideas on the characteristics that support the development of the therapeutic relationship, particularly the six conditions that he suggested are necessary for therapeutic growth, engaged participants to consider how the theories that were central to their person-centred practice might also be central to developing a brief therapy relationship. The course outline in the appendices provides a broad shape of the focus for each module.

To build on the initial process of re-engaging with person-centred theory, Module One considered themes that related both to professional practice and to the development of professional knowledge. The course offered participants the opportunity to hold a reflective position in relation to their development as practitioners and engagement with new dimensions of knowledge and facilitated a discussion on the complexities of providing brief therapy. Some of these complexities included the tension between person-centred, non-directive, open-ended forms of therapy. Individuals were challenged to consider their personal views of brief therapy and consider what posed an obstacle for them. Much of this module supported self-directive learning and a personal exploration of participants' relationship to brief work.

The focus of Module Two engaged primarily with the professional context in which brief work was offered. Participants reflected on the challenges of working in specialised work contexts such as EAPs, Primary Care Trusts, and Higher Education. Areas of concern emerged, including the interdisciplinary nature of several of the contexts that offered brief work and the participants' own lack of confidence to engage in dialogue in this domain. It became clear that some participants were struggling to establish personal authority and find their voice as person-practitioners. We explored the common factors for successful therapy and how these factors aligned with Rogers' (1959) early research into the efficacy of therapy. There was, again, space for small group work to discuss and shape participants' thinking about their different professional contexts, the ways their practices might develop, and some of the politics of brief therapy.

Module Three provided the opportunity to synthesise aspects of professional knowledge, contexts, and practice. The focus was on the influences on brief work and on skills attitudes and support (see Appendices 9 and 10). It built on what participants knew, and helped them synthesise new dimensions of knowledge into their practice. Stressing the importance of developing their own personal and ethical framework in relation to brief therapy supported the participants' senses of themselves as person-centred practitioners who could work within a time specific therapeutic relationship. Participants also felt a developing sense of authority as many of them began to consider how they would communicate what they could provide as practitioners offering brief work in a range of contexts.

## **1.9 Project 2: Certificate in Collaborative Supervision**

### **Introduction**

This project was a collaboration between me and Dr Vanja Orlans and emerged as we explored our developing interests in supervision. It resulted in the co-writing of a paper entitled *Focus and Process in Supervision* in 1997 and then, in 2001, a book chapter entitled *A Collaborative Model of Supervision*. Both pieces focused on areas of supervision in which we had become interested as a result of discussions with colleagues and related research within our individual supervision practices. What we had learned illuminated several factors that were central to developing and supporting the process of supervision and the supervision relationship.

Key factors that informed our collaboration were:

- Our individual journeys and our learning as psychotherapists, supervisees, and supervisors;
- The fact that supervision provision was a formalised requirement from accrediting bodies of psychotherapy and counselling (BAC now BACP, UKCP);
- Our interest in the developing field of supervision as a professional area of expertise;
- Early pilot research work designed to explore the process of supervision in terms of learning, relationship, and outcomes;
- Our interest in designing learning opportunities for existing and potential supervisors.

### **Professional context**

Holding a critical perspective on the provision and purpose of supervision raised multiple questions as we began to conceptualise a collaborative model of supervision. It was clear from the supervision literature of the late 1990s that much that was written was focused on the tasks, categories, structure and function of supervision, and not enough on the training of supervisors (Carroll,

1996; Hawkins and Shohet, 1989). Focusing on the process of supervision it was clear that while some writers were beginning to reflect on the importance of the supervision relationship to the evolution of good supervision, the significance of the relationship as a holding framework for potential learning and exploration wasn't clearly reflected. Critically evaluating aspects of the supervisory relationship identified some significant issues that warranted further exploration into the *how* of working together in the supervisory dyad and what characteristics support good supervision.

## **Reflexivity**

My individual journey and experience as a supervisee, which began in 1990, informed my early critical evaluation of supervision. My interest in researching the process of supervision developed as a part of my Gestalt MSc dissertation and I became interested in exploring new approaches and dimensions that might be considered when offering supervision. As with many of my learning experiences, my personal journey within a specific context began with a process of self-inquiry, reflexivity, and curiosity. Adopting a critical perspective to my experience of supervision, I became aware of several factors that I considered central to good supervision. These factors underpinned my 1996 unpublished MSc dissertation entitled *The Process of Supervision: A Gestalt Perspective*. These were:

- Attending to the development of the relationship;
- Achieving clarity about the nature and purpose of supervision;
- Developing attitudes and principles that support the process of supervision;
- Attending unspoken dynamics within the supervision relationship e.g. power and transference dynamics;
- Facilitating the learning process.

My personal experiences and the training I undertook in supervision were fundamental to the development of my own personal framework, which now

underpins the supervision that I offer. Synthesising my experiences, learning, and ongoing collegial discussions has encouraged the development and incorporation of new ideas and dimensions into my supervision practice.

## **Course development**

In 1999 I was invited, together with Dr Vanja Orlans, to present at The British Association for Supervision Practice and Research (BASPR) conference, which is held annually. This was the opportunity to bring our Collaborative Model of Supervision into the wider public domain and to present our key areas of interest, namely the supervisory relationship, the learning process within the context of supervision, and the relevance of both of these to the quality of service that is provided to clients. The conference positioned us within a professional setting, and our presentation provided us with the opportunity to share our model (see appendices) within a professional community that convenes to discuss current issues and concerns relevant to professional practice within the supervisory domain.

We presented our interests in two aspects of the supervision process:

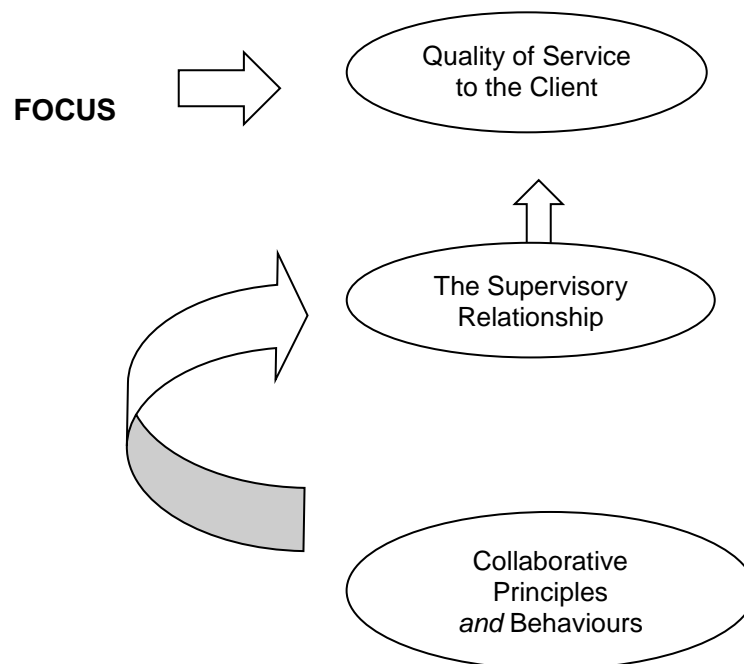
- The Relationship
- The Learning Process

We proposed that these two aspects improve the quality of the service delivered to the client. This quality of service is dependent on the context and quality of the ongoing learning, development, and skill building within the developing supervisory relationship. We also suggested that if this developing supervisory relationship is to be truly supportive, creative and useful to learning and development then it needs to be based on a set of **collaborative** principles and a set of behaviours which support **model II learning**. We also suggested that 'collaboration' is an essential part of *the supervisory alliance* that holds both the client work and the learning process more effectively.



The feedback from the presentation was generally extremely positive. Supervisors certainly felt challenged by our making explicit the importance of the supervisory relationship and related processes, and our exploration of the complexity of that relationship. Questions were raised about collaboration with beginning supervisees and the need for some supervisors to hold on to control of the process. This provided us with sufficient evidence that our colleagues and peers were engaged, interested, and challenged by the concepts and new ideas that we proposed were central elements of good supervision practice. The invitation to submit a chapter for a book on supervision (*A Collaborative Model of Supervision*), supported our reflections and our evaluation of the model. This provided us with a clear template to develop future learning for others in the form of a certificate in collaborative supervision for qualified clinicians.

### Diagram of the Collaborative Model of Supervision



The formulation of this collaborative model made the supervisory relationship central to supervision that emphasised the quality of service for the client. The course provided supervisors the opportunity to expand their knowledge and

consider new dimensions to developing a supervisory relationship and how that relationship might challenge and support a learning process at a range of levels. Making a contribution to supervisors and supervision practice was central to the design of the course, as it addressed the gap in formalised training for supervisors. The professional context of supervision was evolving into a specialised professional role both in the context of practice and of professional regulating bodies. Supervision accreditation and professional accountability saw the beginnings of supervision's emergence as a professional area of expertise.

### **Course design**

The course was designed to reflect the changing context of supervision and fulfil the need to develop new ideas and concepts in the supervision process. Introducing a systematic framework to the collaborative model of supervision offered participants an integrative model that facilitated and challenged them to consider the importance of the supervisory relationship to creative learning and professional development.

The collaborative model of supervision synthesised a multitude of ideas, knowledge, research, and skills. The responses we received to our written projects and conference presentation convinced us that we could make a significant contribution to supervision practice by designing a supervision training course that was based on our innovative model of supervision. The process of synthesising ideas from our individual experience and our own knowledge brought a broad range of ideas and perspectives to our design of the course. By articulating and developing these ideas into a workable framework, we generated a number of key concepts and skill sets that could be woven into the entire course.

The structure of the Certificate in Collaborative Supervision covered four two day modules. Each module focused on different aspects of the collaborative model and, throughout the course, we addressed the ways in which key concepts, skills, and processes could be integrated, and how they could best support professional

development and the quality of service received by the client. All modules included experiential activities, discussion, input from the facilitator, and live supervision practice.

The first module was co-facilitated and focused on introducing the Collaborative Model of supervision to the participants. Exploring the concept of integration between the supervisory relationship and the learning principles in supervision was central to this module. Bringing the supervision relationship and 'levels' of learning concepts (Argyris, 1970; Bateson, 1972) into the supervision process inspired us to consider new aspects to the purpose of supervision. This process challenged participants to work at the 'growing edge' of their awareness and skill. The module was principally intended to aid in the development of professional knowledge. It was underpinned by a desire to deepen, add to, and share collective knowledge of issues relevant to the supervision process and to introduce these ideas into the public domain.

Module Two was facilitated by me. Its focus was to introduce and explore key attitudes, behaviours, and skills that support collaboration. It explored the ways in which the supervision processes could be supported by the development of creative collaborative relationships with supervisees. We also discussed the importance of collaboration as a key integrating principle in the supervisory relationship, which holds the relationship, the client, and the learning together within the supervision relationship. This module provides evidence of professional knowledge and professional practice, specifically of my ability to develop and manage present and future learning, and to synthesise information and ideas.

The third module was facilitated by my co-director. It formed an introduction to the ways in which phenomenological enquiry and developing awareness can support the exploration of here and now experiences within supervision. The group discussed transference and countertransference dynamics within the supervision relationship and acknowledged that naming these dynamics could provide a learning useful model. The group also shared their individual reflective

written pieces with each other and processed what they learned from this exercise. Addressing and exploring issues of professional practice and supporting the development of a reflective practitioner stance was central to this module.

The fourth module was co-facilitated. It focused on supervision within different contexts and on supervising practitioners with different approaches. This provided participants with the opportunity to explore the different experiences and personal contexts of individuals who had provided supervision. This gave insight into some of the complexities and systemic dynamics that could emerge from the supervision process. We reflected on the experience of working with different objectives, values, languages, and ways of seeing or processing issues. We also reflected on our experiences of having disparate attitudes towards each other, and on the fuzziness of contracts. The experiences belonged to both us and to the course participants. This provided a rich learning experience as key issues and potential solutions were discussed. For example, we discussed the value of clear contracting, the importance of being aware of systemic issues and the challenges of working with different values when providing in-house counselling services. The module also addressed ethical and professional issues regarding supervision and supervising in organisations, specifically, it explored the change from codes to frameworks, for example BACP, 2001. Individuals were encouraged to consider their own ethical and professional framework and the challenges of integrating that personal framework with those from accrediting bodies within the profession.

Throughout the course there was a continuous process of self- and peer-assessment, as participants regularly reviewed their own learning. The modules also provided space for participants to experiment with ideas and concepts raised by the collaborative model in live supervision practice slots.

## **1.10 Project 3: Certificate in Person-Centred Supervision**

### **Introduction**

The design of a Certificate in Person-Centred Supervision was, professionally, the next area of CPD activity I wanted to develop and was a natural progression from Project 2. The professional context of supervision as an expertise was continuing to evolve. However, the provision of supervision within the framework of a specific theoretical approach was not easily available for certain modalities. The professionalising of supervision by accrediting bodies (BACP, UKCP) was also now beginning to challenge counselling and psychotherapy courses to provide their students with supervision in the modality in which they were being trained. The course consisted of four two-day modules (see appendices for course information prepared for distribution in the public domain).

### **Professional context**

I saw the need for a CPD training course in person-centred supervision after a range of experiences I had had in my work-based learning. As a person-centred practitioner, Primary Tutor, and former Head of Person-Centred Counselling at the Metanoia Institute I was aware that there were limited resources available to students looking for a person-centred supervisor. At that time in the professional domain of person-centred thinking and practice there was only very limited provision of supervision training for person-centred practitioners. Of the two courses that were on offer in the late 1990s, one did not specify that it was a person-centred supervision course and the other was founded with a classical frame of reference to person-centred practice, favouring a highly non-directive approach. My professional view at the time (at odds with the classical tradition) was that the design of a person-centred supervision programme needed to integrate both what had already been established as sound supervision practice within person-centred philosophy and theory, and ideas that came from the limited person-centred supervision literature (Villas-Boas Bowen, 1986; Hackney and Goodyear, 1984; Lambers, 2000).

## **Course development**

As I revisited the supervision literature in general and took in the fact that 'relatively little had been written about supervision from a person-centred perspective' (Lambers, p.198. 2000, op. cit.) it was clear that the current literature lacked focus on a person-centred approach to supervision. The challenge in terms of course design was to develop a model of supervision that also contained the philosophy and key concepts from person-centred theory as this was where the link to the collaborative model of supervision was evident. That model, slightly adapted, provided a clear starting point as I carefully considered the design of the person-centred supervision course.

## **Reflexive process**

Having an in-depth knowledge of the person-centred approach and the person-centred community meant that I needed space to reflect on my insider perspective, and to gain space so that my work based learning could synthesise with the key principles and attitudes of 'good supervision practice'. Immersing myself in this area of knowledge and practice required me to bring together what I knew was essential to the development of professional practice with the many discussions I had had with colleagues, peers, and in my personal supervision. Also, the commitment to helping person-centred trainees gain access to a modality focused on supervision was informed by my ethical position. I felt one needed competence within a specific approach before one could offer a service to practitioners who worked within a potentially different frame of reference, i.e. person-centred supervision.

## **Person-centred supervision training**

The design of the person-centred course in supervision was supported by the research and development undertaken in the collaborative course. Central to this particular course was the philosophical position I had established and my belief in the importance of developing a solid supervisory relationship to support learning and practice. It was also important that the course synthesised key

tenants of person-centred theory. Specifically, this meant a focus on the centrality of the relationship, attitudes, and values that underpin developing relationships. These included the six conditions, the importance of trusting an individual to grow and develop, non-directivity, and the need to work at an individual's own pace. My ability to build bridges between disparate approaches was particularly significant to this project. Holding the tension between the theory and skills required to engage competently with the developing supervision process would require 'thinking outside the box' and an interest in engaging with new dimensions of practice. This required practitioners to hold the difference between therapeutic practice and supervision practice.

The course moved fluidly from participants acquiring knowledge - specifically the focus and purpose of supervision - to applying and integrating new ideas that were applicable to supervision practice into their existing knowledge and skill base. Synthesising new ways of conceptualising practice required participants to address areas that they experienced as contradictory to their person-centred way of working. For example, it can be a challenge for some supervisors to take the lead in the exploring process when using congruence in relation to unspoken dynamics in the relationship, as this can feel like a departure from a non-directive position. However, my position was that finding what works and supports learning provides a model for the supervisee. It demonstrates the importance of self-awareness and supports the development of a reflective practitioner stance. An outline of the initial person-centred supervision course is included in the appendices.

Engaging with and applying knowledge to the professional context of supervision, exploring the ethical underpinnings of professional practice (including an exploration of power dynamics in supervision), and supervising in different contexts and working with diversity and difference all presented a unique challenge and an important learning opportunity for me. The group learning in these areas was significant.

In order to support the depth of learning for the group, I decided to invite an associate to facilitate Module Three. The purpose of this was to provide a different style and perspective to the course, acknowledging the truth that 'one size does not fit all'. All the associates we use at PM are experienced person-centred practitioners, are core tutors on existing person-centred programmes, and are at the cutting edge of knowledge and practice development within the person-centred field.



## **1.11 Project 4: Working with Trauma: A Person-Centred Perspective**

### **Introduction**

I have included this training course in my RAL 8 submission because it has a unique function as a key precursor to my developing ideas about and interest in affective neuroscience, its links to trauma, and the overall challenge that these areas pose to person-centred practitioners, both philosophically and with regard to practical skills. A key focus of my interest was the tension between the medical model of assessment that was commonly used to ascertain the severity of individual trauma and PTSD, and an interpersonal humanistic model of psychotherapy. This area of work raised some clear dilemmas for person-centred practice. It also had several aspects that were relevant to the development of the Certificate in Brief Work (Project 1). Using the DSM-1V-TR as a potential assessment/diagnostic tool was potentially problematic for practitioners who philosophically disagreed with 'diagnosis'. However, DSM formulation is often considered to be an essential conceptual and clinical tool when working with traumatised individuals and is also a requirement in some professional contexts (EAPs, for example).

### **The training**

This workshop offered practitioners the opportunity to develop new ways of engaging with and synthesising relevant ideas and research into trauma and PTSD (see Appendices 21 and 22). Working on understanding conceptions of trauma and understanding the concept of 'PTSD' required practitioners to acquire a new understanding of the complex processes that these issues can raise for therapeutic work. Current thinking and practice in the field of trauma, and the potential social construction of 'post-traumatic stress disorder', raises issues about tensions that need, in practice, to be held between the medical and social models of 'diagnosis'. The point of view of the medical model highlights 'ill health' and 'symptoms' with an underlying intention to return an individual patient (client)

to some notion of regulation/homeostasis in which the individual is relatively symptom free. This is very different from a person-centred position in which the focus is on 'well being', and in which the 'person' is perceived as dealing with total relational situations and their accompanying challenges. The person-centred perspective, which is based in humanistic and relational philosophy, is sympathetic to a process perspective on the traumatic process, which also allowed for the idea of 'post-traumatic growth'. This workshop created a space to discuss these issues in some detail, and to consider ways in which person-centred practitioners could both honour their own philosophy and learn from other professional perspectives. The basic point of the training was that a more balanced and integrative perspective could potentially create a space for interdisciplinary conversations that would lead to a potentially better service to the client.

Improving general understanding of the need for assessment and psycho education into trauma symptoms would clearly be of importance to professional and ethical practice. This importance challenged me to develop my ideas on the subject. It highlighted the need to utilise key principles that can normalise the individual nature of trauma, support affect regulation, create a safe space, and empower individuals when working with traumatised clients.

Over the eight years that this course has been offered I have ensured that ongoing developments in research and affective neuroscience have been embedded in the content and delivery of the workshop. I have also emphasised the ethical imperative that practitioners acquire knowledge, apply their developing knowledge to practice, and synthesise different approaches that expand and redefine existing practice. These are the bridges that I build and facilitate between different professional communities.

My learning and further evidence of my Level 8 capabilities from the four projects are summarised below.

## **1.12 Reflections on my learning from preparing this submission**

The lessons I have learned while writing this RAL 8 document have, at times, surprised me. One aspect that really struck me was the number of ways in which I have taken leadership of key professional opportunities and then put ideas connected with these opportunities into practice that, since 2001, appears to have been extremely well-received and supported by the professional domain. This experience speaks directly to a key element of the Level 8 capabilities, which are outlined as relevant to doctoral level work.

This review of my practice developments has reinforced my sense that my implicit, tacit knowing, my reflexive practitioner stance, and the ebb and flow of the stages of the heuristic process within me are central to my ability to be innovative and creative with confidence.

I have seen the importance of demonstrating to others some of the systematic formulation of ideas and concepts with which I have engaged. I have learnt how important it is to my development, learning, and intellectual movement to maintain contact with peers, colleagues, critical friends, students, supervisees, and clients. It is also the spur that encourages me to put myself more visibly into the public domain.

I also realise with some regret that I never took seriously enough the challenge from others to write more consistently about my ideas on the topics outlined in this submission. There are many reasons why I did not do this and my decision to undertake this doctorate is one way of making up for this 'deficit' and of offering a somewhat belated written contribution to these professional fields.

## **1.13 Summary of evidenced Level 8 capabilities**

The evidence of my doctoral capabilities in professional contexts, professional knowledge, and professional practice is embedded in the projects I have presented. I have summarised the specific areas that clearly emerged as relevant

issues across the four projects below.

## **Professional Context**

I have added substantially to the context of the person-centred approach in professional work, and I continue to do so. The issues that I have raised in the person-centred professional domain have been significant. There is substantial evidence in this report of the ways in which these ideas have been communicated to the professional domains concerned.

In my view, the description of the project work that I have undertaken provides clear evidence of the manner in which the work is located in the specific professional field, both at the broader level, in terms of key issues that need to be addressed, and in the more precise level of person-centred practice. I have brought key ideas into the field of person-centred practice that have been extremely well-received and that have had the potential to extend practice-based knowledge in important ways.

I have provided important information about the knowledge that I have contributed to particular professional communities and outlined my desire and ability to communicate how important it is to negotiate the tensions that these interventions entail. I hope that I have also provided evidence of the ways in which I have conceptualised and analysed the developing professional field in a manner that can be linked to a doctoral level way of viewing the professional world.

## **Professional Knowledge**

The ideas embodied in the four projects I have outlined faced the challenge of bringing different kinds of 'knowing' together and considering in practice how these might be synthesised. This was no mean feat, especially given the predisposition of different kinds of 'professional knowledge' to appear to want to continue evolving in separate domains. The successful introduction of relevant CPD activities, as outlined here, provided a forum for the potential acquisition of

new knowledge as well as for the synthesis of different forms of knowing and their concomitant application to practice.

## **Professional Practice**

The four projects outlined present a clear indication of the way in which, in this case, clinical practice with clients can be influenced by an emphasis on the provision of a much better service to 'the client'. Also, at a more meta level, it raised a challenge to professionals who hold a somewhat narrow frame of reference, with an overly allegiance to a particular approach, to open themselves to changes in knowledge and practice and thereby also open themselves to personal challenges that are likely to have important implications for their practice.

## **Conclusion**

The relationship between the four projects outlined here and the final project demonstrates the importance of ongoing CPD activity within this professional domain. My interest in new ideas that bring a fresh dimension to understanding some of the complexities of therapeutic work flows through this RAL 8 submission and onwards into my final project. Developing CPD activities that provide practitioners with the opportunity to engage with developing areas of research and knowledge that make a contribution to their practice is central to my final project and my application for 180 RAL 8 credits.

### **1.14 RAL 8 references**

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## **2. Background and Interest in the Subsequent Research**

The background to this research project is located in both my personal and professional journey of discovery and in the challenges I have faced throughout my life. Over more than 25 years I have discovered much about myself. As a professional, I locate myself philosophically primarily within the phenomenological approach and the 'lived experience'. I have developed a curiosity about knowledge and learning and the individual experience of engaging with both of these domains. My psychotherapeutic training began within the humanistic tradition. Initially training as a person-centred counsellor and then as a Gestalt psychotherapist, I decided to complete both a counselling and psychotherapy training to broaden my knowledge and enhance my academic capacities. My decision to train in Gestalt psychotherapy was informed by the sense I had of a close match of philosophical ideas of the two modalities, for example both modalities are informed by a phenomenological methodology regarding the lived experience and the present moment. My training experience from these two modalities - as well as my personal psychotherapy - has been transformative and has enabled me to travel a path that has brought me to who I am now. As a reflective and reflexive practitioner, I hold both the individual and their context as the cornerstone to understanding the people with whom I work. I am also aware of how my life journey influences the ways I engage with the world, with others and with myself. I am passionate about supporting both personal and professional change within a context that attends to an understanding of individual learning and development styles and the creation of a collaborative space in which individuals can engage with new ideas, knowledge and research.

My philosophical position is also influenced by my belief that there is 'no one truth'; I believe that we inhabit a postmodern world in which 'the grand narrative' may be regarded as suspect. Beliefs that we can attempt to transcend uncertainty and arrive at a position of 'truth' have run deeply through western consciousness

but are being increasingly questioned (Heath, 2002). I regard knowledge to be inherently contextual and socially constructed, thus putting co-creation at the centre of how we conduct ourselves as human beings. My epistemological position as a course designer and educator is underpinned by my belief that learning is based on a 'theory of experience' (Dewey, 2011/1916; Rogers, 1969; Mackeracher, 2004), and that individuals learn and synthesise information and ideas in multiple ways (Bateson, 1972; Argyris and Schön, 1978; Gergen, 2009; Moran, 2000).

*The experience of the learning self is simultaneously the experience of what I shall have to become by what I am in the process of learning and the experience of what I shall have learned by the process of what I am becoming* (Ellsworth, 2005, p. 149).

The above quote resonates with me as I engage with the continuous process of learning and experiencing that fundamentally shapes me, and that highlights my beliefs in self-directed and self-motivated learning (Dewey, 1938/1897; Rogers, 1969; Douglas and Moustakas, 1985). Heuristic processing, self-dialogue, and reflexivity support me to question and explore my interest in my own idiosyncratic style as a practitioner and educator/facilitator. My initial engagement with a project opens a process of discovery that ebbs and flows as a new vista begins to emerge (Moustakas, 1990; Polanyi, 1967). The vista is a complex synthesis of many factors including my personal epistemology, my tacit knowing about learning, the social construction of knowledge, my in-depth knowledge within a complex field of psychotherapeutic practice, and my personal philosophy and the values that have moved me in the direction of this research project, as well as a systematic articulation of this journey.

Other threads that are central to this project are epistemological reflexivity, reflecting on my assumptions about the world and about developing knowledge and their implications in relation to this research (Finlay and Gough, 2003; Willig, 2013). Engaging at a meta and face-to-face level are both relevant too. I seek to



develop professional knowledge that can make a contribution to practice and that 'builds bridges' that support inter-modality integration and thus contribute to a synthesis of ideas and concepts that enhance ethical and psychotherapeutic practice. Hence the title of this thesis, carrying the very important theme of 'building bridges' in a professional setting that is often characterised by the protection of 'modality' and a reluctance to think outside of that box. My particular interest in this research project focused on bringing ideas from affective neuroscience and attachment theory to the 'modality' of Person-Centred training and practice. My own learning experiences were key to these developments in that I too ventured into new areas of research and thinking and was challenged to understand how these insights might inform my own practice. In the sections that follow, I hope to provide you, the reader, with the details of this journey and how it informed the design of particular workshops for person-centred practitioners.

## **2.1 Why do this research?**

My interest in attending a 2005 conference with Allan Schore evolved from my engagement with his book entitled *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development* (Schore, 1994). The lectures supported my growing understanding of aspects of the neurobiology of human development in general, and the importance of attachment and bonding specifically. They also explored how and why very early life experiences impact the development of the neurobiological, psychological, and interpersonal self (Schore, 1994). I felt stimulated by the movement towards interdisciplinary dialogue between, for example, neurobiological psychiatry and psychoanalytical psychotherapy (Grotstein, in Schore, 1994). Schore also highlighted the importance of ongoing attachment relationships and the individual's development of affect regulation, mentalisation, and reflective functioning (Fonagy et al, 2002), as well as the importance of right- and left-hemisphere brain development, the subtleties of both non-conscious and conscious communication, the importance of implicit interpersonal exchanges, and the psychobiological connections

between brain, mind, and body.

Schore's work, and that of many others in the field of affective neuroscience, offered a range of interesting scientific data that appeared to throw significant light on a number of concepts within the field of psychotherapy, perhaps especially in the context of psychoanalysis. Affective neuroscience seemed to offer empirical evidence for a number of different concepts, such as 'the unconscious' and 'projection', as well as highlighting a potential shift to a two-person, or two-person-plus, psychology. This material had a significant impact on me in that it offered some concrete data that I found relevant to my work as a psychotherapist. In 2007 I attended two further Allan Schore lectures that enhanced my knowledge and understanding about affective neuroscience, attachment theory, and the architecture of the brain. It was after those lectures that I began to engage with the idea of developing a CPD workshop specifically for person-centred practitioners on this material. As Carl Rogers had pointed out:

*'Ordering one segment of experience in a theory immediately opens up new vistas of inquiry, research, and thought, thus leading one continually forward' (Rogers, 1959, p.188).*

There were interesting dynamics in evidence in the delivery of this material at these lectures. The arguments mainly appeared to be directed at the psychoanalytic community, seemingly in a bid to introduce more humanism and interpersonal activity into a field that has tended to be characterised by perceptions of the role of the analyst as an interpreter of the therapeutic encounter. Workshop participants from a more humanistic background tended to voice the opinion that they were already interpersonally engaged with their clients, leading at times to a 'so what' feeling in discussions. There was also something seductive about the neurobiological detail being presented. The material initially had a calming effect on me, as if, finally, I was being presented with 'truths' that would solve some of the mysteries of human encounters. To this extent, the material was quite reductionist, with the apparent suggestion that if I

understood the intricate workings of the brain, then all would subsequently be revealed and resolved in the therapeutic encounter.

Reflecting on these challenges, I found myself preoccupied with the complexities that I appeared to have stumbled across in considering this rather new field of research. Over time, I came to the conclusion that I was grappling with a number of different bridge-building activities and challenges: the tension between a positivistic approach and the more open stance of a post-modern perspective; between the notion of the expert and the collaboratively involved psychotherapist; between the idea of a potentially calming truth and unmanageable uncertainty; and between staying in a 'trained box' and moving into newer and uncharted territory that would take me far beyond the language of my previous psychotherapeutic trainings. For me, sitting with these tensions was a creative, even, at times, unsettling, experience. I shall return to these issues in later sections below. To start with, however, I will set out below the project that had formulated itself in my mind as a result of these experiences and reflections.

## **2.2 Summary of the project**

The broad focus of this doctoral project was to engage in an inter-modality exploration within the field of psychotherapy and counselling; specifically, introducing concepts from the affective neuroscience and attachment theory to person-centred practitioners and students. My interest and contribution to the field as a practitioner researcher/educator was to design potentially relevant Continuing Professional Development (CPD) workshops that challenged areas of psychotherapy and counselling that, it could be argued, are dominated by an in-group modality focus. The workshops would support practitioners to 'build bridges' between different bodies of knowledge/modalities and engage in explorations of knowledge and research that might inform best ethical practice. The planning of this research project has provided me with the opportunity to explore and illuminate my experience of challenging and facilitating person-centred practitioners to think 'outside the box' and enter into a reflective and

reflexive process that captured their lived experience of engaging with more than just the traditional theoretical position of their chosen model.

### **2.3 Research aims and objectives**

The context of this research was to develop and synthesise theoretical knowledge from disparate paradigms relevant to psychotherapeutic practice.

- 1) To make my process of research explicit and show how I systematically developed a workshop (Dewey, 1997/1938, MacKeracher, 2004) intended to facilitate a process of learning that integrates concepts from affective neuroscience (Schore, 1994) and attachment theory (Bowlby, 1988) and which challenges practitioners to engage outside their therapeutic frame;
- 2) To research and analyse the workshop participants' experience of engaging with knowledge from different theoretical approaches and contexts and how that personally impacted on themselves and on their clinical practice;
- 3) To show what the introduction of CPD workshops and conference presentations contributed to person-centred practitioners and the person-centred approach in the UK;
- 4) To examine how practitioners were impacted professionally and personally from interfacing with different communities of learning (Wenger, 1998).

My overall research question for the project was:

What happens when you introduce to the field of counselling and psychotherapy a workshop that synthesises two diverse areas of knowledge, and how does this impact the practitioner personally and professionally?

### **3. A Review of Relevant Literature**

The focus of this review draws on aspects of neuroscience, attachment theory, and person-centred theory that are most relevant to my current research, and the process of building bridges between disparate theoretical paradigms. Due to the burgeoning nature of neuroscience literature, the review of that domain will be constrained to affective/developmental neuroscience. Holding a reflexive stance, which underpins my engagement with the entirety of the research journey, including the literature review (du Plock, 2014) will be important as I engage with the synthesis of ideas/concepts that has informed my facilitation/teaching activities and the design of the CPD workshops.

The contextual field of this review is set within the landscape of significant recent developments in the area of psychotherapy that introduced multidisciplinary studies of the developing brain and early emotional development and in the clinical application of affective neurobiology and modern attachment theory (Schore 1994, 2008). An important aspect of the context to this research is the prevalence of ingroup/outgroup activities in the psychotherapeutic and counselling fields, a process that often limits creativity, professional development, and an 'outside the box' approach. I will consider potential applications of these ideas to the practice of psychotherapy and explore some of the challenges that these developments pose for an exclusive modality focus in the fields of counselling and psychotherapy. I shall also reflect on issues relevant to the ethics of CPD and the ongoing 'development' of psychotherapeutic practitioners.

Using a systematic structure in this review has enabled me to create a template that flows and builds upon each previous section. However, the act of placing this review into a specific typology prompted me to consider how I feel about shaping it into a specific model, which doesn't really chime with my fluidity and creative stance. Furthermore, the multiple domains that this process encompasses make the task of establishing a specific model challenging. While I do recognise the need to consider a systematic approach, my stance draws on two types of review:

a literature review that covers a wide range of theories and concepts and a critical review that focuses in part on the extensive research into and critical evaluation of quality. I consider that my position, in which I hold these two types of reviews lightly, to be fit for my purpose in reviewing the relevant literature.

I have also reflected on some developing ideas that represent early attempts over the past two decades to bring together aspects of affective neuroscience, attachment, and psychotherapy. This led to my considering the adoption of a wider focus that, at a meta level, included being open/available to an inter-modality exploration, to interdisciplinary perspectives, and to the synthesis of observations, research, and concepts that are potentially important in the practice of psychological therapy. My own reflections and experience in the field of the psychological therapies is of a hesitance towards the interdisciplinary discourse/inclusion that is often connected to theoretical dogma and the protection of individual modalities and the related sense of belonging. I will use the particular context of my CPD workshops to research and critically analyse the process of potential 'bridge building' between disparate bodies of knowledge and the potential implications for the development of therapeutic practice within the person-centred and humanistic tradition.

### **3.1 Historical developments**

Sigmund Freud's early training as a neurologist underpinned his 'Project for a Scientific Psychology' (see Freud et al, 1954). A key focus of his project was to integrate his extensive knowledge of brain anatomy and physiology with his developing experiences in psychology and psychopathology in order to construct a systematic model of the functioning of the human mind that could provide a neurobiological basis to psychological functioning, e.g. the regulation of affect. Although Freud withdrew from his attempts to integrate science and psychology, some of his ideas emerged later in his ongoing development of psychoanalysis.

In 1994 the psychoanalyst James Grotstein, who wrote the foreword to Allan

Schore's book *Affect Regulation and the Origin of the Self* (1994), commented that some of the most salient aspects of Schore's work 'lie in its clinical applications' (p.xxiv). He also stated: 'As a result of Dr Schore's contribution we now have many more overarching bridges between neurobiological psychiatry and psychoanalytical psychology that are 'user-friendly' and 'user-relevant' for psychotherapists' (ibid). Reading the foreword captured my interest, but it also prompted questions. Within my professional training as a Person-Centred and Gestalt Practitioner in the early 1990s I had developed a primarily humanistic relational frame as a practitioner. I was impacted by Allan Schore - both at conferences and in his writing - and his emphasis on integrating his particular neuroscience research focus with psychoanalytic, psychodynamic, and contemporary psychoanalytic modalities. Broad in scope, these concepts covered many facets relevant to clinical practice, and offered potential new ways of understanding the importance of early growth, the development of the human brain and the impact of primary caregiver and infant relationships.

The ideas that Allan Schore has introduced over the last two decades have brought to light a breadth of perspectives on human development and the complexities and challenges inherent in synthesizing a significant range of this newly-emerging knowledge. From my own point of view, immersing myself in the debate about the importance of the neurobiology of early brain development and the subsequent impact this has on ongoing human development has increased my understanding of the complexity of development throughout the human lifespan. Many of these concepts have enabled me to look at new knowledge and research in this field through a variety of lenses and have enhanced my critical interest in the potential contributions that could emerge in the wider domain of psychotherapy.

### **3.2 Affective neuroscience**

Neuroscience is an interdisciplinary field with a continuously expanding landscape of research and concepts that brings both scientific/biological theories

of the brain and psychological theories of the mind into the domain of a multi-disciplinary discourse. In this context, much has been discovered in relation to human brain/mind/body interactions and emotions by making use of new research and technological tools such as fMRI scans, PET imaging and observation techniques. Some of the domains that are subsumed within this field include affective neuroscience, interpersonal neurobiology, neurophysiology, cognitive neuroscience, neuro-psychoanalysis, and neuropsychology.

Affective neuroscience attempts to bring together a neurological understanding of the basic emotional operating systems of the mammalian brain and the various conscious and unconscious internal states they generate. Panksepp suggested that this new perspective, which he termed affective neuroscience, might be of assistance in the developing philosophical movement to consider neurological issues as a means to answering questions concerning the nature of the human mind (Panksepp, 1998). This body of work as a whole calls into question what it means to be 'an individual' and highlights the difficulty of separating the individual from the social or contextual; it also challenges the tendency towards individual reductionism that has been such a key feature in western society, and that has also been reflected in psychotherapeutic theory.

The depth and breadth of research into affective neuroscience over the last two decades in particular has been vast and complex. It has shone a light on how the human brain develops and how it is shaped by early interactional developmental experiences that activate neural networks in the brain. These potentially can stimulate the architectural sculpting of our brain and shape our emotional experiences, our capacity to regulate affect, and the development of reflective processing (Schore 1994; Siegel 1999, Cozolino, 2006, McGilchrist, 2009). This body of work provides practitioners with different lenses to understand the complexity and dynamics of our inner subjective emotional lives and our personal and professional interconnections with others throughout our lifespans.



### **3.3 Brain hemispheres, structures and functions**

In this section I will present some of the detail that has emerged from research in the field of affective neuroscience so that the reader can appreciate the different ideas and concepts to which I will refer and that became a part of the various inputs and discussions I had in the context of the CPD workshops that I developed for this doctoral research project. An early key idea is that the brain has a left and a right hemisphere, often referred to as left brain and right brain, and that these develop within different timelines and have different structures and functions that are integrated over time. Primarily, the left brain is identified as functioning from a top-down perspective, usually taking the lead in semantic, cognitive processing, analysis, and explicit communication while the right brain works from a bottom-up attitude and leans towards social and emotional processing, implicit communication, high levels of arousal, and reflective and reflexive processing. It is often known as the hemisphere of *how*.

The right hemisphere begins developing in utero and has a significant growth spurt during the initial 18 months of life. It is heavily reliant on early infant stimulation/interactions and on reactions with primary carers e.g. affect attunement, early emotional experiences, and physiobiological regulation. These begin to shape the infant's brain/attachment system, its sense of safety/ danger, and some of its emotional regulation. From birth to 2½-3 years these sensitive periods of early interpersonal experiences can influence developmental processes throughout an individual life span. Research has indicated that growth of the left hemisphere in infancy begins significantly later than that of the right, when infants begin to explore both social and physical worlds and language abilities increase. There is a shift in left brain development as network structures begin to connect. This is evidenced by the beginning of a maturation of the corpus callosum that allows an integration of the left brain's semantic capabilities with the right brain's emotional and somatic networks. Development of the brain, mind, and body is a lifelong process, but positive early development often bodes well. It is important to note that, whilst the literature suggests the early stages of brain

development signify a dominant right brain, with strong implicit/emotional communication and body based processes, it is also important to understand that emotions and thinking are intertwined throughout the brain (Lewis and Todd, 2007; Panksepp and Biven, 2012; Ginot, 2015; Music, 2017). The complex functioning of the two hemispheres complements each other and balance specific functions to maximise efficiency. Neither can exist without the other's functions (Hart, 2008).

The brain is presented as the most complex organ in the human body. It has two hemispheres with varying functions, billions of neurons, neural pathways/transmitters, as well as neuroplasticity, i.e. the capacity to change (Hart, 2008). Literature in interpersonal neuroscience often focuses primarily on the early stages of the right brain, as this hemisphere shapes the landscape of ongoing human growth and affects how important relationships are to shaping who we are (Siegel, 2012). The growth of our emotional self, our ability to manage affect regulation processes, and our capacity to reflect and engage in mentalization are all relevant to optimal mental processing and functional behaviour (Cozolino, 2017). Having an understanding of a number of brain structures and functions and their related processes, as well as the ways in which these structures and functions operate in the body, and even between different bodies, has provided us with the possibility of integrating knowledge that underpins many of the developments in psychological practice. Such knowledge, particularly perhaps some of the recent insights into neuroplasticity and its existence across the lifespan (Music, 2017; Carvalho et al., 2014; Lebel et al., 2016), throws some light on the process of change in psychotherapy (Karlsson, 2011) and offers additional hope to the potential outcomes of our practice based endeavours.

### **3.4 The social brain**

The social brain is considered by researchers to be an organ of adaptation that begins developing in utero and continues to do so post-birth. As outlined earlier,

research suggests that the brain is experience-dependent and is influenced by early connections with a primary caregiver. It is posited that relational affective experiences directly influence the maturation of early brain development and behaviour, particularly the capacity for the development of an emotional auto-regulatory system (Hart, 2008; Trevarthen, 1990, 2003; Stern, 1998/1995). The development of the infant's capacity to regulate affective processes is directly linked to the caregiver's capacity for engaging in a healthy co-regulatory process (Schore, 1994, 2005, 2012; van der Kolk, 2014). As Siegel points out:

*'Human infants have a profoundly undeveloped brain. Maintaining proximity to their caregivers is essential both for survival and for allowing their brains to use the mature states of the attachment figure to help them organize their own mental functioning' (Siegel, 2012, p.175).*

This research suggests that the brain-mind-body relationship dynamic creates a complicated backdrop to the challenges of understanding the human process of becoming. People depend on their environment and its resources for survival, resilience, and wellbeing. A human existential position suggests that a person requires power and autonomy to support their individual needs independently. Alongside this, they also have an innate psychobiological need for belonging and for social connection that is essential for emotional regulation and personal growth, (Siegel, 2012; Porges, 2011). The challenge for an individual is to achieve equilibrium between these competing needs and desires. This is possible despite the brain's asymmetry as each hemisphere has specific roles, each side balances certain functions to maximise integration of our emotional and cognitive functioning and improve the brain's efficiency (Schore, 2015). Perhaps most importantly for psychotherapeutic practice is the way in which a focus on interpersonal neurobiology and intersubjectivity brings us back to a recognition of a range of primitive affects that human beings share with the animal world. These affects are body based and out of awareness in the first instance, requiring us as practitioners to take much greater account of intersubjective body processes (e.g. Beebe and Lachmann, 2002) that constantly run underneath the language based

exchanges in therapy, requiring a shift towards a focus on communication at a more complex level, not just verbal exchange.

Whilst much of what is written is compelling, I am of the mind that as a practitioner/tutor I need to hold a stance of 'critical distance' to the volume of books, papers, and research currently available. I need to guard against a strong, seductive temptation into a positivistic frame of mind that carries within it the underlying suggestion that if we continue far enough down this avenue of enquiry then a 'final answer' will become clear. At the same time, however, these research studies and the related literature do challenge the practitioner to understand the crucial role of embodied activity both within and between persons in the therapeutic setting. The question of how this material should be used in the context of therapeutic activity becomes a matter for critical reflection and discussion that inevitably challenges us to engage with a range of philosophies and considerations of possible 'truths'.

### **3.5 Nature, nurture and developmental considerations**

It is not a new idea to suggest that human experience is mediated by two interacting processes: the first, nature, is the expression of our evolutionary past via the organisation, development, and functioning of the nervous system, a process resulting in billions of neurons organising themselves into neural networks, each with its own timetable and requirements for growth. The second, nurture, is the contemporary shaping of our neural architecture within the context of relationships. The human brain is a 'social organ of adaptation' (Cozolino, 2010, p.12). Although research into infant development demonstrates the importance of early (first-year) relationships with primary caregivers for early brain development and potentially later mental health (Bowlby, 1967; Stern, 1985; Fonagy, 1991; Schore, 1994, 2003), there are wider areas to consider.

We inherit genetic material that includes both a template, or genotype, and a transcription function gene, a phenotype, which is driven by non-coded genetic

information that is experience-dependent (Black, 1998; Kandel, 1998; Roth and Sweatt, 2011). The context and manner of experience is central to a lifetime of development. So, while I accept the importance of the current research and the findings from infant observation, it would be remiss to believe that what is being discovered is the whole truth. Our understanding of the complexities of the human brain, its plasticity, and its ongoing development is still in its infancy. My personal and professional philosophy is that there are multiple truths and that each human being follows a distinctly individual journey of growth and development mediated by many factors. These factors span genetics, primitive physiological processes, and psychological growth. It would also be tempting for some to see this area of research as another path to certainty, via biological reductionism.

The technological advances of neuroimaging e.g. fMRI, ERP, PET scans, (Cozolino, 2010; Oates et al., 2012) and NIRS (Lloyd-Fox et al., 2009) have provided an opportunity to provide evidence supporting the importance of early brain development and which represents a significant shift in approaches to developmental theory. These developments also support what many practitioners have known intuitively for decades, that is, the importance of a two-person psychology, of interpersonal relationships, and the deep desire 'to connect' over the duration of one's lifespan, (Bowlby, 1988; Holmes, 1993; Rogers, 1957, 1959). The first year of an infant's life is vital to the architecture of its brain (Gerhardt, 2015; Perry, 2004; Siegel, 1999; Schore, 2016). PET scans of early infant brains show that the organ's largest growth spurt happens in the first year of life; at birth, the average weight of an infant brain is 380 grams; at one-year-old it has doubled to 970 grams (Dekaban and Sadowsky, 1998). The infant's brain structure is 'experience dependent' and the stimulation at early developmental stages from interactional experiences between the primary caregiver and infant are central to the development of immature brain structures (Hart, 2008; Schore, 2003; Panksepp and Biven, 2012). The infant's growth, and aspects of genetic development, is also dependent on the positive experiences/conversations that the baby has with their primary caregiver

(Trevarthen, 2003). Positive attachment and rich interpersonal experiences stimulate existing neurons to connect and establish networks of neural pathways that support emotional regulation and interpersonal relationships (Bowlby, 1965; Gerhardt, 2015; Stern, 1985).

This deeply contextual view of human development has already been present in some key sections of psychotherapeutic theory. For example, Winnicott states that there is no such thing as a baby, only a baby and someone (Winnicott, 1948). The emerging understanding that an infant's physical and psychological security depends on our connections with primary caregivers (Bowlby, 1988) has led to a significant increase in infant observation studies and research that demonstrate the importance of early experiences and interactional exchanges between baby and mother (Beebe and Lachmann, 2014). Connection has been shown to be paramount for the ongoing development of the brain; as Hebb (1949) had already stated, 'neurons that fire together, wire together'. Caregivers that provide persistent inconsistent interpersonal experiences at these early stages impact the infant's developing brain and can leave the infant prone to anxiety, fears, and affective dysregulation. Social relationships that forge a rich interpersonal domain are essential during the 'sensitive period' of early brain maturation (Chugani et al., 2001; Gerhardt, 2015).

### **3.6 Infants and attachment**

Understanding the process of connection between a baby and his/her caregiver is primarily informed by Bowlby's attachment theory and by a large number of infant and child observation studies, including the Infant Strange Situation Study that was designed in Baltimore by Mary Ainsworth in 1978. Initially, these studies were developed to create an environment that would activate the infant's attachment system and to observe the infant's responses at separation and reunion with the caregiver. Findings from these studies highlighted the fact that infants' behaviour at reunion showed specific patterns of responding. Three distinct attachment patterns were described: secure, avoidant, and

resistant/ambivalent. In 1986 Main and Solomon (1986) developed a fourth classification: disorganised/disoriented, which included a number of behaviours that did not fit into the first three classifications. It could be argued that the contemporary reliance on infant observation research and on attachment patterns which focused primarily on behaviours and the infant's reactions with a parent or caregiver also demonstrated a strong pull towards possibly reducing infant development to a reductionist linear process of the strange situation classifications. However, the importance of the Strange Situation classifications certainly opened the door to worldwide research that offered new ways of thinking about the ongoing infant development, for example, in terms of growing emotional maturity, social interaction, academic performance, and affect regulation. There were clearly important emergent directions from this early work. As Mary Main stated:

*'I hope I have indicated that we are currently at one of the most exciting junctions in the history of our field. We will now, or soon will be, in a position to begin mapping relations between individual differences in early attachment experiences and changes in neurochemistry and brain organization. In addition, investigation of psychological 'regulators' associated with infant-caregiver interactions could have far-reaching implications for both clinical assessment and intervention' (Main, 1999, p. 881).*

Continuing to engage with developments in attachment research was central to grasping new ideas that had a relevance to my psychotherapy practice. For example, a paper entitled *Modern Attachment Theory* (Schoore and Schoore, 2007), emphasising the importance of early attachment and its impact on the process of affect regulation, led me to reflect more deeply on my role as a therapist in the context of regressive aspects in the therapy setting, and on the implications in that setting of a two-person affect regulatory system. It is clear that a much broader set of criteria now forms part of our analysis of observable attachment patterns, representations, and internal working models, not just in relation to infant development, but over the life span as a whole. The shift towards the beginning of an interdisciplinary communication between science,

technology, and sections from the field of psychotherapy brings with it the resurgence and expansion in contemporary attachment-based research of the past two decades. An area of particular importance lies in the realm of communication within the dyad and the multiple levels of experiencing that play out in that relational setting, for example, implicit/explicit communication patterns, body-based empathy, and the right brain to right brain connections that are outside the expressed verbal domain of exchange (Bromberg, 2011; LeDoux, 1998; McGilchrist, 2009; Panksepp and Biven, 2012). This literature and research also demonstrated a clearer understanding of the complexity of human development and highlighted an engagement with multiple influences emphasising context, continuity, culture, and environment.

### **3.7 Contemporary attachment theory and adult attachment**

Evidence from neurobiological research and infant observation studies has provided significant insight into the experience of infant development in a context that did not feature the co-regulation of affective processes. The primary caretaker is suggested to be central in the role of regulating the early infant; however, their success is dependent on the caretaker's capacity to self-regulate (Beebe, 2010). If an attachment figure is either unresponsive or responds in a negative way, and that pattern of response remains consistent and persistent over time, the infant becomes fearful and stressed. Stress hormones are continuously released as part of the human survival process and, in turn, these inhibit the development of neurons and neural pathways in the developing brain (Cozolino, 2017). Studies of attachment have revealed that the patterning or organisation of attachment relationships during infancy and adulthood are associated with characteristic processes in the evolution of emotional regulation, social relatedness, access to autobiographical memory, and the development of self-reflection and narrative (Main, 1995 *inter alia*). This has led to a research emphasis on adult attachment via the development and use of the Adult Attachment Interview (AAI), highlighting the role of adult attachment styles as important in the intergenerational transmission of psychological functioning.



### **3.8 Implications for psychotherapy and counselling**

Over the last two decades, the field of affective neuroscience (Porges, 2011; Gerhardt 2015; Siegel, 2012) and contemporary attachment theory (Beebe and Lachmann, 2014; Fonagy, 2001; Holmes, 2001; Sroufe, 2005; Wallin 2007,) has argued that it offers psychotherapy and counselling a broader understanding of human development. The challenge for practitioners is that in order to remain current and relevant within our practice we need to ‘think outside the box’ and discover what we can draw from neuroscience, the biology of brain development, emotional regulation, infant development, and the importance of early interpersonal relationships, e.g. attachment and intersubjectivity. However, bringing different domains of knowledge together and synthesising these ideas into practice is not a straightforward matter, not least because we are dealing with different philosophical positions, and to some extent, with different conceptions of ‘truth’. However, understanding and researching the structures of the brain that are relevant to psychotherapeutic practice is still at a very early stage, and as our understanding of the connections between different brain/mind/body processes, attachment systems, and intersubjectivity has continued to develop, so too has my curiosity. Until I embarked on this project I took my brain for granted; openness to the different forms of knowing in this domain has enhanced my experience and understanding of myself and others.

The complexities of integrating the realms of the biological, psychological, physiological, and contextual processes of development represent a significant challenge to the field. As Kandel stated:

*In this field we are merely at the foothills of an enormous mountain range ..... unlike other areas of science, it is still possible for an individual or small group to make important contributions (Kandel, 1998).*

I believe that my project demonstrates the importance of being part of what some call a paradigm shift (Schoore, 2016). From my perspective I see this process of

'building bridges' as the emergence of a wide landscape that has the potential to broaden practitioners' engagement with an integrating process across several domains. This is opposed to a reductionist model of psychological practice that clings tightly to a single specific modality. I am one of those researcher/practitioners who, for years, has seen the value in 'building bridges' between disparate modalities and domains of knowledge within my chosen professional field. In my view, this literature supports advances in our understanding of mental health issues, emphasising the 'communication cure' rather than the 'talking cure'. From this perspective, Clery (2003) makes the point that change for our clients is supported by a feeling of shared humanity, empathy and meeting rather than the presence of an 'expert' that seeks to formulate and deal with a client's problems. However, it is also clear from the literature that engagement with these ideas is likely to be dependent on several factors such as the quality and style of a practitioner's attachment, the sense of belonging to a particular modality, and the individual's interest and willingness to go beyond past debates between competing therapeutic schools (Cozolino, 2010).

For this project I have read and reviewed a large quantity of multidisciplinary literature that has challenged my personal and therapeutic frame and has also raised questions about the resistance to bridge building within the profession. The dialogue is complex, as are the views and opinions that have emerged from it. The process of synthesising knowledge and concepts from recent research into practice requires us as practitioners to be humble about what we think we know. Raising my awareness and understanding has provided me with a deeper sense of the complex processes at work in making us become who we are and on how we come to experience mental life, moment by moment (Trevarthen, 1990; McGilchrist, 2009).

In general, most practitioners will support the view that the relationship is a central factor in the efficacy of psychotherapy and that the success of the client-psychotherapist relationship is defined by mutuality, feeling, attitude, and the development of a co-regulatory dyad (Rogers, 1967; Beebe and Lachmann,

1998; Gelso and Carter, 1994; Norcross, 2010). Also, the literature makes reference to the importance of providing a safe and enriched environment that supports the development of new neural pathways that can enhance interpersonal relationships, emotional regulation, homeostasis, integration, and self-acceptance (Fuchs, 2004; Schore, 2015; Cozolino, 2016). Rogers (1942,1961) stated that client-centred therapy aims to support the development of a greater independence and integration within the individual. His approach endeavoured to provide a safe interpersonal space that could be considered an 'enriched environment'; this can, in turn, support the client to develop a greater awareness and understanding of their process as the therapeutic relationship grows and deepens. CPD activity supports the process of engaging with these new areas and provides a forum for a discussion about integrating these ideas and the ways in which the practitioner and their practice is impacted.

Several disciplines have emerged as relevant to a broader integration of ideas that can be important to the practice of psychotherapy. These include affective neuroscience (Panksepp 1998), the neuropsychology of the unconscious (Ginot, 2015), attachment theory (Bowlby, 1971,1979), attachment theory and psychoanalysis (Fonagy, 2001), interpersonal neurobiology (Siegel, 2012), mentalizing in clinical practice (Allen, Fonagy and Bateman, 2013) and the science of the art of psychotherapy (Schore, 2012). Each discipline encompasses different approaches to developing knowledge whilst holding an interdisciplinary frame to emergent knowledge regarding the development of the brain, the importance of attachment-based relationships and affect regulation, the provision of a deeper understanding of the significance of the interpersonal matrix that is created at multiple levels within the therapeutic dyad, and a more transcendent picture of an emerging infant as a neurobiological-social-emotional self (Schore 2012). What I have found difficult throughout this review is that the integration of new knowledge and ideas, which some describe as 'new paradigms' (Schore, 2012; 2016 Cozolino, 2010), raises questions in relation to the level of integration. Within the literature, the current synthesis of the advances in neuroscience seems quite heavily weighted towards the domains of

psychoanalytic/psychodynamic and cognitive traditions. However, it seems at this point that the humanistic approaches to psychotherapy seem to be lagging behind in this coming together of scientific, biological, and psychotherapeutic concepts. The person-centred approach, which was a key founding element of the humanistic tradition, continues to have areas of resistance that could be understood as a loyalty to Carl Rogers or to the approach, and there is the possibility of a clash of value systems, as well as a prejudice, or more generously, an uncertainty, about medical/biological models defining and 'diagnosing' clients. Alongside this there is significant scepticism regarding any reductionist leaning that might in practice emerge from the new 'scientific' concepts.

Synthesising new concepts within existing modalities is complex, and it is clear to me that the notion of integrating ideas that challenge personal and professional values and social identity is impacted by ingroup/outgroup dynamics (Turner, and Tajfel, 1986). These have been part of the psychotherapeutic landscape throughout the timeline of psychotherapy's development and the related boundaries can be hard to permeate. Different modalities have created their own narratives that are reinforced through training and supervision settings, which sometimes take on the mantle of dogma. Ingroup/outgroup mentality can be created when individuals are categorised, identified with, or labelled an ingroup by a group perceived as an outgroup (Turner and Tajfel, 1986). Alignment with a group or groups can provide a sense of belonging and identity, as is often seen within the schools/modalities in the psychotherapeutic world. This still creates a tension around engaging with new knowledge and ideas.

There are many examples in the psychotherapeutic world of tensions between modalities and new ideas/knowledge. Examples include the issue of moving from a one-person to a two-person psychology, classical person-centred counselling/psychotherapy that holds to a position of non-directivity and to many of Rogers concepts from early writings (1951,1957,1959), and a contemporary person-centred approach. Taking a philosophical position that there can be no one truth as a starting point requires that we engage with the current arena at a

meta level. This necessitates transparency, engagement from a position of creative indifference, and the acknowledgment of different starting points. Critical analyses and evaluation of new research, knowledge and ideas, demonstrates professional integrity and an interest in the development of best practice (Gilbert and Orland, 2011).

### **3.9 The person-centred context**

Carl Rogers (1902-1987) was the founder of 'the person-centred' approach and was influential in the development of the humanistic psychology movement from the 1960s to the 1980s (Kirshenbaum and Henderson, 1990). Person-centred practice (originally known as non-directive and client-centered) moved away from the more structured practices of psychoanalysis and CBT, and towards a theory that trusted human beings 'actualising tendency' and their innate process towards the fulfilment of their potential if they were provided with the right environment and conditions. Rogers' research was underpinned in part by his ground-breaking recording and subsequent analysis of sessions that focused on the therapeutic process and its outcome for clients. In 1959, Rogers was invited by the American Psychological Association to write a systematic formulation of the theory of therapy, personality, and the interpersonal relationship, as developed within the Client-Centered Framework (Rogers, 1959). This seminal paper, influenced by many of Rogers' colleagues at the University of Chicago, provided a scientific statement, empirical findings, and a structured account of the developing systematic constructs and theories that had emerged to enhance the field of counselling and psychotherapy in the 1950s. Rogers believed 'that the ordering of one segment of experience in a theory immediately opens up new vistas of inquiry, research and thought, thus leading one continually forward' (Rogers, 1959, p. 188). However, he struggled with the positivist position that primarily purported to promote a single objective reality and a logical/rational approach to research that was far removed from natural (social) science, and that neglected the importance of subjectivity and the significance of personal experience to the development of new ideas and systematic constructs. His attitude to theory was

also impacted by the positivist paradigm since he found the dogma and lack of discourse between different theoretical domains difficult to understand. Rogers' position was 'that unless we regard the discovery of truth as a closed and finished book, then there will be new discoveries which will contradict the best theories which we can now construct' (Rogers, 1959, p.190).

The development of person-centred theory raises a number of important questions. While proposing a system of psychotherapy that is underpinned by a commitment to subjectivity, phenomenological experience, and contact, Rogers also sets out a structural form to his approach, highlighting conditions that are 'necessary and sufficient' and that will purportedly lead to change. He maintains that 'all individuals possess an actualising tendency which promotes constructive growth', (Rogers, 1951). There has also been some critique of the person-centred approach's overtly focussing on an independent, autonomous 'self', rather than on the importance of relatedness and interdependence and on the contextual basis of identity (Wilkins, 2003; Gillon, 2007). Contextually speaking, Rogers' approach can be characterised as located within a particular cultural view of the world, as evidenced by America in the 1960s. Fast forwarding to the 21st-century, the UK person-centred approach has, in some ways, remained true to many of Rogers' original theoretical concepts, but has also made certain shifts, for example, into a relational discourse that is more closely aligned with a two-person psychology. While referred to as *the* person-centred approach, the reality is that it is now represented by what is referred to as a number of different 'tribes' (Sanders et al, 2004, 2012), with many accompanying tensions and rivalries. These developments support, to varying degrees, the divides of 'schoolism' and 'dogma rivalries' divides, (Norcross, 2005; Cooper and McLeod, 2011, McLeod, 2018) that are still present within the approach. However, a case has more recently been made for a cross-tribal stance to person-centred practice (Uphoff and Charura, 2016) that can create the potential for building bridges to openness, interest, and curiosity.

The question has also been raised of how the person-centred community can ensure that the key values and practices of person-centred therapy will become embedded in meaningful and significant ways in the changing landscape of the psychological therapies (Cooper et.al, 2013). It is clear that one answer to this question comes from supporting practitioners and students as they engage with current ideas that explore the complex process of an individual becoming a person throughout their lifespan. There is currently some evidence that person-centred publications are beginning to resonate with aspects of the CPD workshops that I have been running (Lago and Charura, 2016), sharing insight into multiple deeper complexities and into the importance of promoting research and understanding that can inform practice. Warner, for example makes reference to the importance of early attachment relationships and reflects on some of the ways that therapists can develop interactions that will support a connection and empathic presence with the client (Warner, 2016). Another author (Ringrose, 2016) touches on the importance of understanding early attachment and affective neuroscience concepts such as implicit and explicit communication, while not, however, dealing in any detail with *how* a practitioner might go about including these ideas in their work with clients.

Uphoff and Charura consider the possibility of developing cross-tribal communities of meaning, to which I would add communities of learning (Uphoff and Charura, 2016). Bott and Howard view cross-modality as a meta position that challenges the status of theory as particular kind of truth (Bott and Howard, 2014). In their section on neuroscience, they affirm what all person-centred practitioners have known for years, which is the importance and relevance of the therapeutic relationship to positive therapeutic outcomes, a view which is now supported by neurobiological evidence. They also highlight the importance of infant development, the interactive nature of social interaction, and a context that supports the development of self-regulation (Schore, 1994). Reference is also made to epigenetic research and evidence related to gene expression (Ammaniti and Gallese, 2014; Carey, 2012), and to the intergenerational template (Klengel et.al., 2013). It is useful to see these ideas beginning to be recognised in this

way. My own focus takes this further by actively introducing many of these ideas to person-centred practitioners. As pointed out by Badenoch (2008) and Montgomery (2013), supporting practitioners to understand a range of neurobiological concepts requires the careful translation of concepts and ideas into accessible forms that promote interest rather than anxiety or a defensive response. It is also important to hold these new ideas and knowledge lightly as they are themselves being constantly expanded. Research and related evidence can support an understanding of concepts that are central to supporting mental wellbeing, but it would clearly be useful to hold a critically reflective frame up to the complexity of this process. The evolution of Rogers' philosophy and theory is a well documented process. He was a prolific writer, and many have joined and followed him over the last half century in offering innovations in thinking and practice (Cooper, 2007; Paul and Haugh, 2008; Uphoff and Charura 2016).



## 4. The Workshop: Development, Design, and Pedagogical Considerations

### 4.1 Context

Moving beyond the literature review posed some interesting challenges after having been immersed in it. Much of that literature is included in the previous sections, although areas have been omitted as I judged them too specific for my purpose in this particular piece. In changing focus to the systematic development of the CPD workshop I needed to shift my perspective to a consideration of my beliefs, values, and expectations as a practitioner researcher and as a designer/facilitator of CPD workshops. I also needed to reflect on the ways in which I make sense of the multiple realities that are ever present throughout my journey to '*build bridges*' across different domains of knowledge, and which therefore underpin the pedagogical principles that are behind the workshop design and that reside in the tacit knowledge domain (Polanyi, 1967; Schön, 1983, 1987). As an educator and facilitator, I hold the philosophical position that there is no one truth, leaving me open to critical exploration of multiple different, and sometimes opposing, perspectives. My epistemological stance comprises a belief that social construction, context, and that experience provides the ground for developing knowledge, and that the 'figure' of the learning focus are also embedded in that ground (Wheeler, 1991). The CPD workshops I have designed for over more than 20 years have also led me to position myself within a phenomenological frame that has personally challenged my human experiences. In addition, I have recognised the importance of my personal and epistemological reflexivity; as an 'insider researcher' my critical reflexive awareness related to my contribution to the construction of meaning throughout this research process. The ways in which this has impacted the research need to be clearly articulated. My engagement with this area is connected to my values, beliefs, and commitment to ensuring that the voice and stories of learners involved are heard (Nightingale and Cromby, 1999; Etherington, 2004, Willig, 2013; Smith, 2015).

In 2008 I decided that in order to support the development of my doctorate project

and my own development as a research practitioner it would be a useful experience to take the opportunity to carry out a practice evaluation project using small-scale evaluation (PEP) (Robson, 2016). This provided the opportunity to deliver an initial design of a workshop entitled; 'Developmental Neuroscience, Attachment Theory, and Person-Centred Practice'. The evaluation of the workshop provided data using a typology based on evaluating the needs, processes, outcomes, and relevance of the workshop (Posovac and Carey, 1997). This provided a systematic focus to analyse evaluation data that was relevant for the further development of my workshop and research. A key focus of the evaluation was to gauge the reaction/experience/engagement of person-centred practitioners to the content of the workshop. In the main, the participant evaluations were positive, stating that the workshop was relevant to their personal and professional growth. In addition, some of the participants found the content of day one was an 'overload'. The PEP provided data that indicated there was an interest in the topic and it provided an important step towards one of my objectives to: research and analyse participants' lived experience after they engage with new knowledge and ideas and to explore how their clinical practice is impacted.

From an ethical perspective, I had consistently aimed, since 1998, to create CPD workshops that facilitate practitioners' engagement with up-to-date developing knowledge and research. This approach was in line with the CPD requirements for professional bodies that register/accredit professional training and for practitioners in the psychotherapeutic field, UKCP, BACP, and BPS, for example. In addition I hold a strong conviction that CPD is essential for practitioners' ongoing growth and development, both personally and professionally (BACP, 2016). My ethical awareness and sense of responsibility is always in the foreground when I design and deliver workshops. I hold that sometimes the complexity of the CPD training's content and the experience of engaging with new knowledge, ideas, and concepts is potentially challenging for some participants. I am aware of this challenge and I invite participants to engage at a level appropriate to such a training environment; we discuss confidentiality and

then agree the boundaries of the process. I also make my openness to questions and feedback throughout the workshop clear.

## **4.2 Personal reflexivity**

Over the past 28 years I have endeavoured to develop an open, transparent, reflective, reflexive, curious, and attentive attitude to the multiple domains through which I have travelled on my personal and professional journey, and to the many ways my experiences have transformed me. My capacity for critical reflection and reflexivity in practice has evolved in the context of the personal and professional relationships that I have experienced. I have realised that my personal reflexivity can sit within a space of initial engagement, personal insight, and introspection, and function as a source of understanding and creative meaning making (Finlay and Gough, 2003; du Plock, 2010). The challenge for me was to explicitly demonstrate the ways in which I have integrated my awareness, my interest in new knowledge, and what I have learned from the personal and professional experiences that have informed my development as a researcher and the development of this research project.

My personal reflexivity, and tacit knowing (Polanyi, 1967) became all encompassing and took me back in time. I found myself immersed in a confusing process, full of bodily sensations, aware that something had impacted me, but with little clarity about what I was experiencing. However, I did know that I felt challenged (Moustakas, 1994). The content of this workshop rattled me as I engaged with attachment theory, infant brain development, affect regulation, and brain-mind-body conceptualizations that impacted me personally and professionally. On a personal level, many of my early life experiences had been processed in psychotherapy and self awareness, but this workshop opened new dimensions and awareness within me. It felt as if I had entered a heuristic process similar to the one I had used in the research inquiry for my Gestalt MSc in 1995. I was immersed in a different landscape; I began to make some sense of the context in which I could integrate disparate bodies such as neuroscience, early

development, and the developing brain and I asked myself what does this mean for me personally and professionally? What is this ongoing critical reflection providing for me? Psychotherapy, friends, supervisors, and family helped me to find a place in which I could settle, and gradually personal illumination emerged.

My understanding of my developing years shifted as I became conscious of new meanings, beliefs, knowledge, challenges, and developed a keen trust in my tacit knowing. The best description of my experience was that I began to see others, the wider world, and myself more clearly; almost as if I had shifted from viewing life with a two-dimensional lens to a three-dimensional one. This has certainly supported my creativity and my desire to continue to develop my learning and knowledge base within this domain 'we need above all, to make room for the uniquely personal nature of reflexivity that can lead to fresh insight and learning 'outside the box' (Stedmon and Dallos, 2009 p.5). I have continued to engage in this area of work, attending lectures by various speakers whose knowledge is broad and relevant to continuing development in the domain (Panksepp and Biven, 2012; Wallin, 2014; Holmes, 2016; Allan Schore conferences in, 2005, 2007 and 2016).

### **4.3 Professional knowledge, philosophy, and related implications**

In 1988 I began my training at Metanoia. This experience was transformative. Having previously struggled with formal teaching methods, finding an environment that supported a range of individual learning styles in an interactive and clearly thoughtful way, opened a door to both experiential and academic learning. I felt supported to believe in my intelligence and to embrace learning where I could flourish. I took the opportunities that were provided, and I continue to do so, even though the journey has had its high and low points. The ongoing pursuit and development of new knowledge that supports best practice is, in my view, an ethical and moral imperative in the ever-changing landscape of psychotherapeutic practice. This belief also holds true for me as a designer and

deliverer of CPD workshops and is a central value to all the CPD workshops I have designed and facilitated. Since 2005 my engagement with various literatures (e.g. Panksepp, 1998; Schore 1994, 2003; Wallin, 2007) had heightened my curiosity about the ways in which these ideas and findings could be applied to person-centred psychotherapeutic practice.

John Dewey's *Theory of Experience* represented the principal underpinning of my philosophical position as an educator, specifically his proposal that the continuity of experience is a lifelong process for most individuals, and that the interaction of past experiences with the present experience can alter individual experiences (Dewey, 1938). This position resonated with some models and ideas about learning such as personal maps of reality that can be transformed by modifying our knowledge, skills, and values (Mezirow, 2000). Double loop learning, which involves a questioning of individual learning styles and which requires reflection on the beliefs and values that support learning can also expand our reflexive and creative process 'beyond the obvious' and challenge underlying cultural, personal, and theoretical assumptions (Argyris and Schön, 1978). Kolb's experiential learning theory states that 'learning is the process whereby knowledge is created through the transformation of experience' (Kolb, 1984 p.38). This model suggests there are four stages of learning: concrete experience, reflective observation, abstract observation, and active experimentation. Psychological theory and research suggest that learning is enhanced, and outcomes maximised when the learner is involved in the process (Orlans and Edwards, 2001).

The systematic way in which I design my CPD workshops brings together several areas of new knowledge, learning, and development. I began the design process by leaning into the plethora of experience and high-level competencies and skills that I have acquired over many years. The aim of the course is to support student competence and foster their interest in ongoing learning and development as they journey to become competent psychotherapists, counsellors, and supervisors. My commitment to engage with them as individuals, acknowledging their own

learning style is a central component of my way of facilitation/tutoring. Whilst my collaborative experiential stance is important, so too is my critical awareness. I also hold a stance of creative indifference and objectivity when required. These competencies clearly inform aspects of my workshop design.

Developing new domains of knowledge and ideas is a movable feast. Personal/professional reflexivity, heuristic processing, discussions, cognitive engagement, tacit knowing, images, and intuition are all players in the task of synthesizing and integration (Anderson and Braud, 2011, Mackeracher, 2004). I began to feel the considerable weight of this task and appreciated the challenge of integrating these disparate philosophical, research-based concepts and ideas whilst also providing a workshop that was high quality, relevant, and accessible to person-centred participants. It was time to make the implicit explicit, so I began having discussions with my peers in my Doctorate cohort and my critical friends, while also embarking on supervision and further reflections. As I began to analyse the discussions, I realised that my being a practitioner/researcher with limited research experience created a sense of nervous anxiety around the level of integration at which I was working. I was not just a tutor or facilitator, I was an 'insider practitioner researcher' who had initially qualified as a person-centred practitioner and who was now challenging the person-centred community to build bridges with broader landscapes.

This raised my awareness of the possibility that person-centred practitioners who attended the workshop might have their own version of nervous anxiety, as attending the course might raise questions about 'stepping outside of the box', and they might feel disloyal to the person-centred approach, reducing their sense of 'ingroup belonging' (Turner and Tajfel, 1986). Discussions with colleagues, critical friends, and trusting in my professional competency helped me to settle and feel more grounded. Theories of developing knowledge and learning cover a vast range of concepts, ideas, research, and interdisciplinary processing. A question that swiftly emerged related to which specific areas of knowledge to include in the workshop structure. Now my task was to disseminate my broad, in-

depth knowledge, into the design of the workshop. This required critical evaluation about what concepts would be relevant, applicable, and significant and would facilitate a process of building bridges and create an environment that could enable participants to interact with, discuss, and integrate concepts from outside the model with which they usually align in practice.

#### **4.4 Workshop design and pedagogical challenges**

I shall now outline the principles and attitudes that came into play in the design of my early workshops. When approaching the design, it became clear there were a number of factors that needed close attention. I had accumulated and integrated a large number of very complex ideas and I now felt that these had taken their place in my thinking and synthesised with my knowledge of the person-centred approach. However, this would not be the case for my workshop participants. There were a number of pedagogical considerations in terms of how exactly I could establish a process of interactive learning that would enable participants to engage fully in some of these ideas, and (potentially) ensure they felt neither confused nor alienated. At the same time, signing up in the first instance for the workshop was an indicator of some curiosity, and perhaps some prior exposure, to a number of these ideas.

In thinking about the purpose of this research and the design of the workshop itself I found it useful to explore further literature on the process of learning, specifically with a view to engaging learners in a way that allowed for a significant challenge. These explorations led me towards writings on pedagogical approaches in the classroom, a branch of literature that tended to focus on child education, but which seemed relevant to the design of my workshops. This literature, often political in its orientation, yet with important practical implications, seemed both important and relevant to psychotherapy training in general and to the design of my workshop in particular.

In the course of my explorations into the field of psychotherapy, and as my

interactions with the fields of attachment and affective neuroscience opened my eyes to new approaches, I began to appreciate the ways in which I had been 'fed' a particular diet by the different modality approaches in which I had trained (in my case, person-centred and gestalt). Paola Freire's ideas (Freire, 1970, 1974, 1994, 1998) on education became especially interesting to me and seemed highly relevant to the psychotherapy training domain. In his classic publication *'The Pedagogy of the Oppressed'* Freire contrasted 'problem-posing education' with a 'banking model' of education. He was adamant in his opposition to the banking model, but as his views in this publication are regarded as seminal I would like to quote him here directly:

*"In problem-posing education, people develop their power to perceive critically the way they exist in the world with which and in which they find themselves; they come to see the world not as a static reality, but as a reality in process, in transformation. ... Hence, the teacher-student and the students-teachers reflect simultaneously on themselves and the world without dichotomising this reflection from action, and thus establish an authentic form of thought and action"* (Freire, 1970, p. 64).

The banking model of education, by contrast, attempts to import certain knowledge into a (storied) account without any consideration as to what this knowledge might mean or whether it might have a certain validity for the relevant purposes. As Freire goes on to suggest:

*"Banking education resists dialogue; problem-posing education regards dialogue as indispensable to the act of cognition, which unveils reality. Banking education treats students as objects of assistance; problem-posing education makes them critical thinkers ... problem-posing education affirms men and women as being in the process of becoming – as unfinished, uncompleted beings in and with a likewise unfinished reality (Freire, 1970, pp. 64/65)".*

For me it seemed that Freire's ideas could easily be translated into the concept



and practices of therapeutic modalities. In different modality trainings, it often seemed to me that concepts, theories, and related practices were approached from a banking model in which ideas were ‘emptied into’ trainees who were then supposed to accept these ideas and practices in an uncritical way. In my view, the outcome of this kind of training needed to be undone, or at least softened, so as to develop the potential climate for ‘problem-posing education’. The description below of the actual workshop design is based on this particular challenge.

#### **4.5 Workshop design and related processes**

I decided that the workshop needed to begin with a very clear message about my commitment to both the person-centred approach and to building on it with further ideas. By bringing in two key quotes from Rogers himself, I aimed to loosen any overly closed approach to new learning:

*“Ordering one segment of experience in a theory immediately opens up new vistas of inquiry, research, and thought, thus leading one continually forward” (Rogers, 1959, p.188).*

and

*“That unless we regard the discovery of truth as a closed and finished book, then there will be new discoveries which will contradict the best theories which we can now construct” (Rogers 1959, p.190).*

Rogers thus became an ally in my teaching strategy. I went on to take a discursive approach to the start of the workshop. In my experience, discussing the topic of a workshop supports the development of a sense of community (Wenger, 1998) between participants. I tend to use first sessions in workshops of this kind to build a collaborative, creative learning space in which questions, expectations, and related discussions are all part of the learning process. I also explained to

participants the background to the workshop. I told them it was part of a research project that would include an evaluation of their experiences of the content and the extent to which taking part in this learning experience might impact their person-centred practice. I also discussed the particular inclusion criteria for the wider research project and invited individuals who had an interest to talk further with me about it, either during the breaks or after the workshop.

In terms of the focus in the workshop on affective neuroscience I decided to foreground the emphasis on a left hemisphere/right hemisphere focus as this connected potentially directly to the practice of psychotherapy and was likely to be user friendly to participants. Although I was aware that there is a more complex take on the relationship between the left and right hemispheres and their interaction with each other (e.g. McGilchrist, 2009; Music, 2017, Mearns and Cooper, 2018), I did not want to overload participants with too much scientific complexity even though I was concerned at the same time not to promote a definitive truth in a field that is research based and rapidly changing. I also planned to highlight the importance of plasticity and the ways in which the brain can continue to evidence significant change in the course of the lifespan as a result of new experiences and empathy (e.g. Cozolino, 2017; Kempermann, 2015; Karlsson, 2011). The field of affective neuroscience and development of ideas on attachment have both been moving rapidly in the production of research based knowledge. My choice of a focus on right and left hemisphere functioning in broad terms, reflects some of the important relationships between research studies and the greater potential, for example, of a later diagnosis of complex trauma following the experience of early abuse and neglect.

Having decided to use a PowerPoint presentation for the workshop, I provided participants with a copy, as I thought having it to hand might help them engage with the information and concepts presented. I had also thought carefully about how to present the slides. For example, the first two slides featured quotes from Carl Rogers, both of which addressed the forward movement of theories, inquiry, and research (1959). My use of the Rogers quotes was primarily intended to start

the presentation in a familiar area that might support and encourage the participants' engagement. The next two slides were again underpinned by common factors that integrated neuroscience and psychotherapy, highlighting the importance of the therapeutic relationship over expertly worded formulations or ideologically correct constructions. Acknowledging that affective neuroscience research highlights the importance of the therapeutic relationship and the importance of empathy (Schore, 2016) - an idea discussed by Rogers as early as 1942 - certainly chimed well with most of the group.

I went on to explain the importance of understanding brain structures that are central to early development. These included the right and left hemispheres, the impact of interpersonal relationships on early brain development, and the importance of stimulation that supports the critical period of synaptic growth and the limbic system. I also told participants that my interest in and knowledge of this subject derived from a personal and professional curiosity into the processes of early development. Throughout the workshop I used handouts to support learning, engagement, and discussion. I used ordinary language and provided space for experiential engagement on a small group scale as participants were introduced to neuroscience and brain development. The participants began to explore what their experiences had been, and how they had been impacted, both personally and professionally by what they had learned. We then moved on to a large group discussion in which we recognised and acknowledged like-minded ideas and established areas for further discussion, particularly regarding the brain. I remained open and transparent about what I knew and what I did not and reminded participants that we were on an ongoing journey of discovery. As a facilitator I consider that transparency, honesty, and using ordinary, everyday language helps to foster the relationships and trust that are central when exploring new concepts and engaging with experiential learning.

While the mood in the room throughout the session on the brain was collaborative and there was significant energy, there were occasions when some individuals appeared to struggle with how different this was from their original person-centred

training. In the workshop evaluation feedback that I shall review in a later section, one participant expressed a feeling that the discussions on brain development were 'quite hard going'. I also picked up some worries that these discussions could degenerate into an objectively driven reductionist approach, completely at the other end of the spectrum from a person-centred stance. However, during these discussions I consciously presented the material as just another 'frame of reference', an idea that is central to the person-centred approach and thus helped to reduce anxiety.

Having dealt with what seemed to me to be areas that posed a challenge for some participants, we moved on to consider other developmental concepts such as the co-regulatory process in early development (Stanley, 2016), the concept of affect regulation and the window of tolerance, and the impact on human well-being (Ogden et al, 2006). As we moved into the realm of attachment, the group seemed more settled and were eager to engage in collaborative discussions in which participants identified their attachment styles. I discussed the meta position that attachment characteristics and patterns developed from multiple forms of experience and contexts. This created an opportunity for reflection on the range of factors that underpin the ongoing developing patterns and characteristics of attachment systems for all of us. An important element of the workshop was the prospect of integrating concepts and finding relevance both personally and in practice. To conclude the workshop, I came back to where I had started, returning to some of the more contemporary ideas in the person-centred literature, and inviting participants to consider which elements of the affective neuroscience material had served to broaden their understanding of the complexities they faced in clinical practice. From a pedagogical point of view, the different ideas that we had discussed over the two days had, at the process level, already embarked on a relationship and the early construction of a bridge between concepts now felt like a possibility.

The workshop evaluation questionnaires were useful as a representation of the two-day training and of the participants' immediate views and experiences of

attending. It also provided a sense that the majority of attendees were curious and interested in exploring the new ideas presented to them. However, every workshop left me wanting to engage with a deeper analysis of participants' 'lived' experiences, as they related to practice and personal development.

Three questions emerged for me:

- 1) **Why** is there a lack of engagement between the person-centred approach, its literature, CPD activity and engagement with concepts and ideas from affective and developmental neuroscience?
- 2) **How** might this expanding body of knowledge impact practitioner's understanding of the complex dynamics that emerge within the psychotherapeutic relationship?
- 3) **Will** engaging in this developing knowledge and research contribute to practitioners' integration of new ideas such as the impact of developmental experiences on the architecture of the developing brain, individual model(s) of relating, and the developing ideas from affective/developmental neuroscience that provide new dimensions to our understanding of the complexities of the interpersonal dynamics within a therapeutic relationship?

## **5. Methodology and Project Design**

### **5.1 Introduction**

This section introduces the methodologies that I selected for use in the two-stage approach to the answering of my research question. Additionally, it explains the process that underpinned my selection of a phenomenological methodology for both stage one: Thematic Analysis (TA), and stage two: Interpretative Phenomenological Analysis (IPA). I also reflect on the procedural components that includes the selection of the participants and the method of recruitment, as well as the processes that were central to devising the sampling strategy. I will also reflect on concerns relating to ethics, risk assessment, validity, and trustworthiness.

### **5.2 Philosophical perspectives**

Various factors have influenced my philosophical perspectives, starting with my early personal history. When I was seven years old, I remember thinking as I was walking home that I wanted to be a good person and care for people and be kind to them, thoughts that were at odds with the context in which I lived. I still feel a clear resonance with this moment that underpins my integrity and values even as they have sometimes wavered throughout my lived experience. Philosophical considerations that inform my research broadly emerge from an epistemological reflexive stance. I hold the belief that there is 'no one truth' that there are 'multiple ways of understanding, knowing and learning', and I value the importance of individual contexts and personal meaning making from experience. My ontological position regarding the nature of reality and what we can know and how we know what we know, reflects an aspect of a critical realism position (Collier, 1994, Bhaskar, 2017), which proposes that reality consists of different levels, and that those levels need to be explored, leading to different views, perspectives, and meanings. However, I do not subscribe to the objective claim that states that something that exists independently might not be possible for an observer or researcher to perceive. Rather, I hold a constructionist view that

knowledge must be actively constructed within a relationship, while simultaneously recognising the impact and importance of the wider landscape of that endeavour, (Maroda, 2010; Lapworth and Sills, 2010).

### **5.3 A qualitative approach**

My decision to use a qualitative approach for this project has been influenced by several factors. Firstly, my capacity to process and make sense of the world, others, and myself often begins to develop through a 'bottom-up process'. This inductive process enables me to resonate with the uniqueness of an individual's meaning and experiences, which fits with the qualitative methods I have chosen for this research. Secondly, the qualitative approach encompasses a broad landscape, which is not attached to a specific theory, which I find can be potentially useful as well as somewhat challenging. Furthermore, some of the features of qualitative research described in the literature (e.g. Ritchie, et al. 2014; Flick, 2015) such as an emphasis on reflecting on 'what' 'why' and 'how' experiences and a focus on processes and reflexivity, as well as an openness to the wider contexts of research participants' backgrounds, resonate with me as important and have, in part, informed my choice to use TA and IPA. I hold an intersubjective/collaborative and phenomenological frame as a psychotherapist, valuing and respecting the multiple truths that emerge within the here and now moment and holding curiosity and empathy towards clients and how they make meaning out of their lived experiences. My curiosity about these experiences has deepened as I have transitioned into becoming a practitioner researcher. It has fostered my awareness of what I can bring to the realm of research and enables me to be open to the new ideas and concepts that have evolved throughout this project.

I have also considered the critical perspectives on qualitative methodology and recognise that it might be seen as merely an account of the researchers' opinion. As an insider researcher I recognised that the research would, at times, be coloured by my own perception. My reflexive process would be central to

engaging in critical self-exploration on multiple levels as I considered the implications of my lived experiences in regard to this research, connecting with the participants' lived experiences, and considering how these perspectives meet (Alvesson and Sköldberg, 2009). I would transparently, robustly, and ethically need to use my reflexivity throughout the analysis as I considered the emergent interpretations of the participant's experience, whilst holding that they are an essential part of the research process. As a psychotherapist I hold that both client and therapist impact each other at on multiple levels and that my perspective can, at times, can be useful. This process would be mirrored in the participant/researcher dyads, as I connected to, and also questioned, the trustworthiness/validity and integrity of my analysis. I would also use my research supervision and discussions with my critical colleagues as a support as I immersed myself in the process of this two-stage research approach.

I reflected on other qualitative research methods before ultimately deciding on the methods that I would use. When I considered using grounded theory for the research interviews, I reflected on my research focus, which is the 'lived experience' of participants and not the development of new theories for wider sharing. I also recognised that my interest and experience in helping young or trainee therapists develop as practitioners in order to offer the best service possible to their clients could put me in the action research frame (Reason and Bradbury, 2008) vis-à-vis potential participants in my workshops. However, such a stance struck me as premature as it would be necessary in the first instance to undertake an initial exploration of a complex bridge building process that might at some future point fall into an action frame. Using IPA for this exploration in the form of in-depth interviews made particular sense for me as I have an interest and curiosity in engaging connecting with individual realities on multiple level and perspectives. My choice of TA for the analysis of the questionnaire data was based on the history of TA with data of that kind, while recognising that more recent versions of this methodology also encouraged the phenomenological involvement of the researcher (Clarke and Braun, 2016).



## 5.4 Phenomenology

Phenomenology originated from the ideas of Edmund Husserl (1859-1938). His phenomenological inquiry focused largely on understanding individual consciousness. His interest in individual consciousness led to the development of the concept of *intentionality*. Husserl suggested that experience was not about meaning but an individuals' consciousness, which is captured in its pure form prior to the reflection that gives it meaning. He also proposed that for the true basis of the lived experience to be known, pre-conceived ideas must be put aside through the process of *epoché* or bracketing (Smith and Osborn, 2008). As a psychotherapist and practitioner researcher, the idea of putting certain reflections to one side may at times be useful. However, in practice bracketing is a process that enables practitioners to stay close to new ideas and remain in the here and now moment, and which helps them to avoid making hasty or premature meaning of each individual's unique experience (Joyce and Sills, 2014). Husserl's work made a contribution to the wider field of phenomenology and some of his theoretical ideas are still relevant to qualitative research and psychotherapeutic practice. Heidegger (1889-1976) was a student of Husserl and acknowledged his teacher's contribution to the field of phenomenological philosophy. Heidegger's philosophy offered different perspectives to phenomenology. One of his key contributions was on 'dasein', which was based on a concept that everyday 'lived' experience is valid and provides a wide source of knowledge. He also held the position that existing should be seen through the lens of a subject's historical and cultural context and that consideration must be given to the role of language, which must be interpreted and not described (Langdrige, 2007).

Phenomenological philosophy offers a wide range of perspectives from philosophers that often hold differing views (Merleau-Ponty, 1945/1962, Sartre, 1943/2003, Schleiermacher - edited by Bowie, 1998) that have nevertheless fostered the development of new ideas that are relevant to IPA, highlighting that experience invokes a lived process of perspectives and meanings which are unique to each person's embodied and situated relationship with the world (ibid Langdrige). As a philosophical approach, phenomenology engages with the

study of phenomena and seeks to understand the lived experience of an individual, what makes their experiences meaningful, and how that meaning presents itself explicitly or implicitly, (Smith, Flowers, and Larkin, 2009; Finley, 2011). Phenomenology also endeavours to reveal the essence and meanings, as they are lived within emergent everyday existence (van Manen, 1997). Reflecting on a client's lived experience in current time is central to my psychotherapeutic practice and fits with my theoretical frame as a psychotherapist.

### **5.5 The rationale for choosing IPA for the in-depth interviews**

I had an interest in using this method because it emphasises a skill set that not only focuses on the participant making sense of their personal/social world, but on what the meanings of their particular experiences, situations, and states hold for them. Alongside this, IPA also fosters a dynamic in which the researcher can play an active role in the meaning-making process. The researcher's access to the participant's experience is complicated by the researcher's own perceptions, however this fact is necessary in order to make sense of the other's experiences as the researcher engages in a two-stage (double-hermeneutic), interpretative process (Smith and Eatough, 2016; Smith and Osborn, 2003).

IPA's roots are grounded in three areas of philosophy: phenomenology, hermeneutics and ideography. IPA aims to engage with the complexity of the lived experience, and being of existence in the social world, whilst also recognising that everything is connected, and nothing can be considered in isolation. An epistemological IPA position embraces inquiry. It involves me as the researcher, holding a phenomenological attitude to an individual's personal and lived experience as I endeavour to try to inhabit the participants' responses to the semi-structured open question process. I also recognise that, in order to make sense of life events, both the participant and researcher we will, at times, enter at times into an interpretative process to facilitate an understanding of our embodied experiences. My position as an insider researcher could may be coloured by my frame of reference. However, entering into a process of interpretative activity is a requirement necessary in order to make as much sense

as closely as possible to ~~of~~ the other person's world, which ~~as~~ was my intention (Finlay, 2009; Smith et al, 2009). At this time my embodiment of empathy as a process resonates for me. Within my client work the sensing implicitly or explicitly ~~sensing~~ the experiences and the personal meanings that an individual creates in the here and now moment, which I might grasp, is central to my work. Engaging with the moment-to-moment experiencing of an individual's inner world as they sense and experience meaning requires me to be as close as possible to them, 'as if I were in their shoes'. However, I must also remain separate enough from the individual, while also ensuring I am able to hold the essence of a complex process at multiple levels (Rogers, 1967).

Hermeneutics is the theory of interpretation and is central to IPA research. It is concerned with interpreting, at various levels, both the participant's and the researcher's experience. Heidegger made the point that 'the meaning of phenomenological description as a method lies in interpretation' (Heidegger 1927/1962, p. 37). A key issue for me is how to make sense of my interpretations and remain aware of my preconceptions and assumptions within the framework of this research process. Clearly, interpretation is inherent and a natural component of 'being- in- the- world', (Finlay, 2009), however, the belief that an interpretation I might offer is the absolute truth of an individual's lived experience needs to be held lightly. The double hermeneutic (or hermeneutic circle) does, however, provide a lens to deepen our understanding of the participants' sense making (Smith et al 2009). Important skills for a researcher in this domain include having a capacity for reflection, reflexivity, and implicit connection, as well as being able to hold a position of separateness. Another aspect of IPA is that interpretation can include a process of empathic hermeneutics with a hermeneutics of 'questioning'. It encompasses, for example, standing as close as possible to a participant's views 'as if you were in their shoes' (Rogers 1967, Conrad, 1987), whilst simultaneously looking at their experience from a different angle and perspective, holding a different relational stance. Both aspects of inquiry can provide a richer analysis.

An idiographic mode of inquiry is the third philosophical underpinning of IPA. This form of analysis has a different focus from nomothetic approaches. A primary difference that IPA analysis highlights is the importance of, and need for, engagement with particular individual experiences in detail. IPA analysis engages on two levels: firstly, the detail and depth of the systematic analysis, secondly the process of understanding at multiple levels how individual experiences have been understood, including their meaning/sense making within the context of the phenomena and the research interviews (Smith et al, 2009).

IPA research aims to explore participants 'lived experience' from their own perspectives, whilst also acknowledging that it is impossible to fully enter their world. It is also recognised that this endeavour implicates the researcher's own view of the world and emphasises the importance of the researcher/participant relationship and interaction. This process inevitably means that the researcher will have an influence on constructing meanings within the interpretative analysis. The approach often brings the practitioner's capacity to bracket perceptions to the fore, although this is still an area of debate. The process of bracketing is complex and very rarely fully achievable. As a practitioner I have worked with this process for many years and I believe that it can at times be partially achieved. Holding an open reflexive position to another's reality often turns down the volume of my own view/frame of reference. This supports my engagement with the other's frame of reference while allowing me the space to receive their reality and engage with it. Smith et al. (2009) describe a circular form of bracketing, which resonates with my experience of this concept. Furthermore, my experience of the systematic guidelines for using IPA analysis as a research method offers me a shape that I find supportive as a means to stay reflexive, reflective, and aware of the interpretations that will emerge from my insider research analysis of the data for this project.

## **5.6 Some limitations of IPA**

It is clear there are different perspectives on the limitations of IPA as a research

method. The presupposition that explicit language provides phenomenological analysis with the necessary tools to capture an individuals' experience (Willig, 2013) is not always accurate. The complexity of the communication of a lived experience is vast and certainly requires a broader framework than just explicit language, as one considers how to engage with the multiple levels of individual experiences. For example, one requires the capacity to hold language that constructs a meaning lightly, while also being able to listen and attune to the implicit messages that are present, attending to the nuances of the 'the music' beneath the explicit dialogue.

Another area discussed as a limitation is that individuals' perceptions of the world can offer rich descriptions of their lived experience, but the research does not tend to provide an understanding of *why* individual experiences occur and *why* they provide different phenomenological representations. This idea questions the capacity of a participant and the researcher to engage with the wider contextual reality of a 'lived experience', that could at times add to the understanding of the phenomena they are engaged with at multiple levels and on a wider landscape. This is likely to occur in my research as it involves interviewing psychologically minded individuals. Thus, I needed to remain aware that past events and histories could emerge from participant's engagement with phenomena and I/we might need to be attended to that process. I am aware of the question surrounding the level to which participants are able to engage with the richness of their experiences during interview, and this has been apparent in my interviews. However, 'one size does not fit all' and as a researcher I hold a position of difference and engage with that process without judging an individual's acumen regarding their use of language. I am aware of how this might impact the process of understanding a participant's lived experiences. Heidegger states that these experiences are profoundly embedded in constitutive context and underscores the exquisite context-dependence and sensitivity of human emotional life (Gendlin, 2003). For me as a researcher, this embeddedness requires that difference be embraced and not reduced to, for example, an individual's capacity to communicate experiences through explicit language.

I am realistic enough to be aware that the interview participants might struggle to fully share how they had been personally and professionally impacted by the workshop, however this would likely be the case for a range of qualitative research modalities. I offered an open space as I held my awareness around the nature and potential uncertainty of the engagement with semi-structured interviews in mind. I reiterated to the interviewees the importance of their self-care, and that if they needed a break at any point as we travelled through the interview process that would be fine. I also reflected on how this process impacted me I initially felt tentative at times as well as being connected with strong sense of being present. Post the interviews I used my journal to capture my experiences and my reflective and reflexive process.

## **6. Research Design and Method - Phase 1**

### **6.1 Thematic analysis**

This first stage used Thematic Analysis, a method that provided a framework for recognising and organising patterns that could be flexibly applied to a range of research data (Willig, 2013). The method involves data familiarisation and collection and the analysis of a large sample of evaluation feedback questionnaires; focusing on participants' immediate personal experience of the workshop and the feedback regarding potential developments to take into account for future workshops. The six workshops were facilitated between 2010-2012 and primarily targeted person-centred practitioners.

### **6.2 Participant recruitment and sample characteristics**

Metanoia Institute and Psychology Matters offered six CPD workshops between 2010-2012 that provided the feedback and evaluation questionnaires for this thematic analysis from participants who attended these workshops. The workshops were advertised in various forms, including on the Metanoia website, workshop leaflets, via email contact, and by word of mouth. The course was described as a CPD workshop primarily for person-centred practitioners who were interested in concepts from affective neuroscience and attachment theory and who wanted to consider these concepts in relation to their practice and personal development. The workshops were delivered at four locations in the UK across a wide geographical demographic, three were part of the Metanoia CPD protocol that provides both modality specific and generic CPD for graduates and students, and Psychology Matters (PM) which was approached to run three workshops outside London, primarily for person-centred practitioners (see Table 1 for the locations). Participants who attended the CPD workshops were individuals who self-selected to attend the training, either for CPD activity or as a supplement to their counselling or psychotherapy training. The range of diversity of the participants provided the sample with a broad range of experience, from senior qualified person-centred practitioners to person-centred trainees spanning

the academic levels from 4-7 (Diploma to MSc). Their ages ranged from 27 to the mid-50's, and approximately 90% were women.

### **6.3 Rationale for the evaluation questionnaire**

My rationale for the evaluation questionnaire was based in my interest in collecting some important current time feedback that would illuminate specific areas to do with the experience of attending the workshops and grappling with the tensions that this potentially evoked. The questionnaire also included a section related to potential interest in, and inclusion in, the next stage of the research. For the purpose of this stage of the research, I included two specific questions, outlined below, that had a particular focus on the impact of the workshop materials on participants initial experience and sense making.

### **6.4 Participants completing the evaluation questionnaires**

97 participants signed up for the six CPD workshops. 79% (81) of the participants completed the evaluation of the workshop, registering an interest in further involvement in the research, 9% of those interested were men. See Table 1 for a breakdown of location and numbers for each workshop and the number of participants who agreed to participate in further research.

**Table 1:**

**Participants completing evaluation questionnaires**

<b>Workshops and Location 2010-2012</b>	<b>Number of participants who attended the workshops</b>	<b>Evaluation questionnaires signed agreeing to research involvement</b>
1 Buckinghamshire (PM)	13	13
2 Metanoia	17	13
3 Scotland (PM)	16	13
4 Metanoia	18	15
5 Nottingham (PM)	18	13
6 Metanoia	15	14
Totals	97	81



## **6.5 Evaluation questionnaire data collection**

The participant recruitment for the thematic analysis came from participants who self-selected, as evidenced by their completion of a workshop evaluation questionnaire they signed indicating their permission to use their feedback for further workshop research and analysis. Prior to the completion of the individual questionnaires at the end of each workshop, I discussed aspects of my research with each group and explained what their involvement would entail at this stage. I also reiterated the confidentiality statement included on the questionnaire. The questionnaires were handed back to me at the end of the final session of the workshop. The evaluation from the workshop provided a broad range of personal perspectives regarding the content of the workshop and the way it was run. It also included insights on what was useful and what could be developed further. I took the evaluations seriously, as the participants had provided some useful perspectives and experiences. I also recognise the limitations of this process, which is commonly described as convenience sampling.

## **6.6 Questionnaire familiarisation and initial data collection**

I embarked on the process of familiarising myself with the data by broadly following the guidelines as outlined by Braun and Clarke (Braun and Clarke, 2013). I read and re-read the whole data set as a preparation for the systematic coding of two questions from the evaluation questionnaire. These were:

1. *As a practitioner to what extent did you find the workshop useful?*  
*(This question had two subsections, focusing on the personal and the professional realms.)*
2. *In what way did the structure of the workshop support your learning?*

As I became immersed in this process, I chose initially to stay close to participants' wording of their evaluations in order to become familiar with the language and phrasing that would appear in the data. I also made notes on comments that piqued my interest and curiosity as I searched for meaning. This

enabled my re-reads to move beyond the content of the data-set to a deeper analytical level, which provided elements of both semantic and latent coding (Clarke and Braun, 2016). This process took a recursive form, requiring me to move back and forth between the data set and my notes and experience as I began the process of interpretation. This 'bottom-up' approach reflects aspects of my particular standpoint knowledge, and skill set that will impact the analytical process. My aim was to complete a thorough process of coding the data and identify participants' patterns of experiences as comprehensively as possible.

## **7. Research Design and Method – Phase 2**

### **7.1 Interpretative Phenomenological Analysis (IPA)**

This phase involved involve conducting semi-structured interviews with a purposive homogeneous sample of CPD workshop participants. My aim was to obtain a more in-depth understanding of participants' experiences with the workshop, evaluate their responses to it, and, potentially, to consider in a more in-depth and nuanced way the impact that the workshop had had on them and their practice (Langdridge, 2007; Ritchie, Lewis and Elam, 2003; Smith and Eatough, 2015). This involved me engaging with each individual interview in detail, following an idiographic mode of inquiry in which I committed myself to constructing detailed descriptions of the training participants' lived experiences (Smith, 2008).

### **7.2 Sample characteristics of participants**

The participants recruited for the in-depth IPA interviews were selected from CPD workshops that I facilitated between 2010-2012 (see table 2. below). The participants highlighted their interest in the research interview by including their email address on the completed end-of-workshop evaluation questionnaire. Participants ranged in age from 30 to over 50 and the level of person-centred training varied from diploma/BA training to MSc graduates. The interviewees were also varied by location and cultural background. I aimed to use a small sample size of between four to six participants as this number is seen as appropriate for a doctorate and it fitted with my proposed process. I discussed the requirements of the interview research process during the workshops and advised the attendees that four to six participants who met the criteria would be invited to take part in the interview research. I set a timeframe to approach six potential attendees three-six months after the workshop they attended. This was to allow individuals the time to process the content of the workshop and potentially to integrate aspects of it into their personal experience and practice (see Table 2 below).

A significant number of participants registered an interest in the interview process, as evidenced by the number of email addresses I received on the questionnaire response (see appendices). However, many of those who indicated a continued interest in the ongoing research did not meet the interview criteria, as described below:

- Person-centred practitioners currently working with individual clients
- Currently in person-centred supervision
- Possessing a minimum of three years of person-centred training
- Access to relevant support systems
- Registered or accredited with relevant professional body e.g. BACP or UKCP

Using these criteria reduced the number of participants I could consider for the interviews. This process required me to consider additional factors such as the geographical distance of participants and my professional connections with them.

### **7.3 Sampling size**

My rationale for selecting the sample size that provided the data for the research analysis was informed firstly by wanting to appreciate each participant's transcript and data set thoroughly and in depth. It is clear that IPA studies often use a small sample and that there is no right answer to the question of sample size (Lyons & Coyle, 2016, Patton, 2002, Smith & Osborn 2015). What is more critical is the depth and quality of the analysis. One of the benefits of using a small sample is that it enables the researcher to engage in a detailed and time consuming case-by case analysis. This supports the process of a comprehensive and in-depth analysis about individual participant's lived experiences (Pietkiewicz & Smith, 2012).

Given that sample size is not a simple question, there appears to be a balance of relevant factors to consider, for example: what you want to know from the research, what is the purpose of the research, whether similarities and differences were likely

to emerge between participants that allow for contrasts as well as commonalities. My considerations regarding grounded theory and action research were not methods that would support the research question of this project or the process of the research (Braun and Clarke, 2013). Hence the use of IPA and a more in-depth analysis of a relatively small sample was carried out, which was sufficiently in size and depth to allow for the emergence of nuanced points of similarity and differences between the individual participants.

I also discussed this issue with colleagues, academic advisor and my research supervisor, who all supported the sample size for this research. I therefore followed the advice of Pietkiewicz and Smith (2012) and chose a relatively small sample in order to concentrate more on depth rather than breadth in this stage of my investigation. This fine-grained analysis of in-depth interviews complemented my thematic analysis of the workshop questionnaires that was carried out with a relatively large sample size.

#### **7.4 Recruitment methods and interview participants**

I contacted six participants who matched the criteria and contacted them by email to see if they were still interested. I offered to have a telephone conversation with them if they wanted to discuss the stages of the research process and the participant information sheet and consent form. Of the six individuals I contacted, two declined to take part due to personal and time constraint issues, the remaining four individuals all agreed to participate in the interview process (see Table 2. below). Following the email, I sent regarding their ongoing involvement, I had telephone conversations with all of the participants, largely to do with practical issues and to check if still they wished to participate, which they did. I explained that I would email them a participant information sheet and consent form to sign and return by email as soon as they could. I also advised them that the Metanoia Research Ethics Committee had approved the research. I agreed that once they had returned the consent forms, I would call to arrange a time for the interview. Sticking to the timeline I had set myself for the interviews was difficult, particularly as I had agreed to carry out the interviews in the participants'

own homes. I chose to travel to the interviewees' homes because I thought that being in a familiar context might create a relaxed atmosphere for the interview process.

**Table 2**

<b>Participant interviewees, location and age profile</b>	<b>Modality and approximate years of practice</b>	<b>Geographical area</b>
Participant 1: Carol Age profile: 50 +	Person-centred 20 years	Central England
Participant 2: Celia Age profile: 35+	Person-centred 10 years	East England
Participant 3: Hanna Age profile: 30+	Person-centred 6 years	South West England
Participant 4: Craig Age profile: 35+	Person-centred 3 years	Hertfordshire

## **7.5 Interview data collection**

My telephone contact with the participants provided a degree of connection prior to the interviews. I had produced a loose framework that would serve, as a semi-structured guide to some questions I might ask, and I hoped it would support a developing dialogue and reflective process within the research interview dyad. I was very aware of the similarities and differences between working as a psychotherapist and qualitative research interviews. Noting that a therapeutic session focuses on emotional change through personal interaction and research interviews focus on the potential synthesis of multiple levels of knowledge, and individual experience prompted in me a curiosity about the potential impact of the research interviews given that both parties were practitioners. It is also true that both types of dialogue may lead to increased understanding and potential change, (Kvale and Brinkmann, 2009).

I started each interview by checking that the interviewees understood what the process would entail and reminding them that I would be recoding the interview, I stressed that that they could tell me to pause the recording if they needed a

moment to settle themselves. I consider that flexibility a crucial part of ethical research practice and also simply important for respecting the participant and their experiences. I used two recorders just in case one malfunctioned.

The process began with some general questions with the intention of getting as close as possible to the participant experiences, whilst finding my way to hold my frame of reference lightly and manage my tentativeness as we began to engage more fully. I began to relax and felt in most of the interviews that there was an easy reflective process whereby an empathic connection was developing. Staying close to the participants' narrative was important, as they shaped their story as it helps to build trust and the potential to open wider areas and broader questions to the discussion. On reflection my tentative start was underpinned by my concern over how much of my own frame of reference would impact the interview. I reminded myself that being attentive to what is being offered helped me to ground myself as much as possible in the participants words, experiences and world, (Smith, Flowers and Larkin, 2009), which enabled me to focus largely on the participant rather than on my own concerns.

The rationale for using a semi-structured interview schedule was underpinned by the potential fluidity of the interviews that would be guided by the interview schedule rather than directed by it. The interviews would be flexible, and the sequence of questioning could be changed, with also some probing of areas of participant interest or concerns. This flexibility also supported both the development of an empathic relationship with the participant, designed to shape how the interview process unfolded towards a deeper exchange.

The schedule I settled on emerged partly from my previous experiences of interviews within a range of professional settings, for example, from my RAL 8 experience. Also, this particular method of interviewing is at present the most common in IPA studies (Langdridge & Hagger-Johnson, 2009, Lyons & Coyle, 2016, and Smith, 2015).

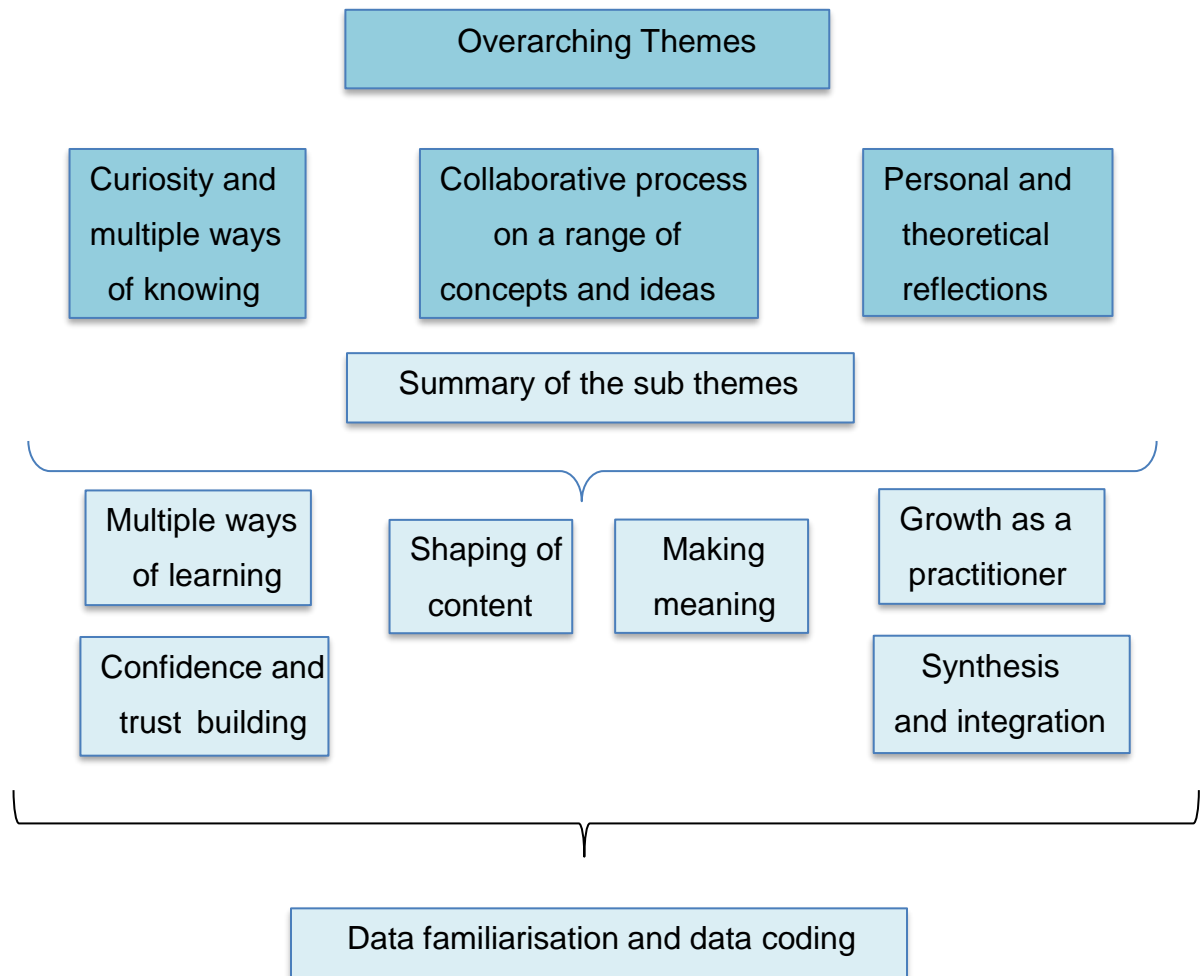
The four recorded interviews took place over a period of 18 months. I was grateful that the interviews were spread out as my agreement to travel to the participants' homes meant the interviews took the best part of a day. This also gave me an opportunity to listen to each recording after the interview, enabling me to reflect and process some of the interview experiences that I recorded in my reflexive journal and to begin the process of analysis.



## 8. Findings Stage 1 – Thematic Data analysis

I went through a number of important stages in the management of the data derived from the thematic analysis. The steps in this process are set out in the appendices. Overall, the analysis process yielded three overarching themes, with related subthemes for each. Figure 1 below sets out the detail of these themes in a diagrammatic form. In the sections that follow, I shall deal with each of these in more details.

**Figure 1. Thematic map of themes and subthemes**



## **8.1 Curiosity and multiple ways of knowing**

This overarching theme relates to the two research questions above and the to the meanings that emerged from my initial engagement with the data set. Participants consistently commented on their perception of the evolving nature of the workshop. As I continued to develop codes from the data, potential candidate-themes began to emerge from the clustering of codes. Participants from different workshops reflected that they felt it was important that their individuality and way of engaging with the process was valued and accepted. This in turn created a sense of containment/scaffolding within the workshop, fostering curiosity about the new ideas and concepts that were presented and which specifically linked to the sub-themes 'Multiple ways of learning' and 'Confidence and trust building'.

### ***Multiple ways of learning***

The sub-theme 'multiple ways of learning' philosophically underpins my position as an educator/facilitator and forms the basis of the CPD workshop I run. The in-depth knowledge I provide encompasses multiple ways of delivering concepts, which, in turn, I hope shapes the experience of participants. I hold a position that experience is central to the synthesis of knowledge (Rogers 1951), and that a collaborative relationship supports an interest in experiences and theory that enhance engagement, curiosity, and the building of knowledge. Every workshop and group of participants creates its own style and community of learning. As facilitator my intention is to create an environment in which all participants can engage at whatever level and in whatever way is right for them. For example, Paula commented that,

*'While for me, understanding is important, the two days also reinforced that sometimes it is helpful to stick with the confusion and listen to my feelings about the topic and how attachment impacts me and my practice'.*

This comment shows Paula's capacity to challenge herself to stay with the uncertainty of not knowing and to hold a position of potential creative indifference

(Perls, 1947/1969a). It also suggests she does not accept ideas and concepts at face value and perhaps holds theory lightly. Holding theory lightly is an idea I bring to the training I offer. I think it supports the integration of knowledge from an inside-out (bottom-up) perspective. Multiple levels of learning also require a capacity to engage with multiple levels of processing and Paula appeared to be engaged in that process as well.

However, it is clear that engagement with any topic is going to be impacted by the participant's level of experience within the field of psychotherapeutic practice. An example of this is highlighted in a reflection that Carol wrote:

*'It is useful to refresh/revisit knowledge of attachment theory and make the links and bridges with neuroscience findings, and I have broken through my learned anxiety about "science stuff". Also, I had useful new reflections on my own attachment patterns, which I am curious and excited about'.*

Carol's comments highlight a shift in attitude regarding her learned anxiety to the 'science stuff', achieved by developing a workable framework that synthesised aspects of attachment theory with neuroscience research and an openness to redefining new dimensions of her attachment style. This indicated a process of 'outside the box' learning that is applicable both personally and professionally. The idea of learning designs that take participants out of their assumptive world is supported by ideas put forward by Freire (1970)

This is not always the case when facilitating within the person-centred field as many graduates and students hold tightly to non-directivity and feel the six conditions are necessary and sufficient. This might be true for some, but in this domain I believe that, when working with clients, an additional lens is required.

### ***Confidence and trust building***

This sub-theme that was essential to the delivery of workshop was the creation

and development of an environment conducive to supporting engagement with the topics that were to be presented. Central to this were principles of safety and containment that would enable participants to individually engage with a collaborative, experiential, theoretical, open experience that could become a creative community of learning (Rogers, 1983). An example that supported this process was the group discussion on confidentiality and boundaries for the two days, which established a boundary that felt satisfactory for the group (BACP, 2016). I also provided an outline of what we would be covering over the two days, creating metaphorical scaffolding that would be flexible and containing. Kim stated,

*'There was a clear structure outlined from the start, which allowed me to feel confident that what I wanted to be covered, would be'.*

Signposting the direction of the workshop and the mix of the theories created - for most participants - an anchor from which trust and confidence could grow, sowing the seed for reflection and for some transformative learning. For example, Mary commented,

*'I especially like the creative side and the humour within the workshop when dealing with such a vast amount of information. It helped me to relax and absorb what was being offered'.*

Being relaxed and able to absorb the content in an environment underpinned by the co-constructed design and delivery of the workshop supported a connection with the first theme 'multiple ways of learning'. Several participants clearly became more confident and trusting of the process, which provided the opportunity for them to engage in their own way with complex concepts and ideas. Dee stated,

*'this is a valuable way of learning for me, providing both information and ideas, and then the opportunity to explore and share with colleagues gave a rich source*

*of additional input*'.

My interpretation of this comment focused me on the development of trust and respect between participants, which supported active engagement and a willingness to invest in the value of collegial discussions within a learning community, which also broadens the possibility of self-directed learning, and co-creates the space to make meaning from a range of experiences (Rogers 1983, Wenger, 1998).

## **8.2 Collaborative process on a range of concepts and ideas**

This overarching theme reflects the two sub-themes 'Shaping of content' and 'Making meaning'. The process of collaboration was central to the overarching theme. As I worked with participants, and as the individuals in each group came together, fertile ground was laid for creative ways of understanding the ideas that would be presented and which enabled many individual processes of making meaning. As I familiarised myself with the data and coding I noticed a significant level of participation within the various small group exercises and saw how peer discussions contributed to the formulation of the ideas presented and to participants' individual meaning. I also saw how that meaning impacted their professional and personal sense of self. Comments across the data set confirmed that learning is individual and that the outcome of the learning was clearly supported by the vitality of the experiential exercises as well as by the theory. Some participants reflected on the synthesis of disparate bodies of knowledge and others commented that they needed more time to process the two days.

### ***Shaping of content***

The sub-theme 'shaping of content' focuses on the experience of the participants, how they engaged with the framework and how it might support or not support their learning. How the landscape of the content would develop within the context of the workshops was unknown, each of the six workshops was an entity in their own way. This theme brings to the fore the uniqueness of each participant's

interaction with the workshop and how they related to the fluid process of delivery. Sian expressed that her learning was

*'consolidated by the clarity of communication from the tutor, her interaction with experiential exercises, particularly the implicit communication exercise and the pacing' which allowed time for her to absorb the material and attend to practical examples that other people shared'.*

Analysing these comments from a field theory perspective captured how individuals consider a range of perspectives that create a holistic map, providing an outlook or way of relating to context, content, and individuals within a broad and changing field (Lewin, 1952). This is a complex process of construction that is the basis for a way of perceiving, knowing, and understanding that supports assimilation (Parlett, 1991). There were a range of comments from participants related to the PowerPoint presentation (PPT); for example Rachel stated *she,*

*'liked the format and the integration of the PPT and that it was interspersed with practical exercises'.* Alex also wrote *'I very much appreciated the PPT presentation and found the slides and the handouts useful, I also enjoyed the balance of large group discussions and experiential exercises'.*

Margaret commented that she *'would have preferred the workshop without the power point as that would have provided more connection with trainer Dagmar'.* The Gestalt concept of figure and ground is consistently at play within the field of facilitating.

Individual experiences will move between what is in focus, i.e. figure, and what is ground. In this context, attention to the shifting interplay is always present and it is informative to track it (Perls, Hefferline and Goodman, 1984/1951). Engaging with a specific concept can create either a figure or ground experience from participants, possibly related to past experiences, here-and-now curiosity, or what may emerge in the future.

## ***Making meaning***

Making meaning focuses on how participants made sense of ideas and concepts that expanded their perception and capacity by locating themselves in the mix of the ideas and concepts that were presented. This theme also leans towards ultimately self-initiated and self-directive learning (Rogers, 1961), as each participant makes sense of the experience of small group sharing and large group discussions. Meg stated that,

*'the correlation from attachment theory as applied to the mother and child relationship, and the client/therapist relationship was a really interesting concept' which added to her 'understanding of the similarities between the two systems of active engagement, offering for example empathic attunement, intersubjective connection, and implicit communication'.*

She also found the implicit communication exercise was illuminating and informative and that overall the subject matter made a lot of sense and added to her understanding. Irene reflected on,

*'the concept of self-regulation and how regulating affect is consistently linked with early relational experience and how, as a therapist,' she could 'support her clients in becoming aware of their own process in relation to regulating affect'.*

I have found that the diversity of language used by participants in their responses to the two questions indicates that they relate to the topics on different levels. Both the comments above provided an example of this: the first provides examples of making meaning in which the comments appear to stay at the level of understanding; the second comment focuses on her practitioner stance. This is a theme that emerged throughout the data. I recognise that this is not unusual as there are multiple ways of assimilating knowledge, but I am curious about what makes the difference and how I need continue to keep my facilitator/educator stance fresh and continue to stay current.

### **8.3 Personal and theoretical reflections**

This overarching theme underpins the sub-themes of synthesis and integration and of the participants' reflection on their development. Reflective practice is a process that facilitates learning from relevant personal/professional experience and that supports multiple levels of representation (Stedmon and Dallos, 2009). Returning to my data set cluster focused me as I began to contemplate what methods worked for whom and what didn't. The process of synthesis and integration can begin at any stage of learning however deep integration can span a considerable chunk of time. The data set provided rich evidence of both personal and professional learning on which group members reflected from a position of understanding and with a willingness to develop their practice to include concepts from affective neuroscience and attachment theory. For some, of course, this depended on their level of experience in the field. The growth within the groups clearly did vary due to different experience levels, but it was clear that learning and understanding is individual. One participant was clear that being able to engage at her level and in her own way made the two days a positive experience. Each of the themes overarching the sub-themes provided an accurate template for much of the two-day process.

#### ***Synthesis and integration***

The sub-theme 'synthesis and integration' provides explicit statements related to the participants' learning and how they assimilated knowledge, ideas, and concepts that will inform and impact them as practitioners. This theme links to the previous one of shaping content as it illuminates a progression through framing concepts, ideas, and the mode of delivery towards a process of synthesising relevant knowledge. May reflected on areas that were useful to her practice and to her personally (Question 1):

*'the contribution of theory and experiential exercises supported me to integrate the theory in an experiential manner, which I hadn't expected. Personally, the input on attachment styles has supported me to reflect on my own attachment*



*styles*'.

The process of shaping theory in a manner that wasn't expected highlights that May had the capacity and confidence to step into a new way knowing. This represents a process of inside/outside learning, developing a felt sense that then translates more holistically to an intrapersonal framework, and which makes a difference to the interpersonal relationship with clients and others. Finley commented that,

*'the combination of person-centred psychotherapy, application and discussions, in open and flexible ways allowed for digestion and integration'*.

Creating a connection between person-centred psychotherapy practice and affective neuroscience and attachment theory tells me that there is an interest in bringing some of these ideas into the domain of person-centred practice. It might also underpin the development of a broader frame for ongoing integration into practice. Liz reflected on,

*'the linking of affective neuroscience and attachment theory with person-centred theory and practice' and her 'developing understanding of how it supports the process of the therapeutic relationship'*.

The idea of linking diverse concepts to create an optimal process within the therapeutic relationship in which neural changes can occur, such as integrating co-regulation of affect, and being open to implicit communication challenges many. This synthesis captures the complexity of stepping outside a familiar box.

### ***Growth as a practitioner***

This sub-theme collates comments related to participants' experience of development over the two days. Throughout these six workshops participants had a range of reactions to the ideas and concepts expressed and their facilitation

and delivery. I am curious to see what is considered 'growth' from a participant's perspective. Tye stated that,

*'I really feel now that I can see how the concept of attachment and neuroscience processes supports my understanding of the possible experiences of my clients and I feel this will aid my empathic process'.*

This comment shows that synthesising ideas from theoretical domains outside the person-centred frame can be accepted as potential supports to practice and particularly to the development of empathy, which can be increased if the practitioner understands the client's experiences and reality. John appeared to have a clear agenda for his learning, he wanted to '*organise elements of understanding of attachment theory*' with which he had some experience of working with. He also sought input on neuroscience about which he knew little. He said,

*'the bringing of these two together, building the learning around colleagues' experiences both personally and therapeutically made it a very useful experience'.* He went on to say, '*I was however surprised by the extent to which I began to make sense of my own early development – particularly in regard to secure/ambivalent attachment styles. This has been a bonus, prompting me to want to work at greater depth in examining the issue'.*

He sounded to me as if he was a man on mission, even if he didn't know that himself. I felt impacted by his careful, personal feedback and his honesty and the fact that he still wished to grow and develop personally and professionally. This too was a participant who is willing to step out of his comfort zone and challenge himself. Helen commented on,

*'that the workshop expanded her theoretical knowledge and provided understanding of how the hormonal system and the brain can produce regulation problems that she might witness in traumatised clients. She also gained a clearer*

*understanding of her own attachment patterns and how powerful they can be'.*

Further discussions will be included in section 11, p. 135-137 of this thesis, which will reflect on the impact of carrying out this thematic analysis from an individuals' here and now lived experience and how this impacted my IPA analysis.

## 9. Findings Stage 2 - IPA Data Analysis

### 9.1 The in-depth interview data

The analysis of the interview data produced a large number of themes, which were then clustered and finally organised into four superordinate themes and ten subordinate themes. Below is an overview of all the superordinate themes that emerged from my analysis, and the subordinate themes that relate to each:

#### **Superordinate theme 1: IMPACT ON PRACTICE**

Subordinate themes: ~~Changes to practitioner approach~~  
Challenges related to workshop input  
~~Concepts and ideas that support practice~~  
Concepts and ideas that inform clinical practice

#### **Superordinate theme 2: TENSIONS IN POTENTIAL INTEGRATION**

Subordinate themes: Struggling with uncertainty  
Broader awareness and understanding  
Connecting with integrating

#### **Superordinate theme 3: CHANGES IN PERSONAL UNDERSTANDING**

Subordinate themes: Discovery and self development  
Staying with what is difficult

#### **Superordinate theme 4: WORKSHOP SCAFFOLDING AS A RESOURCE**

Subordinate themes: ~~Design and process in the workshop~~  
Containing the process of the workshop  
  
Diversity of the learning  
Collaborative engagement

The key superordinate themes outlined above do not stand alone as separate entities but are held together in an embodied way both within and across the four participants who were interviewed. At the same time, each of the themes brings out a different contextual focus, and therefore, to some extent, a separate identity. The first superordinate theme, named as 'impact on practice', brings us into the

consulting room with clients, and ways that the material and experience of the workshop resonated, or otherwise, with clinical work in that setting. The second superordinate theme of 'tensions in potential integration' highlights the different ways that participants attempted to make sense of different ideas and different epistemologies within the learning setting. The third theme of 'changes in personal understanding' draws attention to the personal learning of the practitioner/participant and some of the key components of this. Finally, through the theme of 'workshop scaffolding as a resource' the focus is directed to the workshop itself, and the ways in which the design of that learning setting was experienced. In the sections below, I provide an analytical commentary on the different themes and related subordinate themes, grounding these in the actual words of the participants themselves.

## **9.2 Superordinate theme 1: Impact on practice**

(Note: All interview participant names are pseudonyms and the confidentiality of extracts within the transcript has also been carefully attended to).

Impact on practice raised the issue of what potential transferable development and learning can occur when practitioners engage with CPD workshops that introduce concepts and ideas that require some curiosity and motivation to move out of their comfort zone. The emergence of the subordinate themes set out below bring together some of the complexities of this process.

### ***Challenges related to workshop input***

Participants highlighted a range of processes that provided a rich landscape of ways in which they engaged in sense making processes of the workshop materials; this varied from subtle changes to some significant challenges and highlighted also multiple levels of processing. There was evidence of the challenging nature of some of these ideas in terms of their previously existing perspectives.

Hanna reported an awareness of the struggle to develop the therapeutic process, which was partly related to her client's lack of early attachment, and which meant that it was difficult to connect with her client. She reflected on attending the course that supported new ways to look at the client's attachment, particularly what he had not received in his early development. In order to support his understanding, she explained some aspects of neuroscience that highlight important areas of attachment and that impacted his capacity to develop relationships, both in the past and current time. Hanna reported a sense that this new awareness and understanding was a relief for the client:

*'I ..... could actually begin to look at attachment and his attachment derailment, where that hadn't happened for him. I could back that up with neuroscience ideas around how important attachment is, and particularly in the first, you know, couple of years of infancy' (p.4,46 and 50).*

Hanna had a lot to say about the specifics of her work with clients; I was struck by the speed with which she jumped very quickly into this material which also underpinned aspects of her own process. This suggested that our relationship, through the workshop as well as in the interview, supported this type of transparency. This unfolding process led us into significant depth about Hanna's own attachment issues, something that I shall return to in a later theme. I was also aware that her issues touched fairly closely to my own; I also found myself needing to reflect that Hanna's story was not mine.,

Celia highlighted the effects that the workshop materials had in her relationship with certain clients that she had discussed in supervision and had previously struggled to understand. Her interest in making sense of this dynamic provided for me a felt sense that this process had been both explicit and implicit, bringing to light the deeper intersubjective nature of what was happening with her client. She reported a greater understanding, as well as a capacity to notice when this got evoked in her practice, and the part played by her own process in the

dynamic:

*'Where the relationship has got quite complex and I have not understood why and I have had lots of supervision about those clients ... the client that has become quite attached to me I have found it hard to end with that client' (p.4,26).*

Celia continued to reflect in various ways on the complexity of the underlying processes in her clinical work:

*'Thinking about it does have resonance for me, as a mother .... um ... and I think it relates to my own mother as well; there is a tendency to be a bit over involved and when I think about my relationship with my mother, my mother was/is like that with me. What it does is it makes me more aware of that tendency and maybe I can look out for that dynamic' (p.6,40/42).*

Celia's experience from this process provided further insight and depth to her awareness and understanding, as she reflected on,

*'It's hard .... to know that you can survive being left ...um ... that people can survive, that's quite important learning' (p.6, 40/42)*

I felt impacted by Celia's openness in her discussions with me as I had previously experienced her on the workshop as tentative and at times reluctant to share her own process.

Craig, who evidenced some tension and resistance around the material and themes of the workshop, nonetheless reported noticing some different aspects of his clients, sometimes with elements of surprise:

*'I was quite surprised to find myself thinking back at the workshop, the material, quite often, since then, in working with clients, and also thinking about myself*

*..... when someone mentions a childhood experience very briefly, that to me sounds quite traumatic, but then chooses not to go there or not to discuss or you know not to delve into there deeper, it did help me to ... I suppose ... form a better picture of what possibly that could have meant for them, and it helped me to make sense of some of the other things that I've noticed in the client' (p. 6, 22).*

I often felt with Craig that I was drawn into a pull/push dynamic in the course of the interview; at times, this manifested in me as a tension and a sense of insecurity and uncertainty, qualities that I also observed in Craig.

Carol presented as somewhat uncertain, moving back and forth from times of engagement with ideas and at other times feeling different and challenged. For example:

*'I remember feeling ... you know... differences sometimes, thinking 'oh' ... so maybe I am not as purist (person-centred) as I thought I was ... in a way ... (p.5, 16)*

It seems that Carol had not considered how her experiences of CPD trainings, and her involvement in an attachment focused supervision group, had altered her approach as a practitioner. Carol had encountered many of the workshop ideas in other settings, but it seemed to me that this was the first time that she had begun to take in how some of these issues might actually be impacting her practitioner sense of self.

Overall, there was evidence throughout all of the interviews of participants having altered their position on presenting issues from their clients. In reflecting on these issues, I could also see that such changes in awareness had also to do with the workshop design, something that I raise in the analysis of the final superordinate theme below, as well as in the later discussion.



## ***Concepts and ideas that inform clinical practice***

Interview participants demonstrated that they had considered theoretical ideas that supported practice and that covered a broad range of concepts and issues that were central to the workshop.

Hanna's focus was on relationship issues both in terms of her client work and her own personal life. She highlighted also the way in which a focus on attachment had changed some of the ways in which she perceived her client work. In the context of these reflections, Hanna highlighted some of the effects of thinking about the client's attachment history:

*'.... it actually allowed the client space to think .... maybe this is a .... this is a result of the .... and therefore, the sense of hope, there's something about the hope ... um ... about ... it's the sense of hope that can change it. That's been really, really useful that this is something that can actually (be) worked on and changed' (p.6, 58 and 62).*

Both Hanna and Celia also talked about other examples of thinking beyond a specific approach from the interviews, referring to 'psychoeducation', 'focusing', 'affect regulation' and 'implicit communication'.

Craig was somewhat tentative, possibly because he was at an early stage in the profession; he reflected on being drawn to ideas relating to the explicit, more tangible, cognitive and measurable concepts which he found more attractive:

*'...I don't think so much about attachment theory .... if I think about the development of the brain ... understanding some of the biological process, and how neurons will shape and form from a young age, understanding some of the biological process will be beneficial for my work' (p.2, 6/8)*

I found myself reflecting on how Craig referred to some of the workshop concepts

and feeling unclear as to what he might actually be making of these.

For Carol there was a sense that the materials in the workshop, and the related exercises and discussions, would take some time to sink in and that she would need more space and time to figure out how to integrate these ideas. She referred to some of the technical terms such as *'right hemisphere'*, *'implicit communication'*, and *'neural growth'*, but appeared to struggle to translate these ideas into actual client examples.

I experienced Celia as thoughtful and reflective as we discussed the workshop. She experienced some of the concepts explored as supportive to the importance of the development of the therapeutic relationship:

*'As far as I can see at the moment it supports the idea that building the relationship is foundational to growth and necessary for growth ... I'm happy to bring in more to my work .... but perhaps I think more about what I do with the relationship and try to work with the relationship more'* (p.22, 137)

Celia continued to discuss wanting a broader understanding of the complexity of developing relationships with clients. She referred to wanting to understand some of the underlying processes that emerge within the relational dyad. It occurred to me that given Celia had been off work for a while perhaps she felt somewhat daunted about managing her return to work and starting to see clients again.

### **9.3 Superordinate theme 2: Tensions in potential integration**

This superordinate theme includes the subordinate themes of 'struggling with uncertainty', 'broader awareness and understanding' and 'connecting with integrating'. Across these themes, we can see different styles of sense making among the four participants.

## ***Struggling with uncertainty***

From the perspective of the participant interviews there was a mixture of some commonality to their engagement with concepts and ideas and also clear differences and uncertainty about embracing the ideas and where to place them.

Craig talked about the notion of original thinking, innovation, and change, which he found stimulating. At the same time, it seemed clear that the material sat somewhat uneasily alongside the person-centred approach:

*'It changes, it changes nothing for me about the person-centred ethos, philosophy, theory, it changes nothing about the conditions for therapeutic change it's um ...'* (p.17,66)

I was somewhat surprised at the strength of his verbal communication above, and it appeared to me that he was taking back control and holding tightly to the person-centred frame. Doing this seems to be quite important for him, possibly this could be driven through not being able to hold an open and accepting position to some of the ideas that also stimulate him.

Carol reported that bringing different bodies of knowledge coming together was somewhat challenging:

*'I suppose there is a bit of a challenge in that especially the person-centred ideas, but, sort of integrating it but, well potentially there was a challenge but actually it seems okay, it wasn't a challenge to try and absorb it sort of thing, it was, so I perhaps so it wasn't really a challenge it was more, um, just a process of I don't know quite how to describe it it was more, it wasn't uncomfortable. ... integrating these different strands or, or um, finding a way to, to make sense of it I suppose'* (p.7/8,32/34)

Listening to the audio of the interview, my sense was that Carol might be nervous;

her speech had a staccato quality as she moved through her cognitive reflections. While this was early in the interview, I did wonder if she thought she must produce an accurate commentary for this interview process, possibly reflecting a need for her to get this right.

Carol also reflected on her experience at the beginning of the workshop. She stated, *'I remember feeling quite apprehensive, unsure about the topic and this being the first time at Metanoia'*. She also stated that she was *'nervous, felt a bit old in the group, not confident and inexperienced'*.

Celia's awareness:

*'..... of sitting in a room with a group bringing your own experience was quite striking, it took me by surprise, and I was thinking ... oh no ... I am going to have to get in touch with a different part of myself that I hadn't accessed for a while,'* (p.2/3, 18/20)

Craig's response to aspects of the workshop training highlighted for him how difficult it was for him post the CPD workshop to embrace the new ideas as they were not discussed or integrated within the person-centred training or supervision, and therefore not easy to place,

*'I feel a bit unsure, a bit uncertain, a bit I suppose insecure about knowing what to do with it, now as I say that I probably don't want to do anything with it I would like it to just inform my practice and I don't, it's not a technique I want to use. But still I think it's something that I realise even now I haven't given enough thought and discussion .....*' (p. 20/21, 76/8)

### ***Broader awareness and understanding***

Broader awareness and understanding provides diverse examples of how the participants have used the context of learning from the workshop. This process

has to some degree enabled participants to allow themselves time and space to discover the relevance of their learning at the level of the personal and professional understanding.

Celia spoke about ideas that have stayed with her that she continues to reflect on:

*'There are certain things that stayed with me, just understanding more about attachment and thinking about that. Also thinking about my own experience, my own attachment relationships particularly with my mother and some clients as well so I continued to think about that' (p.3, 24).*

Her interest in attachment theory has supported her to think more widely about her focus on attachment. As she prepares to return to work, Celia states that she is likely to sign up for a PhD related to clients who are postgraduates and is considering incorporating some potential research on the attachment history of these clients. She has created an extra avenue of things she wants to read about and understand further.

Carol shared that the therapy profession could be quite a lonely one and she found sharing ideas with others made her feel more connected and helped her check her understanding:

*'.... It's just nice to bounce ideas with others and check that you're understanding things and you just get so much from courses. Just sharing other people's experience really, just listening and hearing other people's experiences, their client work, their views on things, whether it's similar or different it's just um .... Well it ... can be challenging, it can be reinforcing' (p.18, 76 and 80).*

Carol really seemed to engage with discussions with others, and with sharing ideas, with other participants. This was an interesting experience as I found her to be so authentic in her enjoyment. She had felt that there were some challenges, and I sensed that some of her understanding had been clarified

within the discussions with others.

Craig reported a broadening of his perceptions against what they used to be. Some of the reflections related to his work with clients, while others related more to his own personal developmental experiences. He states:

*'I find it very useful ... yes ... I find it useful for myself as well ... I think in ... when ... in terms of my own self-awareness as I notice more and more things about the way I am ... it is very helpful for me to related back to events and experiences I can remember (p.12, 46)*

Listening to Craig, I really understood the ways in which the materials in the workshop intertwined both the personal and the professional domains and the complexity that has elicited in him.

Hanna also demonstrated the ways in which the personal and professional domains are intertwined when dealing with material of this kind. For her, it felt like a torch was shining on her in the training. She was reminded of experiences during her university years and some key challenges with which she had been faced. She went on to link these broader understanding with her client work, stating:

*'when I started as a practitioner through to now ... I think probably in the early days I was ... I was ... guilty of a tendency of wanting to rescue ....but I think there is still a tendency to probably want to rescue a little bit ...and make things better' (p.18, 176)*

I was very impacted by her transparency and about her willingness to process these issues with me - perhaps evidence of a developing trust that had begun in the context of the workshop itself.

## ***Connecting with integrating***

Carol talked about the way in which the current understanding of the development of the brain added important and relevant knowledge, but yet did not take over her sense of being person-centred. She talked about embracing this material in an accepting way, rather than being dismissive:

*'... the more that we understand it sort of, about how the brain works, it's absorbing and accepting that, but that doesn't ... but it's just, that informs us it doesn't need to, we don't need to change exactly not change in the way we're working but it's just embracing that somehow, accepting that, that, rather than fighting it'. (p.16, 66)*

I was surprised that this was an area with which she had become significantly engaged; through much of the interview, she had come across as much more uncertain.

Hanna emphasised the ways in which the knowledge of the psychotherapist needs to be maximised, alongside the development of personal knowledge. This would in turn have potential for the client:

*'(this would) maximise the client's potential for growth and freedom (from their past)' ..... when you're talking about the basic affects of smiling or crying or not having that .... Or having that in a very confused way, or an abusive way ... that it really helps people make sense of that...' (pp. 24/25, 231/235)*

Celia reflected on her work with traumatised clients, emphasising the usefulness of different perspectives in her clinical work e.g. psychoeducation. She reported explaining to her clients some of the things that could be going on for them neuroscientific and physiological terms. She highlights the way in which this more integrated approach helps to normalise the client's experience, and also has relevance for conversations with other senior professions (e.g. psychiatrists).

Craig evidenced slightly more tentativeness in the potential integration of difference ideas. For example, he states:

*'... it did help me ... I suppose ... not to be completely freaked out in some work with (a client) ... I was obviously quite ... myself ... a little bit traumatised' (p.9, 24)*

Some of his statements seemed to indicate that he had drawn on some aspects of early brain development. I also noticed, however, that he did not draw on other aspects that could have been part of the development of that particular client.

#### **9.4 Superordinate theme 3: Changes in personal understanding**

This superordinate theme highlights the ways in which an understanding of one's personal context, both past and present, is important to the person's professional identity and practitioner stance. Throughout the transcripts, participants have shown their engagement with both the personal and professional dynamics that are present in psychotherapy relationships. Their responses have also demonstrated an engagement with implicit and explicit aspects of that process, both of which have supported a greater understanding of themselves and of their work with clients.

##### ***Staying with what is difficult***

Celia reflected on a client that she understood to have a very insecure attachment and a very dismissive relationship with her mother who was quite cold:

*'any relationship where there is some opening up and some warmth and some empathy ... it felt like ... you know ... the client couldn't get enough of that ... um ... like fulfilling some kind of need ... and any threat to leave that was very traumatic .... I felt very much rejected because we have a session limit and I was going over and over the session limit' (p.5, 34/36).*



Celia struggled with the neediness and therefore holding the boundary with this client was very hard. It seems that Celia's response to the client's neediness, which she found hard to manage, impacted her personally; she felt very rejected as she had already gone over the session limit, which wasn't enough for the client. It seemed that Celia possibly felt unseen in that situation.

Craig's use of implicit process with his clients was limited as he found this idea difficult:

*'I would ... um ... I would attempt to sense ... um ... you know ... the emotion, the ... the feeling, the whatever it is ... um ... and I think I gave up because it was too difficult, perhaps, I think .... um ..... It's strange, it's something that I've often felt from my own therapist ... my personal therapist ... um .... who would ... I would often get that sense from him that that is how he is being with me, that he really is sensing what is what's going on for me', (p.31, 127).*

I had a strong internal sense that the fact that Craig's therapist could communicate using the implicit realm was a very positive experience for him. He was very clear that he now wished he had given himself more time to explore this type of intervention and told me that given our conversation he wanted to engage more with this process.

Carol highlighted an area where she had a new experience as she spoke about the importance of the early years; she pointed to the fundamental effect they have on relationships and communications and on the whole person throughout their life, as well as how significant that is:

*' ... how scary really, [laughs] especially you're thinking ... as a parent as well you know thinking ... the damage that you've done. Yes, you realise how powerful that is. I mean you'd kind of know that anyway but somehow it's quite [intake of breath] ....' (p.8/9, 36/38).*

The intake of breadth was palpable, and I felt moved by a sense of something different being present. Then there was a pause, after which I asked Carol how she was doing - she replied, *'it's alright, 'It's quite interesting really'*. The *'alright'* didn't resonate with my felt sense. I had a strong notion that she had personally touched something within her that was still difficult to connect with, hence her quick movement away from the experience.

Hanna began to speak about an exercise that prompted a cold realisation that opened a door to what had been going on and why; she reported she felt quite sad, and then went on to say:

*'...and for me, personally, what came up was something about it .... it made my childhood make sense to me in a way that which was quite interesting, and any therapy hadn't before, (p. 15/16, 145/147).*

Hanna continued to explore what this meant for her personally and professionally. This memory clearly surprised her. It left me thinking about what happened in the exercise to bring this to the fore. However, I did experience a sense of her capacity to stay with this difficult process and the journey she was now on.

### ***Discovery and self development***

This subordinate theme demonstrates commonality between the participants, also highlighting that their discovery and development covered various expressions that were unique to each individual.

Celia has on several occasions spoken about the fact that at times she does not feel confident as a person-centred practitioner, primarily because people say there is not enough depth to the theory, e.g. *'we don't have enough bells and whistles or tools'*. She reported that she was thinking about this before the interview, reflecting that it was very easy to find herself feeling quite intimidated as a person -centred practitioner. However, as she reflected on her professional

position she stated:

*'... from a professional point of view I think it gave me a bit more confidence in being a person centred-practitioner, and it feels like there's another layer now of perhaps some evidence to show how important empathy is ... how important contact is ... how important the relationship is ... um ... and I felt really invigorated as a person-centred practitioner' (p.7, 50).*

These comments demonstrated her engagement, as well as a capacity to integrate new ideas from the workshop building a greater sense of self support. My sense of Celia in this process was that she was able to move beyond what is difficult for her, which in turn enhanced her self-development and confidence.

Hanna reflected on the course and on her broader experiences, and highlighted changes that have occurred over time both personally and professionally. This had provided her with a sense of resilience and self-support as an individual who can be more detached and hold other people's panic:

*'like .... oh my god what's happening to me, because I think I have ..... so it's that thing about self-devel (she breaks off here)\_ ..... you know that my self-development has ... has enhanced and .... so I think it's enabled me to hold you know a client's difficult emotions and stay with it, (P.19, 182/184).*

Hanna appeared to express some level of surprise in noticing the how her self-development has really helped her awareness and capacity to integrate this into her practice.

Craig found himself reconnecting with what he referred to as someone spiritual and who could really experience someone else. He reported some regrets about not pursuing this further at that time:

*'at one point in my training I wanted to explore the whole spiritual side of therapy*

*and this ... and I guess I'm now feeling I wish I did ... I'm trying at the same time to be patient and kind with myself and say, I still can, (p.33,135).*

I felt this to be a really important moment for Craig, rediscovering in his interest in spirituality something he wished he had attended to; however, his movement to being kind to himself felt to me to be almost more important. Listening to him, I experienced a change in his demeanour and just stayed with this quietly. I did wonder how this interview has impacted him personally and professionally, as at times it has been a struggle for both of us. I will discuss this issue further in the next chapter, where I reflect on the complexities of being an insider researcher.

Carol's process of discovery within the interview itself possibly caused her some stress; at times, she appeared keen to want to say the right thing to me. However, she did reflect on experiences that she connected with, which were somewhat different for her; she engaged with a curious and interested manner. These included: Finding out that she was not a 'purist' person-centred practitioner in the way she thought she was; noticing her engagement in group discussions with others and learning from that; and connecting with her passion about the developing brain and implicit communication. My sense was that some of these issues would stay with her but would take time to settle for her and integrate themselves in her personal and professional self.

#### **9.5 Superordinate theme 4: Workshop scaffolding as a resource**

This superordinate theme pointed to experiences in the workshop itself, and the impact of this learning setting on participants. Overall, it emerged that the attention to scaffolding for learning and the collaborative philosophy, appeared to support the learning process, both at a personal and a professional level.

##### ***Containing the process of the workshop***

Craig reported recognising the usefulness of extending the psychotherapy training curriculum to incorporate different approaches. While he had seemed

somewhat ambivalent at times, he also felt stimulated by the idea of original and independent thinking:

*'I'm also drawn to ... um .... to the notion of independence and original thinking, which is why I found it very very stimulating .... to think that you know this is ... this can very much you know just as easily form part of the person-centred curriculum and syllabus ... you know a while from now ... that this is a developing and changing environment, and I'm sure if Carl Rogers was about he would be all for you know ...'* (p.16,62)

Carol came across as being interested in how the workshop had been put together, and the process of linking different kinds of knowledge. The originality of the design appeared to have been one of the reasons why she had attended the workshop:

*'I was just really attracted to the linking with attachment and person-centred because I actually hadn't seen that before .... so it was quite novel to actually ... because it's not necessarily an obvious link, person-centred and attachment ...'* (p.2, 6)

She also highlighted the way in which different ideas do not create a sense of distraction or contradiction:

*'... it's quite nice to be able to incorporate these ideas and it doesn't distract from ... you know ... it can sit alongside it ... it's not ... it doesn't contradict ...'* (p.14, 56)

I sensed that what was important to Carol was to stay open to potential, and to the recognition that integrating different ideas was something that reflected a wider movement in the professional field.

Celia did not want to be limited by theoretical dogma or overly simplistic ways of

presenting professional ideas. Interestingly, she expressed this as an embodied reaction:

*' .... I don't want to be limited to a particular way of expressing ... like that it's down to conditions of worth ... or I am quite open to not knowing and saying ... well it a visceral thing um and even though I identify myself as a person centred practitioner I don't like schoolism ...' (p.26,163)*

Celia is here referring to 'conditions of worth' as processes that become part of the individuals's belief system about themselves, either positively or negatively; this is a key idea in person-centred theory. She goes on to highlight the issue of how different 'language' can be perceived in different professional circles:

*'... what the neuroscience does help with .... that .... does help define the process and gives it a bit more respectability in certain circles ...' (p.27,169)*

Hanna considered the ways in which her own very personal experiences had been incorporated into some of the conceptual materials in a way that supported her learning and development:

*' .... so ever since I've done the course it's made more sense and it has allowed me to be able to look at it (her personal attachment issues) from a .... less emotional perspective ... I can stand and be more detached and actually apply theory over it which has really helped ...' (p.17, 165).*

She went on to report her sense of feeling at ease in the workshop setting:

*' .... it was .... it was something about the comfortableness of it ... and just realising ... you know ... as we ... because we did all the exercises and went back through idea ...' (p.15,145)*

## ***Diversity of learning***

Celia came across as appreciative of the broadening of ideas in the workshop and reported that this supported her capacity to think beyond her original modality:

*'I feel open to knowing about other approaches ... and if there's something I find useful ... incorporating that into my work and ... I find it useful to know ... um ... kind of .... perhaps to know how to approach things from a different perspective ....' (p.13, 88)*

Although Celia had at the start been somewhat intimidated by critical comments from her work colleagues about the person-centred approach, she appreciated being able to incorporate workshop ideas in a form that did not undermine her other training:

*' .... I just I feel a bit more confident I think in perhaps understanding a bit what is going on for the person ... but that doesn't stop me being with the person if you know what I mean and other people .... other professionals speaking a different language ... so I do find it useful to ... perhaps ... to understand or be able to use other approaches and language ...' (p.13, 90)*

Hanna reflected on the ways in which the wider learning possibilities both helped her conceptual understanding as well as having an important effect on her personally:

*'... I feel more I think that's it I feel more ... um ... grounded and rooted as a person because of my understanding of what .... of how it was for me ... the sort of messy attachments for me ... um... and I ... as I say I've let go of this desperate need to attach ...' (p.20, 185)*

Within the course of the interview, it seemed to me that Hanna was developing,

in real time, her sense of internet self-support.

Craig manifested some tension between using a workshop to extend conceptual ideas for practice and using the learning setting in a more personal way. On the one hand he says:

*'... this has perhaps been the case throughout my training ... is that I do find it more attractive to think about ... um .... concrete, not implicit you know ... but explicit specific things ...'* (p.24, 93)

On the other hand, he recognises the more personal nature of a CPD workshop for him:

*'... I see CPD as a ... it's probably what it is but I see it as a personal development opportunity .... I've never seen it as ... um ... go to a workshop in order to learn a new tool or a new something (p.34 143) (and a bit later)'... I want to be more aware of the things that happened to me and the experiences that I have(had) rather than I want to have a better practice ...'* (p.35, 143)

I was beginning to understand, in a different way, the push/pull energy that Craig conveyed in the interview. I say that his form of expression probably related to his early experiences in a difficult contextual setting.

Carol highlighted ways in which the workshop consolidated ideas with which she was already familiar:

*' ... the workshop was reinforcing stuff I knew, obviously learning new stuff as well, I really enjoyed it ...'* (p.3, 8)

However, she also made reference to her experience of feeling challenged, possibly revisiting that feeling from other settings:



*' .... I suppose there is a bit of a challenge in that especially the person-centred ideas, but, sort of integrating it but, well potentially there was a challenge but actually it seems okay, it wasn't a challenge to try and absorb it sort of thing, it was, so I perhaps so it wasn't really a challenge it was more .... um ... just a process ...' (p.7/8, 32)*

As the interview proceeded, it seemed to me that Carol became more relaxed in the expression of some of her complex experiences, both within this workshop and in other CPD settings. I experienced this as having been a useful outlet for her.

### ***Collaborative engagement and integration***

Hanna's collaborative engagement in both the workshop and the interview process highlighted her experience as a practitioner who worked with very complex client presentations in a multi-disciplinary service. She contrasted those experiences with the style of the workshop:

*'... It was also a very ... you know the thing that ... that .... your style on the course was fantastic to me ... it was so relaxed, so chilled, so informal ... it wasn't ... it wasn't ... um ... like being in (a) formal learning setting ... so we were allowed to be us ...and ... so you know people were just saying little bits ...' (p.14,137)*

Hanna also emphasised how useful the learning process on the workshop had been for her:

*'... really relevant for my practice ... really really useful for my clients ... in terms of me putting it into practice ... and personally ...' (p.31 – 306)*

I noticed that I felt very impacted by the level of Hanna's personal and professional integration. At some points, I felt drawn into her personal field of experiences.

Craig seemed, after a while, to relax in the interview setting and to develop his engagement with me at a deeper level than he had been able to do in the workshop setting. It was almost as if he did not need to protect himself so much:

*'.... exactly just like I can realise now in having this conversation how much ... if I have this kind of space to explore ... like we are doing right now ... I am very certain that it will have a very positive impact on my practice ...' (p. 45,205)*

I was interested in Craig's capacity to speak so directly to me personally:

*'... I even find this discussion as a personal development exercise ... so I find this very valuable ... and useful ... I think it's the kind of thing that people pay for when they go to workshops ... you know to have the opportunity to explore ... so I find it very useful ...' (p. 55, 257)*

Carol contrasted her experience of the workshop with the supervision setting, reflecting on the importance of musing ideas and approaches, rather than overtly seeking to change:

*'.... I work in a certain way but it's useful, particularly in supervision, I think .... really to sort of think about things in a different way ... so ... and just gives you a bit more information in a way ... not ... I don't know that it necessarily can change hugely the way I work but I just think it's useful just to keep ... holding awareness ...' (p. 21, 96)*

Celia reflected on the ways in which the explicit attention to clinical process can itself become implicit over time. However, she also highlights the usefulness of explicitly returning to certain ideas:

*'.... yes, yes .... um ... I think that happens naturally as I've become more*

*experienced and more noticing of my client and noticing my client's regulation changing colour and movement and body language .... I think over time I have become more aware of that anyway but it's good to be reminded of that ... and it's good to be reminded of it ... and to slow a session down and to be much more with the person's experience ... experiencing in the moment rather than the content. It is something you can forget about ... as I have become more experienced I notice more ...' (p.23, 145)*

Celia also makes reference to the ways in which some of the ideas in affective neuroscience connect well with those from the person-centred approach:

*' ... the affect neuroscience kind of ties in very well with ... with person centeredness and using empathy and being with the client experience and ... moves it away from the image of a person-centred practitioner who nods his head and just repeats the last word what the client said and makes it something much deeper and a slower process ... but again it's quite hard to describe that, isn't it ...' (p.27,167-9)*

I felt that Celia had engaged fully with the experience of the workshop as well as that of the interview. She had clearly challenged herself to deal with some personal experiences and had also developed as a more confident practitioner; this came across very poignantly in the interview.

## **10. Validity, Trustworthiness and Ethical Issues**

### **10.1 Validity and trustworthiness for all research data**

One of the key areas I have held firmly in my mind has been to ensure that I used a set of relevant core principles for evaluating the validity and trustworthiness of the qualitative research process in this project. To that end I have drawn on criteria from Elliott et al. (1999), Braun and Clarke (2013) and Yardley (2008).

#### ***Owning one's own perspective***

Throughout this process I have aimed transparently to include my values in various sections of this research. Central to my values and interests is my belief that there is no one truth and that there are multiple ways of learning and designing adult learning. My epistemological positions are underpinned by a 'theory of experience' (Dewey, 1938) and phenomenological enquiry. My research is firmly located in phenomenology for both stages of this research. This enhanced my engagement with the lived experience of participants who attended the workshop that I designed, and that is central to the research. I have also considered the 'landscape' that this research project has opened up for me, which has been supportive to my learning of how to do a doctorate research process that draws on a broad range of ideas that are systematically integrated.

#### ***Sensitivity to context***

Embarking on the design of the workshop brought me immediately face to face with my ethical, professional, and personal responsibilities. I needed to consider the engagement of participants with this new workshop - how individuals in the workshop might be impacted and the later impact on interview participants during and after the in-depth interview process. This stayed in my awareness throughout both contexts.

Also, my position as an insider researcher was very present for me, given my roles as the researcher, the workshop designer and the workshop facilitator. I do

see the potential conflict in these roles, an issue that I address fully in the discussion chapter.

My mode of interviewing was primarily a broadly focused semi structured interview, encouraging participants to respond freely as I was very interested in the nature of their experiencing. This also allowed me to be personally responsive; I was impacted by all of the interviews and the level of personal and professional processes that emerged. I also found that the flexibility of my interview style to be very useful.

The contextual background of this research is provided in the first four chapters of the thesis, which provides an open and broad positioning of current theories and relevant literature.

Regarding the context of the interview analysis I remained as close to the original text as possible using an iterative process as I tracked the meaning of the transcripts and conversations, while using my interpretative skill to support deeper understanding.

### ***Commitment and Rigour***

The process and desire to be rigorous in this research has been important and core to my personal ethical position throughout this journey. I have been engaged with this developing research since 2005, both as a psychotherapist and as a new researcher; this has required significant commitment and energy.

I used a homogeneous sample of participants who were all current person-centred practitioners in person-centred supervision. Engaging with participants' data and the depth of my analysis emerged through a systematic process of attending closely to being thoughtful and respectful with regard to the data. I feel that reflection and reflexivity are embodied within the personal and professional position that I hold in the wider field.

### ***Coherence and transparency***

Throughout my analysis I have engaged with the data in an honest and transparent manner. At times this has challenged me with regard to the broader confidentiality requirements of the interviews that needed to be considered. The relevance of the data provided many examples of participants' experiences relating strongly to the aim of my research question.

The data collection and analysis followed broadly the template outlined in Smith (2008). Creating a template for the presentation of the data and the audit trail for the reader took time as, being new to research, I had never experienced having to link the data in that way. This apparent inability perplexed me, and on musing on this issue I realised that I seemed to have an inability in this context to process issues in certain concrete ways, something that does relate to my dyslexia. I did, in the end, manage to deal with this issue and in the appendices I have included a data management audit trail for both sets of qualitative data.

An important area, as I worked with the data, was firstly that I wanted to remain as close to the participants language as I could, while also interpreting their experiences at times differently, a position that clearly shaped some of the analysis. This was fully discussed with my research supervisor and critical friend throughout the analysis. In those discussions it was highlighted to me that feeling less confident at times was normal and often useful, and I could see that these feelings contributed to me revisiting the data and related analysis, check my coding again and again, and going over the language used in the analysis to ensure a balance of mine and that of participants.

### ***Impact and importance***

The impact of attending the workshop and the subsequent analysis of the in-depth interviews highlighted various areas for consideration. The workshop supported the potential of 'building of bridges' between diverse modalities within the profession of psychotherapy; it was designed to create interest in engaging

with new knowledge that is 'outside the box' of the practitioner modality, which in turn can create new understanding; and can potentially be considered and integrated into practitioners' counselling and psychotherapy practice.

The above are aspects that are evidenced both by the interview participants and the analysis of those interviews, and in the wider context of many other participants. It is also important to hold on to the fact that the process of integrating diverse knowledge in some of the psychotherapeutic profession has some way to go.

## **10.2 Ethical considerations**

Throughout the planning of this research project, I have held in my awareness guidelines for ethical research planning and practice, as set out, in particular, by the British Association for Counselling and Psychotherapy (BACP, 2016) and with reference also to Middlesex University and the Metanoia Research Ethics Committee (MREC). Throughout the carrying out of this research and the conducting of the actual workshops I have also held in mind the movement away from 'rules' in research ethics, towards the holding of broad principles and the need to make ethical reflection a continuous and alive process throughout the design and carrying out of the different aspects of this project (Orlans, 2007). In this spirit, I engaged with a number of key research based ethical principles as the project unfolded. I obtained consent from participants who became involved directly in data collection; documentation of this consent can be found in the appendices. However, I am aware that there are a number of issues involved in consent and that these would need to be held in mind at a process level.

I considered any potential consequences for participants in engaging in the workshop and in the subsequent research, both for the completion of the workshop evaluation questionnaire and involvement in the in-depth interview. My design philosophy for the workshop will, I hope, be recognized as highly collaborative, providing space for participants to talk about their experience of the

learning setting and to process any difficulties that emerged in the course of the learning process. The closing session of the workshop was a key focus for such issues.

In the context of the interviews, I asked participants about their experience of the interview and made it clear that they could make further contact with me if they had any particular difficulties. While my research question might not immediately highlight my focus as especially sensitive from an ethical point of view, this was unlikely to be the case given the complexity of some of the materials being considered, and the fact that a linear perception of time would be unlikely to hold in the face of such learning. For example, in considering issues of attachment and discussing these in the context of work with specific clients, it would be inevitable that participants would be brought face to face with their own attachment history. My experience in teaching/learning sessions with these kinds of materials has allowed me to appreciate the importance of developing a collaborative relational frame in those sessions that would allow individuals to say something about how they were being affected by certain ideas and concepts. I was also aware that some individuals might find such expression easier than others and therefore paid sensitive attention to what was happening in the group and for individuals as we progressed through the different learning sessions.

With particular reference to the in-depth interviews I paid sensitive attention to confidentiality and the anonymity of participants. I was also aware of any implications for the discussion of client work and have not included any direct reference to specific client issues in the writing up of the findings. This factor has had a bearing on my analysis, as, while there was significant discussion in the interviews about client work, I decided that I would not include these issues directly as I did not have specific agreement from participants about this. Finally, I believe that my commitment to transparency and reflexivity constitute important factors in ethical matters and are referenced in the BACP guidelines in terms of research integrity. I believe that I have been fair and honest in the setting out of my research objectives, in the sharing of relevant information with workshop



participants as a whole, as well as with participants who were more closely involved in terms of the questionnaire completion and involvement in the in-depth interviews. I have also adopted this attitude to the analysis and writing up of my research findings, something that I hope comes across in the reporting of these findings.

## **11. Discussion**

### **11.1 General overview**

In this chapter, I review the research project as a whole, critically examining the ways in which the main research question has been answered. As a reminder, my research question was: What happens when you introduce to the field of counselling and psychotherapy a workshop that synthesises two diverse areas of knowledge, and how does this impact the practitioner personally and professionally? The CPD workshop that focused on introducing concepts from affective neuroscience and attachment theory to person centred practitioners was innovative within the CPD field, and this still remains the case in terms of the fact that I have continued to run these workshops, and the particular form that this takes. In teaching situations like this, I am always interested in paying attention to different types of knowledge and the assumptions on which these are based. In my experience, this is not generally the case in the wider CPD context. Furthermore, since I have been working on this project, I am not aware of any research that has been conducted within the humanistic field that seeks to illuminate the actual designing of such a workshop that includes the impact that this has on participants and their practice. The contribution of this research to the psychotherapeutic domain has in my view been significant in terms of what is currently happening in the wider field in relation to the concept of a 'modality', (Norcross and Lambert, 2011). I shall return to this issue in a later section below.

The workshop has created curiosity and interest within a range of contexts, including psychotherapy training institutes, and other different organisations that offer counselling and psychotherapy to individuals. In itself, the interest that these workshops have attracted provides evidence that there is willingness on the part of person-centred practitioners temporarily to step outside a chosen modality and to see what might be new and relevant to practitioner development and practice. Interestingly, in thinking about this issue now, I can see that my approach to the teaching of these materials aligns in many ways with aspects of what Rogers

outlined in his seminal paper of 1959 that I reviewed in more detail in an earlier section. At the same time, the research that I have conducted in this project provides support for other more recent activities in the person-centred context where there is a developing interest in expanding some of the person-centred ideas and acknowledging the developing landscape of professional knowledge. My project, however, highlights some of the complexities that underpin these developments. My findings also highlight the importance of an interactive and collaborative approach to learning designs and settings, supporting Freire's critical position on the banking model of education as insufficient in promoting committed and reflective learning (Freire, 1970).

Thematic analysis brought to life the immediate experience from participating in the workshop process, providing data that highlighted a real interest in individuals wanting to stretch their learning. The analysis provides three overarching themes that connect with six subthemes, all of which intrinsically relate to the scaffolding of the workshop that supported the experiences of participants. Participants in general experienced the workshop as informative in terms of concepts and Ideas. The response to the structure of the workshop question highlighted the ways in which the scaffolding inherent in the workshop design was a very important support to the overall engagement. My findings also highlight the ways in which conceptual material needs to be organised in relation to the learning needs of participants.

Analysis of the in-depth interviews using IPA provided broad and rich accounts of the lived experience of the workshop and also of the interviews themselves. The superordinate themes and subordinate themes provided data that highlights a contextual focus to the experiences of the participants bringing out also areas of commonality and the individual identity of the participants. I experienced a connection between the participants and me during the interviews and found their individual experiences illuminating and at times unexpected. There were also parallels in some of their comments and reflections that were thought provoking for me. In my view, this work also constitutes a significant contribution to the

research of one's own practice whether that practice is psychotherapy or training. As an insider researcher I needed to hold the tension between a number of different roles. I discuss this issue further below.

## **11.2 Being an insider researcher**

Before I begin the discussion of the findings from the participants' data, I want to address the fact that in the course of this project I was a significant insider researcher, holding the tensions between a number of different roles. These included the roles of researcher, workshop designer, trainer, and psychotherapist. In the course of this project, I kept a running research journal where I could note personal issues and tensions as they arose, together with thoughts about their effects on the developing work. The reflections below are derived from these notes, as well as discussions and reflections derived from conversations with my research supervisors and critical research friends.

My position as an insider researcher created a range of experiences that was not fully in my awareness when I began this research. I discovered that bringing me, as researcher, alongside other positions that I had held for many years was initially very challenging. I felt unsettled and anxious when I took in the difference that adding the role of researcher to my other roles. Reflecting on this early experience led me to the understanding that in the role of researcher I was very new, and that this was a developing identity that I would acquire in the course of evolving my doctoral work. By contrast, I was highly experienced in my other roles, and while each teaching/learning setting is different and requires attention to a particular group of participants, this is something that I had done for many years.

The role of insider researcher has been highlighted as potentially contentious (Rooney, 2005), with the critical idea that the bias created by this position would have a negative effect on the research data, skewing the outcomes too far in the direction of the perceptions of the researcher. It could be argued, however, that

this criticism is based in a positivistic notion that research can be free of bias, and also does not take into account the fact that the concept of validity itself is open to debate. Taking a different position, and one that would much more actively support the idea of insider research has been highlighted, for example, by Caroline Humphrey (Humphrey, 2007) who refers to the 'insider-outsider' position and who conveys a passionate stance about taking charge of the hyphen in order to appreciate the uniqueness of that position and its potential to 'cultivate the art of crossing-over between life-worlds' (p. 23). In my view, this research project makes an important methodological contribution to the issue of how we research our own practice, whether that practice is therapy or training. It required careful and transparent negotiations with participants about the research aspects of the workshop and my role in this, as well as a thoughtful and critical approach to the analysis of the data, in a way that would be likely to convey an open, authentic and trustworthy set of data. This enabled me to demonstrate transparently the ways in which I was negotiating the toing and froing between life-worlds, perhaps demonstrating this possibility also for participants.

My decision to undertake the interviews myself, rather than ask a colleague to do this, was very carefully thought through, on the basis that the knowledge gained from getting to know participants in the course of the teaching/learning process would enrich my capacity to explore issues in the interview setting. The different roles that I needed to adopt in this version of insider research were also interesting in terms of the nature of the data that emerged from the interviews. As workshop facilitator, with a collaborative philosophy of teaching and learning, I got to know participants quite quickly in the course of the workshop, understanding some of their process based difficulties, either because there was space in the workshop design to say something about this, but also because of my training as a psychotherapist and my sensitivity to picking up issues that might not yet have been spoken, or indeed found their way into a participant's awareness. I found that the interview process was a deeper experience because of the history that had already been shared in the workshop setting.

I think that the data derived from both the questionnaire completion and especially, perhaps, the interview process and analysis, does support this decision and demonstrates the ways in which being an insider researcher facilitated a more open and trusting discussion. My choice to carry out the interviews was also based on wanting to stay connected to participants and their lived experience of the workshop. My way of being aware and understanding process begins with my felt sense, empathy, honesty, and authenticity. Alongside that my reflective and reflexive stance is central in minimising the impact of potential biases regarding the research process and supports my transparency with regard to the research process (Hammersley, 1989). My position was that interviewing participants provided me with the opportunity to see/experience at first hand their response to *me* as the embodiment of the workshop. The interview process also pointed to similar tensions that were evident in the learning experiences themselves. I shall return to this point below in the context of further discussions about the interview process and the related findings.

### **11.3 A critical review of the research findings**

The discussion of the research findings from the thematic analysis and the IPA analysis will involve critical reflections for both data sets. I will also draw out where there is an overlap within the two sets of data and where differences occur. I begin by reflecting on one key difference, which is the contextual difference of timeline. The workshop participants' experience was in current time and provided in the main positive comments to the two questions used in this process. The thematic analysis (TA), enabled me to engage with useful comments whether they were positive or not, highlighting the curiosity and interest from many participants and evidencing the contribution that the workshops were making to individuals. A criticism regarding the way in which the workshop questionnaire data was collected might be that participants did not have very much time to reflect on their experiences before writing their comments. Also, participants did not have the opportunity to take their experience into their practice before putting their comments together on the form. On the other hand, this did provide an opportunity to gather immediate and spontaneous data.

The IPA process was very different in this respect. Participants had time to engage with ideas from the workshop prior to the interviews, and to observe and assess the extent to which the workshop experience had impacted on both their own personal processes as well as on their practice with clients. The interviews also presented different levels of reflection and experience from the participants, enabling both me as researcher and the participant themselves to notice tensions and new tentative conclusions as they emerged. Both the TA and IPA data have some threads of similarity, something about the participants written comments at times echoing with the IPA findings. This was of interest to me in the light of my comments above about the different time lapse between the two types of data collection.

#### **11.4 Practitioner learning as evidenced by the research data**

The research findings point to some interesting issues with regard to practitioner learning and the translation of that learning into the consulting room with clients. I found myself reflecting on CPD activities and the requirements as set out by our professional bodies (e.g. Metanoia Institute, UKCP). While it makes sense to allow practitioners to select their own CPD activities there could be a tendency to go for events that might not be particularly challenging. There is no steer for practitioners to ensure that they encounter CPD events that challenge them to think 'outside the box' of their more comfortable assumptions, nor to ensure that they are up to date with current professional, conceptual, theoretical or practice-based ideas, even if these are not drawn on directly for their client work. At the same time, however, current research on the effectiveness of psychotherapy highlights the importance of a practitioner meeting the client where they are with a capacity to be responsive to the particular needs of that individual the recommendations from this outcome research suggest a broad range of capacities and skills, ensuring the best possible service to the client (see Cooper, 2008 for a review of some of these issues).

Both data sets provide evidence of participant learning both in the professional

and personal domains. The workshop and the interviews provided a range of concepts and ideas that created different responses to some of the material. The personal responses in the main were mixed. Some participants had initial feelings of uncertainty and confusion, and others were curious and excited about how some of the concepts from attachment theory landed within them. For some, this highlighted an awareness that they previously had not experienced while others revisited with new energy a number of ideas that broadened their awareness. The question of the participants' level of experience/timing of attending the workshop highlights the ways in which some individuals struggled. For example, one of the interviews highlighted a degree of uncertainty and wavering on the part of the participant. This person presented as interested in the material and then would pull back not wanting to deviate from his core modality. Some of the evidence for this came from his comment about being surprised to still find himself thinking about the workshop, and his desire to not look too deep regarding client work (transcript, p. 6, 22). The pull/push dynamic was palpable, with the interview process potentially pointing to a level of impact/uncertainty. I was curious about the participant's response to the workshop itself and how this was mirrored in the interview. I was also aware that this type of response might not have been present in his interview or available to me if someone else had carried out the interview. By way of contrast, another interviewee seemed to be very receptive to the workshop material, and this openness to the workshop material/topic also seemed to be mirrored in the openness/non-defensiveness of her response to me as the interviewer, something that linked the atmosphere of the interview with our contact in the workshop itself.

Returning to both questions from the questionnaire data regarding the learning for participants across the six workshops, there was considerable commonality in the comments regarding the workshop design and related experience. This suggested that the workshop offered a frame/scaffolding that provided learners with significant containment, which in turn encouraged group interaction and open interactions with me regarding their engagement in the process of collaborative learning. However, the lack of subsequent collaboration and



discussions were highlighted in the interviews as something that could impact the integration of some of the content and ideas presented. It is interesting to speculate that this finding might have represented an interest in on-going explorations within further or other learning settings, particularly in a style that emphasised creative collaboration. This will be discussed in a later section on CPD and learning designs. This might also be an interesting area for further research.

### **11.5 The personal and the professional in clinical work**

Both sets of data provided many examples of where workshop participants and interviewees were aware of the importance of the personal in relation to professional growth. John and Julia McLeod highlight the importance of being a responsive therapist who is committed to offering a range of ways of being that make the best use of their skill set in the service of others (McLeod and McLeod, 2018). I believe that a competent engagement in the therapeutic process requires an awareness of individual personal experience that informs the professional domain and vice-versa. From a contextual mode of understanding and making sense of experiences from cultural and historical events, the personal and professional ways of multiple knowing can be regarded as essential within the therapeutic frame.

The importance of reflective practice is highlighted in various literatures that bring together the capacity for self awareness and understanding supported by the individual's capacity to engage in reflection in action and reflection on action (Bager-Charleson, 2010; Schön, 1984, 1987). The workshops and interviews provided many examples of in/on action reflections, which supported understanding of the importance of engagement at personal and professional levels work with clients. For example, a workshop participant highlighted the ways in which she had reflected on the importance of understanding how attachment impacted her personally and in her clinical practice. Another participant had reflected on the synthesis of two areas of knowledge, commenting that 'building learning around colleagues' experiences personally and therapeutically' was very

useful. In one of the interviews the participant reflected on how her self-development had been enhanced and enabled her to hold the client's difficult emotions and stay with the client in a new way (p.19, 182/184). The responses to the personal and professional domains and individual reflections highlighted in both data sets how challenging and sometimes difficult this reflecting process had been, while also pointing to the usefulness of that process and its implications for honing the quality of work with a client.

Experiential learning provides an intimate relationship between individual experience and education (Dewey, 1938; Kolb, 2015). The learner has a direct encounter with the phenomenon being studied which provides an 'inside out' embodied experience that can be reflected on and inform the learner in multiple ways. As an experiential educator I presented my workshops in a spirit of collaboration that integrated learning and the experiential process, and not in the polarised attitude of ideas such as 'the banking model' highlighted by (Freire, 1970), and succeeding only in depositing information 'in those storage banks between the ears' (Chickering, 1977 p.7). My learning design philosophy is both important to me at a value level and at the level that this approach appears to be more effective in enabling a developing therapist to adopt a critical perspective on topics being studied, and to find ways to make these issues their own in the context of the practice setting.

Adult learners want their accumulated experience and wisdom that they demonstrate to be acknowledged. Furthermore, adult learners' interests are contextually created in their personal histories and relate to who they are in the world and what they want to do (Weathersby, 1977). As an adult educator I considered that I had a responsibility to provide a creative space that synthesises learning methods, and that experientially explored important and relevant concepts. In my experience, integrating these ideas and theories can meet individual learning outcomes more effectively. The implications of this position, and the emphasis on multiple ways of learning and making meaning, are evidenced in the TA and IPA findings.

## **11.6 The management of different epistemologies**

Looking back over my project as a whole and thinking about the way in which the workshops were conducted and the subsequent data from the different forms of analysis, I find myself reflecting on the different forms of epistemology that intertwined in the course of this work. On the one hand, the research that has been carried out in the field of affective neuroscience has often adopted a positivist and somewhat reductive position. This can leave the practitioner potentially wondering what they are supposed to do with certain kinds of evidence. For example, when Ruth Lanius, a researcher in the field of interpersonal neurobiology, presents her many scan-based findings relating to different sections of the brain and how these function under different conditions, it is not clear how exactly such evidence can be used in the actual practice of psychotherapy. At the same time, I appreciate that this research has relevance to the ongoing understanding of complex human phenomena.

As I have highlighted in an earlier reference to my ontological and epistemological position, my stance combines aspects of critical realism with a phenomenological constructionist view. In designing the workshops and dealing with the actual ways in which the learning settings unfolded in practice, I can see that I needed to move very swiftly at times between a more realist position, that is, the recognition that brains actually exist as evidenced in many research findings that used brain scanning technology, to a position of holding a moving complexity with regard to these materials. This involved combining a critical realist position with a commitment to heuristics, drawing on my immersion in these types of research until things became clearer for me, thus allowing me to deal more effectively with the phenomenological ground of the workshop setting. My interest was in communicating some complex ideas in a manner that did not send people running to the hills, but that enabled them to sit with uncertainty and the possibilities about what this might mean for their practice settings. This particular section of the workshop was one that I consistently reflected on in an on-going basis in response to participants' comments in the course of the teaching. While

attachment theory can also be placed in a reductionist and positivistic context in terms of some of the research that has been conducted, these issues were easier for participants to engage with as they could immediately relate to their own attachment histories as well as their parenting experiences. However, I often found myself holding the considerable epistemological tensions between the supposedly 'real' and the live and on-going process of constructing meaning. Given the power of positivism in the history of psychology, and the often human dislike of uncertainty, there can be a strong pull towards wanting to use brain research as the 'answer'.

### **11.7 CPD, the professional context and learning designs**

CPD is potentially a creative process that can enhance professional practice through the attending of appropriate learning activities. Practitioners in all registered professions are required to pursue this kind of learning in order to take full responsibility for their engagement in, and development of, their own practice. This requirement has created a significant number of professional and private organisations that advertise a range of CPD activities, for example, conferences, lectures, evening seminars, online learning modules, and workshops. In one of my in-depth interviews the participant raised the issue of how available CPD activities were monitored, what learning was achieved, and how such learning could be evidenced. This left me with the question, with regard to the wider field, as to what the nature of CPD activities in the psychotherapeutic profession should provide to support, enhance and enable practitioner development. In this regard I return to the focus in my project on the pedagogical nature of learning events and how these might be designed.

My general experience of CPD events in the profession of psychotherapy is mixed. Most conference settings promote experience distant engagement emphasising cognitive communication. In running the workshops that were a key part of this project, my emphasis on the involvement of the learner and my commitment to my authenticity and transparency allowed me to step outside of

the box of 'expert' and adopt a collaborative and facilitating style. The building up of the learning environment in this way promotes a type of scaffolding that allows for an exploration based in curiosity and the holding of tensions between different epistemologies. This evokes, in the very process of teaching, my passion in relation to the process of promoting useful learning for each individual within the group or community of learning (Freire, 2005). My endeavour in developing training experiences is underpinned by a particular understanding that the more participants begin to learn in this particular way, the more that this will enhance their work with their clients. This reality, and its potential for a much greater involvement in CPD activities, has yet to be fully realised in some professional and modality settings. In addition, my emphasis in this project on the interfacing of different ways of knowing, derived from different modalities in psychotherapy, maps onto current developments in the psychotherapy field, where it is increasingly difficult to keep modalities separate and exclusive. I have referred earlier to this idea, drawing on the research and writings of John Norcross and his colleagues (Norcross and Lambert, 2011). This idea has also very recently been raised within the field of cognitive behaviour therapy with the suggestion that named therapies, or 'modalities' may possibly be in decline as researchers understand more broadly how change in therapy actually occurs (Hayes & Hofmann, 2018). I find such comments refreshing and in line with my own philosophy of supporting therapists to offer the best service possible to their clients.

### **11.8 Limitations of the research**

When I embarked on this project, I could not have foreseen how complex it turned out to be. Some way through the work, I realised that I was dealing with so many important facets of knowledge and practice and worried about whether I would be able to do justice to all of these in the space that I had available for the writing up. I recognise that in places, more elaboration on some of these complexities might have been useful and that this could be regarded as a limitation.

A larger sample might have shown a wider range of diversity or indeed commonalities throughout the data. This could be true, both of the questionnaire data and the in-depth interviews. This could flesh out the current findings, adding perhaps some more perspectives on the issues of complexity, and also possibly clarifying further findings that have come out of this particular study. There might also be a case for not accepting the idea of the workshop facilitator also undertaking the interviews, notwithstanding that some good arguments have been put forward in this respect. It could be interesting to see what would emerge with a different methodological frame with regard to the use of an interviewer who was not also the facilitator.

## **12. DPpsych products and some personal reflections**

The DPpsych philosophy is based in the idea that professional products can, in themselves, be evidence of doctoral level work, providing that doctoral level arguments have been put forward in this respect. I hope that the research and related findings outlined above have provided evidence of such a case. This project has certainly focused my mind on level and quality in the work that I do, and this has continued into my professional work in the course of undertaking this doctorate. In the sections below, I outline some of the 'products' that have continued beyond those presented in this thesis, together with some personal reflections concerning the undertaking of a project of this kind.

### **12.1 Products in the context of the DPpsych programme**

The project outlined in this thesis is based on the design and related analysis of six specific workshops that were incorporated into the overall research design of this project. My RAL 8 submission highlights other workshops that can also be viewed as relevant products for the purpose of this overall project. Those educational opportunities were also based on the collaborative model that I have outlined in this thesis. Following on from the workshops outlined I have run many other workshops and practitioner certificates, in addition to undertaking key note speeches within conference settings. Below is a list of workshops, practitioner certificates and conference presentations aimed mainly at person-centred or humanistic practitioners and offered by Psychology Matters and Metanoia Institute since I began working on the DPpsych project:

2008: Two 2-day workshops, one in London and one in Scotland;

2009: One 2-day workshop in London; 1-day workshop for domestic violence practitioners in London;

2010: Three 2-day workshops, one in London, one in Buckinghamshire and one in Scotland (Fife); keynote speaker and workshop facilitator at a Talking Matters conference in Hertfordshire;

2011: Three 2-day workshops, two in London and one in Nottingham;

2012: One 2-day workshop in London; keynote speaker and workshop facilitator at the Westcountry Association of Counselling in Plymouth; one 8-day practitioner certificate for Metanoia Institute (2012/2013);

2013: One 2-day workshop in London;

2014: Three 2-day workshops in London; one 1-day workshop at the Metanoia Institute Summer School; one 8-day practitioner certificate for Metanoia Institute (2014/2015);

2015: Three 2-day workshops, one in London, one in Plymouth and one in Truro; one 2-day workshop on the Transactional Analysis programme at Metanoia Institute; one 1-day workshop for Mind in Enfield;

2016: Two 2-day workshops, one in London and one in Brighton; one 1-day workshop in Tunbridge Wells;

2017: Two 2-day workshops, one in London and one on an MA programme in Dublin; one 6-day practitioner certificate at the Westcountry Association of Counselling in Plymouth.

## **12.2 Dissemination of the research findings and my learning**

To a large extent, the dissemination of my research findings has been happening ever since I started this project in that my mindset began to change in the direction of an evolving design and the inclusion of new approaches to what had originally been in my mind. This process took a considerable amount of time as I moved around my inner world, using stages of heuristic inquiry, reflexivity, and reflection. These early stages set me on the road of this research and now inform new ideas I have regarding further workshops that I would like to design under the umbrella of Psychology Matters Ltd, to do with pedagogy and the field of CPD. I am also planning to disseminate this work in the form of relevant journal articles.

I would like to end with some personal reflections about what it has meant to me to undertake this doctoral project, something that many years ago would have been unthinkable to me. When I consider why this seemed unthinkable, I move



back in time and then wonder what to say. Memories are sharp; I was a student who was failed by both the primary and secondary school system and to some degree I think I failed them. Not passing any GCE exams or re-sits was damning, and the only thing that kept me going was my love of competitive sport activity. An interesting situation emerged when I was attending an important interview and had to take an intelligence test. The result of the test showed a very high score, leading to the organisation offering me a job at a much higher position than the one that I had applied for. Leaving aside the criticisms that can be directed at intelligence testing, what was important for me in that context was the fact that this was the first time that I had heard the word 'intelligent' used in relation to me.

Fast tracking beyond some personally very turbulent years I found myself attending a two-day workshop that opened up some new possibilities about learning, and that supported my developing sense of myself as very capable, although rather unschooled, intellectually. This new developing sense of self provided opportunities for me within Metanoia Institute. In 1992 I took on the role of Primary Tutor in the Person-Centred Department, and in 1994 I became Head of Department and a member of the new management team at the Institute. In 2013 I became Programme Leader of the Diploma/BA person-centred courses for two years. Those experiences supported my growing confidence, although not without challenge since there were significant gaps that I needed to fill. I was also relieved to find myself in an era where changes in higher education enabled me to apply for a position as a candidate on a doctoral programme. I cannot say, with honesty, that I fully embraced this challenge at the start of that journey. However, as I move towards the end of this period of study I feel that I have learned many ways of expressing myself with authority and respect.

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## **14. Appendices**

### **14.1 Thematic analysis of questionnaire data**

As outlined in my methodology chapter, I selected thematic analysis to analyse the evaluation and feedback questionnaire data (p.194), from six workshops. Thematic analysis is a method of choice for identifying and interpreting patterns in qualitative data that could be flexibly applied to a range of research data (Terry and Braun, 2012a) such as the analysis of elements of the evaluation questionnaire data. The following sections discuss the process of this thematic analysis and the systematic engagement with the responses to the two questions derived from the participant responses to the workshops they attended, (see p. 59).

#### **Initial data coding**

Having familiarised myself with the data, I highlighted particular aspects that piqued my interest and then drew up a list of ideas that might support my coding or interpretation of the data. Coding requires a systematic interaction with the data set to identify potential codes. Thematic analysis coding is flexible and organic; it is an active and reflexive process. I initially typed up all of the handwritten comments related to the two questions above, bringing together comments from six workshop evaluation questionnaires. This provided me with a document that presented the data for each of the key areas outlined above. I then considered each statement I had recorded, underlining key words or phrases, and focused on the experiences of participants. This process led me to extrapolate key features from the raw data as I organised the data into meaningful groups for the first level of the data coding.

In the course of the coding process I endeavoured to stay as close as possible to the language used by the participants. I was also clear, however, that there must be a degree of interpretation in what I was doing, given that I was selecting certain features and giving them preference to over others. However, I was also guided

throughout by my research focus and questions, which were useful for holding to the framework of the analysis and for maintaining coherence. It was also important to stay open to less obvious elements of the data as I discovered that data could suddenly look different when I later revisited the language and the coding process.

## **Searching for themes**

The initial coding process outlined above identified some initial tentative themes that made sense of the data set in relation to the research questions. Across the six workshops I identified several clusters of coded data - first from question one and then from question two - that provided examples of similar and individual experiences, comments, and meanings. This process was time-intensive as there was continuous movement between the coded data and initial candidate themes and tentative sub themes. An example from a participant's expression of their experience of the workshop follows: *'This whole area has/will definitely inform my practice, in that my own attachment style can encourage blocks to empathy and I anticipate my enhanced awareness will help remove some of these blocks. Additionally, my greater understanding of my client's attachment style should enhance my empathy'*. This was one of the comments that pointed to 'growth and development as a practitioner'.

I began to make sense of some central organising concepts with core ideas that could be the essence of a theme, each of which would be coherent and unique, as well as attending to the requirement that evolving themes exhibit coherence with each other and with the data set. At this point I was considering 'building bridges' as a potential theme; however, as I returned to the data set and the coding it was clear that it did not directly focus sufficiently on the experiences being expressed in the data set, it was too broad in relation to the research questions, and did not match the requirement of a central organising concept.

## **Reviewing themes**

As I actively reviewed the developing themes, I felt it was important to begin conceptualising the coherence between potential themes and the process of the final analysis. I began to draw out and develop an initial thematic map and identify how the horizontal and vertical themes provide a cohesive shape using a 'bottom-up', inductive process that would reflect the analysis. I identified initial themes, with central organising concepts and salient patterns in the data whilst, also considering whether there was enough depth in the data to support the identified themes (Braun and Clarke 2013). The analysis of the themes provides both descriptive and interpretive content from the coding that is relevant to this analysis.

## **Defining and naming themes**

Defining and naming themes had been an ongoing challenge throughout much of this process. The final naming of themes is presented in Figure one below. Within each overarching theme there are two subthemes that will be presented in the thematic analysis findings section below. This provides the final analysis of the two evaluation questions answered by attendees who self selected to provide immediate written feedback at the end of the CPD workshop.

## **Overarching themes and related sub-themes**

The overarching themes and sub themes relate to the two questions below, which emerged from coded and collated data from the responses of 81 participants to the evaluation questionnaires across six workshops.

1. *As a practitioner to what extent did you find the workshop useful?*  
(This question had two subsections, focusing on both the personal and the professional realms.)
2. *In what way did the structure of the workshop support your learning?*

The overarching themes reflect on the broader shape and meaning making of this



analysis and the sub-themes highlight specific lived experiences, which have been gleaned from specific evaluation comments from participants who attended the workshops.

## 14.2 Example of thematic analysis initial coding and themes

### Workshops five and six

Raw data comments, initial coding and themes:

**Evaluation question 1: As a practitioner to what extent did you find the workshop useful professionally and personally?**

Useful to think about client work that is informed from different perspectives;

**Theme; Multiple ways of learning**

Understanding early attachment has increased my self-awareness

**Theme: Confidence/trust building**

Thought provoking insight for me on my development as a practitioner

**Theme: Confidence/trust building**

Useful to revisit/ refresh knowledge on a attachment theory and make links - bridges with neuroscience research findings. I have broken through my learned anxiety about science

**Theme: Confidence/trust building**

Linking theory into practice and how important this is for my client work

**Theme: Making meaning**

It was great to have neuroscience and person-centred theory brought together in particularly how this might inform my practice

**Theme: Synthesis and Integration**

Continue to develop my self-awareness as that enables my understanding of the relationship between me and my client's

**Theme: Making meaning**

I would like to develop right brain to right brain communication in my own therapy and also learn how to develop this in the therapeutic relationship

**Theme: Shaping of content**

Thought provoking insights for me and my practitioner development

**Theme: Making meaning**

The combination of theory and experience helped to integrate the theory experientially, which I had not expected

**Theme: Synthesis and Integration**

**Evaluation question 2: In what way did the structure of the workshop support your learning?**

The tutor and the exercises consolidated my learning particularly the implicit communication exercise

**Theme: Confidence/trust building**

Merging of neuroscience and brain functioning with the attachment and person-centred theory it has increased my understanding of 'process'

**Theme: Making meaning**

Putting the person centred approach in the context of attachment theory and neuroscience provide a new dimension to reflect on personally and professionally

**Theme: Multiple ways of learning**

The manner that the presentation of key concepts and their application to psychotherapy was delivered in a way that made sense to me

**Theme: Multiple ways of learning**

The workshop was clearly delivered and I could relate it to my client work inspired me to want to read and learn more

**Theme: Growing as a practitioner**

I have some understanding of the impact that the brain has on our development, and a clearer link between brain hormones and emotional experiences

**Theme: Shaping of content**

The brain input particularly right hemisphere implicit communication helps me be aware of what I experience and notice nonverbally

**Theme: Making meaning**

Input on theories of attachment styles, affect regulation, trauma and the importance of body were fully discussed. And also provided practical examples which supported great learning

**Theme: Growing as a practitioner**

The relationship between dysregulation, core conditions, and co-regulation increased my awareness of what happens underneath explicit communication in the implicit realm

**Theme: Synthesis and Integration**

Understanding the process of non-verbal communication, 'the music beneath the words', helped me see how attachment theory could fit with me as a person-centred practitioner

**Theme: Growing as a practitioner**

### **14.3 Example of Thematic Analysis initial notes**

#### **Workshop 3**

##### **Practice**

Useful, helping me reflect on relationship with certain clients especially those whom I have found it difficult to let down in any way.

I will reflect on how my attachment style affects the therapy relationship.

Sit & receive clients with greater knowledge, application of new info into practice.

New language /greater awareness, scientific explanation of what PC therapy often does e.g. empathy.

Attachment T applied to mother/child & the counselling rel.

## **Structure and learning**

Wide range of experience in the group.

Without question topic is crucial to my learning. I will be a better practitioner for it.

Useful input on Neuroscience & therapy environment can support changes in the brain.

Experiential exercises helped ground me personally in the learning – I have found it difficult to engage with books and this topic. Good articles to read as a way into the literature.

Understanding arousal states- my regulation therapeutically useful to clients.

Linking NS, Att. and PC theory very useful personally and therapeutically.

I am stimulated to investigate this whole topic further.

Comprehensive research discussions enhanced understanding. Focusing on Neuroscience & Neural pathway development.

## **14.4 IPA: Interview data analysis method**

### **In-depth interview analysis**

I decided broadly to follow the stages outlined by Smith et al. (2009), for my interview analysis, as this was the first time I had used IPA. I found it useful that IPA analysis could be applied flexibly without a 'prescribed single method' for working with data' (p. 79). I also drew on a range of other ideas (Langdrige, 2007; Smith, 2008; Braun and Clarke, 2013; Willig, 2013; Lyons and Coyle, 2016). Using a systematic idiographic process for the interview analysis enabled me to begin to familiarize myself with the data and connect with the initial experience of listening and re-listening to the first interview recordings in a way that differed from my previous experience of working with recordings of transcripts as a tutor. In the process of listening and re-listening to first interview I focused primarily on how I was being impacted, by the extent of my understanding and on getting an overall sense of the content of the interview.

This process made me realise the scale of the task I was embarking on, given that I had resolved to personally carry out my analysis of the data in order to maintain my connection to the research process, rather than use a computer programme.

### **Recordings transcribed, replayed, read and reread**

The first stage of this process was to have the recordings transcribed. This was necessary partly due to my dyslexia, which impacted the speed that I could theme and format the data and focus on maintaining an audit trail. The text was formatted with each comment being numbered. I embarked on an iterative process as I listened to the recordings and read and re-read the initial transcript that helped me to actively enter into the participants' lived experience and gauge the level of connection between the interviewee and myself, the rhythm and pace of the process and the emergence of developing dialogue. This process also highlighted a participant that I experience as somewhat tentative/anxious at the beginning of the interview, which came and went throughout during interview. However, I realized that this process could also provide some interesting data for the analysis.

### **Initial notes**

My initial noting of the initial transcript was wide-ranging and included my initial thoughts and musings on interviewee language and on breaks in language, description, and tone. I also noted some interesting conceptual reflections and unusual examples of experience (Creswell, 2009, Willig, 2013). Going through the transcript I underlined text that felt important to me and wrote descriptive notes. My notes were annotated in the first right hand column of the transcript and I revisited them as I began the process of engaging with what I had underlined in the transcript. This raised questions for me as I began the process of interpretation.

## **Emergent themes**

Using the transcript and my initial notes I began am an early formulation of emergent themes. This involved reducing the initial notes into concise statements capturing whatever was relevant. At the same time as formulating the themes I began the process of interpretation and understanding and as I compiled a first list of the emergent themes as I began to search for connections.

## **Connections across themes towards superordinate themes**

For the next stage I began to identify patterns and connections between the emergent themes. Some emergent themes did not fit easily into my research question. However, I still decided to create a list of these in case any of them became relevant at a later stage. I then created a list of the themes, ordered chronologically by when they emerged, which became the clusters that represented the superordinate themes. During this process I continually referred back to the original transcript and notes in order to ensure I remained connected to the primary sources. At all times, I have remained aware of the need to maintain a clear audit trail throughout all aspects of this analysis.

## **Repeat of stages 1-4 for the next transcript**

The process above was repeated for each participant's transcript. Before I engaged with the second interview, I asked my supervisor to review my first transcript and the emergent themes, as I wanted some feedback on the way that I had engaged with the first interview. Having this feedback helped me to feel more relaxed as I began the next analysis. However, as I continued the analysis of the remaining interviews, I found that my engagement in the process moved between one of interest and curiosity, while distilling the participants narrative into themes and clusters felt somewhat counterintuitive for me. I realized that my practitioner self was to some degree tussling with my researcher self. I discussed this with my research supervisor and drew on the fact that this process broadens in the analysis write up, (Smith, Flowers and Larkin, 2009).

## **14.5 IPA: Semi-Structured Interview Schedule**

### **Making contact**

How would you describe your PC training?

Can you tell me what prompted you to attend this CPD workshop?

### **CPD**

What do you consider when choosing a CPD activity?

*Prompt: Interest in CPD activity.*

How do you think about the integration of the person-centred approach and other modalities/theories?

### **Initial impact of workshop**

Thinking back to the workshop, can you tell me about your initial experience of attending?

How were you impacted by the content of the workshop?

*Prompts: Impact re PC/Attachment/AN?*

Were there particular concepts that have been useful or not so useful?

### **Impact personally and professionally**

In what way have the ideas or concepts affected you personally/professionally?

Can you give me some examples?

### **Participating in the workshop**

What impact did the shape of the workshop have regarding your engagement over the two days?

*Prompts: Experiential, theoretical, collaborative*

Is there anything else you would like to discuss?

How has it been reflecting of your experiences regarding the workshop with me?

Thank you for your time.

## 14.6 Data example: Subordinate theme: Impact on Practice

<b>Interview 1</b>	<b>Interview 2</b>
4.44 <b>1.2</b> Like someone shining a light on what is not spoken about.	9.24 <b>1.1</b> Self supported and broader dimension of thinking re a complex client
4.46 <b>1.1</b> Course informed my way of working I could begin to look at clients attachment derailments.	15.60 <b>1.1</b> Engagement with new/broad based ideas.
4/5.46 <b>1.1</b> I also explained some of scientific stuff around how important attachment is, particularly in the first couple of years.	18.66 <b>1.2</b> Level of anxiety as he moved back & forth re discussing early childhood with client I remember it felt right in that moment
5.50 <b>1.1</b> It was like having and it was a sense of relief I think for him	27.103 <b>??</b> Has strong stance regarding how clients are going to be helped. They are not going to be helped by explaining what is wrong with them. That is not how I belief people are going to be helped.
5.52 <b>1.2</b> Beginning of timelines integrating – there and then / here & now. It made sense to him.	
6.58 <b>1.1</b> H provided The therapeutic space for the client to make sense of early experiences	29.11 <b>1.2</b> The process was the application into my practice
6.62 <b>1.1</b> it's the sense of hope that they can change. Really, really useful that this is something that they can actually work on and change.	31.127 <b>1.2</b> I tried to use the implicit process with my clients, I gave up it was difficult.



6.66 Clients can work on and grapple with as opposed to self labelling.	1.1	45.201 If these topics are integrated I can only see it as being beneficial.	1.1
7.70 That has been really liberating for clients	1.1	46.207 Not having space to discuss– practitioners/ clients are losing out	1.2
7.81 Use of psycho education to help clients..	1.1	48.221 Engagement is crucial, practitioners need to be engaged in development. Otherwise clients will suffer	1.1
8.87 Theories need to be explained to help clients understanding of issues.	1.1		
8.89 Supports client understanding when the therapeutic relationship becomes tricky– determined to stick rather than flee	1.1		
25.233 Introduced ideas and worked on some issues that has been right for clients e.g. basic life skills.	1.1		

<b>Interview 3</b>	<b>Interview 4</b>
4.26 <b>1.2</b> Where the client has become quite attached to me I have found it hard to end with that client	3.8 <b>1.1</b> Reinforced previous learning and provided new learning
6.42 <b>1.2</b> I became more aware of that tendency maybe I can lookout for that dynamic	
13.90 <b>1.1</b> I feel more confident in understanding what is going on for the person.	19.83 <b>1.2</b> It challenges you to question yourself
13.94 <b>1.2</b> Working in multi disciplinary team need to understand mental health pathology.	20.94 <b>1.3</b> Reconnecting with window of tolerance relating it to clients, If they are dissociating or too anxious it will impact their processing
19.127 <b>1.2</b> I have more distance from my own experience but it also informs my work with clients	22.106 <b>1.2</b> In supervision I think from an attachment lens.I think about attachment patterns
21 -137 <b>1.2</b> The workshop supports the building of the therapeutic relationship. I think more about working with the therapeutic relationship, which is foundational and necessary for growth	22.106 <b>1.2</b> Reflect on about what might be the client's stance in the world.
21,141 <b>1.2</b> I found using Psycho education useful with some traumatised clients, so they know what is happening within their body.	25.126 <b>1.2</b> Right brain communication makes sense & includes empathy, taking in the whole picture. That is very powerful. Definitely what's not said, definitely not the words, it's the feeling the person.
22 -145 <b>1.2</b> I am more experienced noticing my clients regulation - changing colour, movement, body language. Be with person's experience in the moment rather than the content.	27.142 <b>1.2</b> You now the felt sense with a client is very informing in the moment, its 'quite powerful.

22 -147 I work with the implicit non verbal/felt sense it can be quite powerful – it depends on how clients respond to that way of working.	1.2	
23.149 I think occasionally I kind of want to avoid it, depending on how I'm feeling as a therapist.	1.2	

## 14.7 Example of subordinate theme analysis

### Impact on practice

#### 1.1 Changes to practitioner's approach

H- 3.34: Clients struggling with attachment with me, you know, in terms of attaching with the therapeutic process

Ca- 3.8: Reinforced previous learning and provided new learning

H- 4/5.46 Course informed my way of working so I could begin to look at client's attachment derailments.

Ce- 4.26: Where the client has become quite attached to me I have found it hard to end with that client

H- 5.50: It was like having and it was a sense of relief I think for him

Cr- 6.22: Did not want to look too deep with clients. Some anxiety about working at depth

Ce- 6.42: I became more aware of that tendency maybe I can look out for that dynamic

H- 6.58 H provided space for the client to make sense of early experiences

Cr- 7.22: Understanding/making sense/ picture of client's experience

H- 8.87: Theories need to be explained to help clients understanding of issues.

H- 8.89: Supports client understanding when the therapeutic relationship becomes tricky– determined to stick rather than flee

Cr- 9.24: Self-supported and broader dimension of thinking re complex client

Ce- 13.90 I feel more confident in understanding what is going on for the person.

Cr- 15.60: Engagement with new/broad based ideas.

Ca- 19.83: It challenges you to question yourself

Ce- 21.137 I think more about working with the therapeutic relationship, which is foundational and necessary for growth

Cr- 29.11 The process was the application into my practice

Cr- 31.127: I tried to use the implicit process with my clients, I gave up it was difficult.

## **1.2 Theoretical ideas that support practice**

H- 4.44: Like someone shining a torch on what is not spoken about.

H- 4.46 Course informed my way of working so I could begin to look at client's attachment derailments.

H- 5.46 I also explained some of scientific stuff around how important attachment is, particularly in the first couple of years.

H- 5:52: Beginning of timelines integrating – there and then / here & now.

Cr- 6.2: Understanding some of the biological process is beneficial for my work

H- 7.81: Use of psycho education to help clients.

Ce- 23-147: I work with the implicit non verbal/felt sense it can be quite powerful – it depends on how clients respond to that way of working

Cr- 45.201: If these topics are integrated I can only see it as being beneficial.

Cr- 48.221: Engagement is crucial; practitioners need to be engaged in development otherwise clients will suffer.

Ce- 13.94 Working in multi-disciplinary team I need to understand some mental health pathology

Ce- 19.127: it's quite is quite comforting to have that kind of distance from my experience know and kind off be able to be with your client and say it's terrible.

Ce- 21.137 The workshop supports the building of the therapeutic relationship. I think more about working with the therapeutic relationship, which is foundational and necessary for growth

Ce- 21.141 I found using Psycho education useful with some traumatised clients, so they know what is happening within their body.

Ce- 13.94: Working in multi-disciplinary team need to understand mental health pathology.

23.147 I work with the implicit nonverbal/felt sense it can be quite powerful – it depends on how clients respond to that way of working

22.149: I think occasionally I kind of want to avoid it, depending on how I'm feeling as a therapist

Ce- 21.137: The workshop supports the building of the relationship that is foundational and necessary for growth.

Ce- 21.141 I found using Psycho education useful with some traumatised clients, so they know what is happening within their body.

Ce- 22.145: I am more experienced noticing my client's regulation - changing colour, movement, body language. Be with person's experience in the moment rather than the content.

Ca- 20.94: Reconnecting with window of tolerance relating it to clients, if they are dissociating or too anxious it will impact their processing

Ca- 22.106: In supervision I think from an attachment lens I think about my client's attachment patterns

Ca- 25.126: Right brain communication makes sense & includes empathy, taking in the whole picture. That is very powerful. Definitely what's not said, definitely not the words, it's the feeling the person.

Ca- 27.142: You now the felt sense with a client is very informing in the moment, it's quite powerful

## 14.8 Example of raw data, notes and identifying themes

40	<p>C: <u>Yes it was tough.</u> I think, where did it come from for me, <u>it does have resonance for me as a mother. um</u> and I think it relates to my <u>own mother</u> as well and that I <u>found it very hard to leave my children</u> and <u>it's a bit like that with my own clients.</u> I found it very hard to leave... I feel very guilty perhaps a bit enmeshed too involved. He is x weeks and I've probably left him (laughs) three times for about an hour at a time, I think partly that is practicalities of breast feeding, but yes there is that <u>there is a tendency to be a bit over involved and when I think about my relationship with my mother, my mother was/is like that with me.</u></p>	<p>There is a tendency to be over involved my relationship with my mother was like that</p> <p>Self-awareness re possible impact Mothers parenting has had related in someway to leave ....</p>	<p>That was tough. Describes it as hard for her to leave her children.</p> <p>Relates to own Mother who was like that with me.</p>
41	<p>D: So did the CPD workshop help unravel some of this?</p>		
42	<p>C: It ... What <u>it does is it makes me more aware of that tendency</u> um and I understand perhaps bit of the mechanisms of it (um) <u>and maybe I can look out for it</u> (yea, yea). <u>It's hard to know and also to know um that you can survive being left.</u> (um) <u>that people can survive.</u> (um) <u>that children can survive being left</u> (um), awareness</p>	<p>Maybe I can look out for that. made me more aware</p> <p>To know that you people/children can survive being left. Important learning</p>	<p>Workshop makes me more aware of that tendency and maybe I can look out for that process.</p> <p>Important learning people/children can survive being left</p>
43			

	Yeah....		
44	C: Yea so um <u>that is where it touched me most</u> (right, right) .. in the training and um <u>how I do it is a different matter, kind of working with clients (um) and how I negotiate</u>		That touched me most in the training how I do it is a different matter how do I negotiate that with clients
45	D: So in terms of the attachment I get a sense of where that impacted you in your experience, what about the affective neuroscience the idea of....		
46	C: <u>That Professionally that was perhaps um, it does effect me personally cause when I think about how much attention am I giving the children</u> how much eye contact you know, how is his brain growing; (laughing) how much response do I get when I talk to him, that kind of thing.	Input on affective neuroscience it does effect me  How much attention eye contact responsiveness	Personally I think about how much attention am I giving me children
47	D: It has kind of raised your awareness		
48	C: It has raised my awareness yea.		
49	D: What was that experience like?		
50	C: I suppose there's a bit of a sense of oh am I doing enough, (right) you know are they getting enough attention, I think they do; <u>but from a professional point of view I think it gave me a bit more confidence in being a person centred-practitioner</u> , I was thinking about this before you came because and um it's <u>very easy to feel I find to feel</u>	Sense of being good enough, they getting enough attention  Professionally I felt more confidence in being a PC practitioner	Professionally I feel more confident as a person-centred practitioner.  Very easy to feel intimidated as PC practitioner – not enough tools

		<p><u>quite intimidated as a person-centred practitioner that we don't have enough bells and whistles or tools</u> or you know, people say well how does it work, it does <u>and it feels like there's another layer now of perhaps some evidence to show how important empathy is, how important contact is how important the relationship is ( um)and</u> I felt really invigorated as a person centred practitioner and <u>I came back to work saying</u> see we are a person centred service and we should be proud of it <u>and there is evidence that what we do is important and what we do works;</u> it takes a long time (um) and that's where <u>were going against the flow really, culturally and economically at the moment.</u></p>	<p>Can feel intimidated PC doesn't have enough whistles and tools</p> <p>Sense of another layer been added by AN.</p> <p>Evidence re importance of empathy, contact, how important the relationship is We are going against the flow really culturally and economically</p>	<p>It feels like another layer some evidence to show importance of empathy, contact the relationship.</p> <p>Came back to work saying there is evidence, what we do is important and works; it takes time. Different from short term work.</p>
51	D;	You mean with the short term work.		
52	C;	Yes and to read the NICE guidelines um the latest edition which had counselling in brackets in a footnote or something. So yeah I felt <u>really pleased to be knowing that and it has made me want to read more about it</u> at the moment I haven't managed to at the moment..		I want to read more about the topic of the workshop
53	D;	It's alright if you need to pick him up do.		
54	C;	He should stay asleep a little bit longer. I'll pick him up.		



		Yeah so I am quite interested to find out more about it. Yes,		
55	D;	It kind of helped you locate yourself back		
56	C;	Yes <u>cause I was feeling quite insecure professionally and that perhaps person- centred service</u> was perceived as being a bit strange and maybe not quite with it and having done a CBT training afterwards cos I thought <u>perhaps I aught to add that to my bow</u> I haven't really used it with my clients. I do have cart blanc to use it if I want but it isn't what I find works for me as a practitioner. My husband has, he works primarily as a CBT therapist at the moment simply because that is what is required where he works but he is person- centred trained as well but he normally did more CBT. I always find myself falling back and relying on relating and having..		cause I was feeling quite insecure professionally and that perhaps person- centred service  C did a CBT certificate I thought ` I aught to add that to my bow
57	D;	This kind of helps deepen something.		
58	C:	Yeah and feel more secure in it I think, that it is ok,		I feel more secure
59	D:	It does add value		
60	C:	Yes it does add value yes I don't have to justify it	Building bridges Integrating ideas	it has value and I don't have to justify it
61	D:	You seem very energised when you're talking about it.		

62	C:	Yeah I remember the staff meeting after the course; <u>you know everybody needs to read this.</u> Which is why I haven't had my notes back and we should feel proud this; we are where it's at kind of thing and (um um) and there is science to show it, <u>so that was really good and useful</u> and <u>it would be good perhaps be able to see more read more maybe in some of the journals about how person-centredness connects with the neuroscience.</u>		I remember the staff meeting after the course saying every body needs to read this  It was really good and useful
63	D:	Is that something you've noticed is difficult to find or		
64	C:	Yeah I haven't really seen much on it (um) I don't know if there was one article on it perhaps a while ago <u>it feels like something that could be advertised a bit or at least written about.</u>		Difficult to find how person-centred connects with AN in journals. It needs to be written about more.
65	D:	from a person centred point of view.		
66	C:	<u>Yes from a person centred point of view, yeah.</u>		From a person-centred view
67	D:	So it sounds like your saying that those aspects of the course the neuroscience and attachment have impacted you both personally and professionally.		
68	C:	Yes <u>absolutely it's a professional issue in terms of feeling (um) confident in my profession and choice of approach and also a personal thing because person-centred takes a commitment, it is part of how you respond or how I</u>	A real sense that the workshop has effected and impacted both professionally & personally	Professionally – confident in my profession & approach; personally PC commitment to how you respond in everyday life

		<u>try to respond in everyday life.</u>		
69	D:	We can take a break if you want.		
70	C:	I should take him upstairs to daddy a minute.		
71	D:	I'm fine if you want to walk him around.		
72	C:	No it's alright I'll take him to his dad. He doesn't get much time with his dad.		
73	D:	So it sounds like when you took it to work you took it with a lot of enthusiasm and was received in..		
74	C:	Yeah <u>people were interested. a couple of people wanted to read the papers and things and find out a bit more about it and certainly</u> F and I talked about it as I came down with F, who did another training on it as well I think another day and was enthused by it, I'm not sure which day it was. I went to Waveney Counselling Centre which is a psychodynamic group had a day on neuroscience and I'm trying to remember what it was called it didn't quite turn out as advertised. I did go and listen to the talks there; which was quite interesting to hear it from a psychodynamic perspective.	Had to share with her colleagues. People were interested some wanted to read the papers.	Sharing workshop training, notes and handouts  People were interested
75	D:	Right so in a way it kind of supported you to wanting to know more and then going out to another approach to see.		

76	<p>C: Yeah it just happened that that day was happening in Norfolk so it was nearby, mentalisation that's it but unfortunately the mentalisation bit didn't happen and that was the bit I was interested in as I had heard about the neuroscience already um but <u>yeah it was interesting to hear it from a different stance and actually the psychodynamic people also saying actually this is what we do, claiming it for their own</u> it is interesting, I suppose good therapy basis, it's about the relationship context.</p>		<p>yeah it was interesting to hear it from a different stance and actually the psychodynamic people also saying actually this is what we do, claiming it for their own . I suppose good therapy basis, it's about the relationship context.</p>
77	<p>D: So I'm interested when you said, cause thinking about CPD in general, much of the CPD you had done up to this point was actually not person -centred. Can you tell me a bit more about that?</p>		
78	<p>C: Well immediately after my diploma I was working as a support worker at an eating disorders clinic and originally one of my areas of interest in therapy was of eating disorders so I went and did an additional training in eating disorders which was largely CBT and some solution focused thing so um and I did use that for a while but not much and I think it was again leaving the training and <u>finding the professional kind of environment for counselling feeling a bit adversarial towards person-</u></p>	<p>CPD post diploma did various CPD e.g. eating disorder CBT certificate</p> <p>Found the professional environment for counseling adversarial towards person-centeredness' feeling almost not good enough.</p>	<p>The professional environment for counseling was adversarial to PCA</p> <p>Felt almost not good enough/poor relation Hence CPD training adding strings to her bow.</p>

		<u>centeredness' and feeling almost not good enough like the poor relation.</u> um and I think there was a bit of panic on my part feeling that I needed to add a few strings to my bow as it were and um then I did a CBT certificate.	Needed to add a few strings to my bow	
79	D:	It was almost like you felt a need to add this to your training.		
80	C:	Yeah and we did have a focusing element on our diploma which I did really enjoy and I used focusing with my clients um and I did a weekend on focusing as well quite soon after the diploma.		I also did focusing training after my diploma
81	D:	Are you OK, if you need to go.		
82	C:	Yeah he should be alright; if he gets terrible I'll go up and stick him on the boob.		
83	D:	It must be hard just listening to him.		
84	C:	My baby cries quite a lot I've had to adjust to that, it's quite interesting cause my daughter was different quite challenging but in a different way he goes from 0 – 60 in no time he gets really, screaming. I'm slightly more used to it. I was thinking about CPD but other things just general CPD like going to conferences and since I got my job at the university, I've been there about 5 years now it's been more focused on education and those kind of things, but <u>initially certainly I felt that perhaps just person- centred</u>	University job meant CPD - going to conferences focused on education.. Used to a broader frame.  Was just a peson-centred diploma good enough?	initially certainly I felt that perhaps just person-centred diploma wasn't good enough, that was the feeling  I do describe myself as a PC practitioner

		<u>diploma wasn't good enough, that was the feeling.</u> But it is what I always come back to, <u>if I was to describe my approach as a person centred practitioner and I had person centred supervision.</u>		
85	D:	So do you have other thoughts about person centred and coming towards other approaches?		
86	C:	I am fairly, I think I'm a pragmatist I'm not an evangelist in terms of approaches <u>I don't particular like (um) you know being in one camp or another, or being so firmly in that identity, that I wont think about other approaches</u>	I don't particularly like being in one camp or another. In group/out group?	Interested in broader approaches
87	D:	So you feel quite open.		
88	C:	<u>I feel open to knowing about other approaches and if there's something I find useful incorporating that into my work and I find it useful to know um kind of perhaps to know how to approach things from a different perspective.</u> It doesn't mean necessarily well having background knowledge about say the mechanics of an eating disorder.	Openness to other approaches  It's something is useful to know how to engage with different perspective	Finds is useful to be open to other perspectives
89	D:	That gives you ...?		
90	C	<u>I just I feel a bit more confident I think in perhaps understanding a bit what is going on for the person but that doesn't stop me being with the person if you know</u>	Useful to have an understanding of different languages in todays context	Useful understanding or use of other approaches language

		<u>what</u> I mean and other people, other professional speaking a different language so <u>I do find it useful to perhaps to understand or be able to use other approaches language.</u>		I feel a bit more confident in understanding people
91	D	To be able to familiarise?		
92	C	Yes absolutely, um so I think I'm more pragmatic in how my approach.		
93	D	So it sounds like CPD kind of becomes an activity for you that broadens some areas of your scope and helps you across different approaches and that you think that's important.		
94	C	Yes <u>I find it interesting as well and refreshing as well (sure) to look at new approaches</u> and to say no I don't agree with that, you know on the psychodynamic day there was quite a lot I wasn't understanding and quite a lot of I thinking I don't quite see <u>it that way I don't have to subscribe to that</u> , so yeah and I find perhaps working with mental health <u>at the moment as well in the environment that were' in where there is an emphasis on mental health</u> as opposed to just wellness and well being, there's a kind of <u>expectation that you should know, understand some of the pathology on mental health,</u> and I find it interesting we have a consultant psychiatrist who comes to staff meeting	Building Bridges across approaches  I find it refreshing to look at new approaches in a questioning way.  Working with the emphasis on mental health they expect you should understand some of the pathology. Consultant Psychiatrist attends staff meetings once or twice a term which is interesting.	Yes that is important Building Bridges/integrating across new approaches  Work provides different levels of input, other approaches, managing relationships, mental health issues.

		about once or twice a term to do case study and I find it interesting to get his perspective (um, um) on clients.	Wiling to engage in a multidisciplinary way	
95	D	So I get the sense that your diploma was fairly classical then, would that be fair?		
96	C	Yes I think so, yeah a lot of group work we did have input about other approaches, there was quite a lot of lectures but in terms of the training itself (um) it was all about relating in the group and managing relationships and looking at how you do that and getting a lot of feedback on that whether you liked it or not. Quite challenging.		Multiple ways of learning  Feedback whether you like it or not. Quite challenging
97	D	So what was challenging about, you said a little bit about going into experience based workshop, what was challenging about that in terms of the experiential element...		
98	C	I think it's perhaps how I experienced being received in groups in the past um and I am a bit more wary of that walking into a group. Um my experience in the past was I came from quite an academic background and I was used to being in an environment where people argued, and I didn't mind that; robust arguing and actually in that	Academic background used to being robust challenging groups  I was probably one of the least robust _In a person-centred group people are like,	Wary because of past group experiences in the academic environment I was in.  When I went into PC group –, people said your to strident / to strong.



		environment I was probably one of the least robust (um) <u>and I did find when I went into a person- centred group people are like, your too strident, too strong, so there is a little bit of wariness now for me there I hold back a bit more</u> than I would have done eight years ago.	your too strident, too strong  I hold back a bit more	Leads to wariness/holding back. More than I would 8 years ago.
99	D	And that was partly what you brought to the workshop.		
100	C:	Yeah there was partly a little bit of how was that going to be, <u>how much are people wanting me to offer them space or empathy, and how much of an expectation is there in the group....</u>	What is the expectation of this PC group	What would people want from me space/empathy. Group expectations to you being a certain way
101	D:	For you to be a certain way...did that stay for the whole two days?		
102	C:	No no by the second day I was feeling quite comfortable.		
103	D:	Do you know what shifted?		
104	C:	I think the first day was quite busy wasn't it, I think and the second day, felt perhaps we had more space or something , it felt a bit rushed that we travelled down that morning as well it was all a bit of a rush it was just slowing down I think.		
105	D:	And the first day had a lot of neuroscience?		
106	C:	Yeah so less of the experiential stuff in it. But it was also getting to know the group and because it was also getting to know the group and because we	The first day was about settling in.  people knew each other	

		were late we had walked into an already formed group even though it was only for a few minutes and there were also a quite few <u>people who knew each other because they were Metanoia students or had quite a lot in common.</u>	because they were Metanoia students. Inside /outside group anxiety	
107	D:	So there was a lot of settling in?		
108	C:	Yea, yea		
109	C:	I don't remember really, I think the group did it itself. Even though I know I am kind of wary about groups I'm not backwards in coming forwards it's something that takes over.	I am kind of wary about groups I'm not backwards in coming forward	
110	D:	So you might have said something if there was something that...		
111	C:	Yeah you know I always sit in a group and think I'm just going to watch it and just going to let it wash over me for a bit and see how it goes, but you always find myself (um) talking in staff meetings a casing point. I would sit back and say I'm always saying I'm not going to say much and then I'm always right in the middle of it.		
112	D:	Was there something about a particular experiential element you can recall that was more relevant for you or impactful for you.		
113	C:	I think there was I can't remember all the exercises but there was certainly one when I talked about my mum that was quite impactful	personal	Exercise talking about mother impactful

114	D:	Was it something about getting in touch with some of your personal.....		
115	C:	Yeah, yeah and again with particular clients where I found very difficult to end with, I think that came up in one of the ones where we were writing it on a big flip chart.	professional	Discussed the process with particular clients
116	D:	So it sounds like there is a link for you between personal and professional..		
117	C:	<u>Yeah very much so there I think. I don't think I suspend much of myself....</u>		Personal and professional both present
118	D:	Can you tell me more about that?		
119	C:	um and certainly having had the experience of going back to work once after having a baby I know that's going to be tough there will be issues around children and things; but also <u>what my clients bring and how I react to them and not ... (pause) knowing that there is stuff there and not bringing it to the client, not wanting to bring it to the client.</u>	I need to be more open More aware about my own reaction I feel a bit um fragile around that.  I know there will be tough client issues and how I react to them, not react. Not wanting to bring my process to the client	C doesn't necessarily share how she can be triggered by things/people  I feel a bit fragile need to be aware of my own reaction  How I react to clients or not. Not bring my FOR into client work.  Personal & professional again

## 14.9 Information to participants and agreements

### Participant letter: Invitation to become involved in ongoing research

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Dear xxxx,

In .... you attended a two-day workshop on Affective Neuroscience & Attachment Theory: Considerations for Person-Centred Practice where you indicated that you would be interested in contributing further to my research project.

I am about to commence the next stage of the research and would like to know if you are still interested in contributing to it. The ongoing process will be in the form of a semi-structured interview focusing on your experiences from attending the workshop. This interview will take place at a time and place agreed by us for approximately 1 hour to 1.30 minutes.

Please contact me by email me at [DagmarEdwards@btinternet.com](mailto:DagmarEdwards@btinternet.com) or call me on 020 8452 9663 if you wish to discuss this before you make your decision. Should you be willing to take part I will send you a participant information sheet and consent form. Confidentiality will be maintained throughout the research process.

I look forward to hearing from you.

Best wishes

Dagmar Edwards

97 Riffel Road, London NW2 4PG  
Tel: +44 (0)20 8452 9663; email: [PsychologyMatters@btinternet.com](mailto:PsychologyMatters@btinternet.com)

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## **WORKSHOP EVALUATION AND FEEDBACK QUESTIONNAIRE**

**I would appreciate if you would take some time to fill in this evaluation questionnaire in relation to your experience of this workshop and any specific suggestions you have in relation to the ongoing development of this workshop.**

**A. To what extent did you find this workshop useful:**

**1. As a practitioner**

**2. Personally**

**B. What did you find most useful in relation to the workshop content?**

**C. What was least useful in relation to the content?**

**D. In what way did the structure of the workshop support your learning?**

**E. What would change in relation to the structure of the two days?**

**F. What was most useful about the tutor's facilitation style in relation to your learning?**

**G. What was least useful about the tutor's facilitation style in relation to your learning?**

**H. Any other comments or suggestions?**

**Name (optional):** \_\_\_\_\_ **Date:** \_\_\_\_\_

As part of my DPsych research project I would like to use the information you have provided on the evaluation and feedback form to carry out further evaluation of this workshop.

I would also like the opportunity to contact you in the future to discuss your experience of participating on this workshop.

If you are willing to be a part of this research, please provide your email address below. If you do not wish to be contacted please fill in the evaluation and feedback form and leave the email address blank. Forms with blank email addresses will not be part of the ongoing research project.

**Email address:** \_\_\_\_\_

Thank you for taking the time to fill in this evaluation and feedback form.

**The confidentiality of any participants willing to be part of any ongoing research will be maintained.**

Dagmar Edwards

## 14.10 Ethical approval of the project

**Question 14:** They will have met me as facilitator of the workshop.

### CANDIDATE DECLARATION

I have read the BACP and the BPS guidelines for ethical practices in research and have discussed this project with my research supervisor in the context of these guidelines. I confirm that I have also undertaken a risk assessment with my research supervisor:

Signed:  Print name: **Dagmar Edwards**  
Date: **15 October 2010**  
(Applicant)

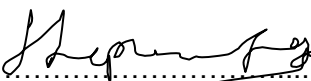
### RESEARCH SUPERVISOR DECLARATION

- As supervisor or principal investigator for this research study I understand that it is my responsibility to ensure that researchers/candidates under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.
- I confirm that I have seen and signed a risk assessment for this research study and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.
- I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see <http://www.wma.net/e/policy/b3.htm> ).
- I confirm that I have reviewed all of the information submitted as part of this research ethics application.
- I agree to participate in committee's auditing procedures for research studies if requested.

Signed:  .....Print name: **Sophie Bager-Charleson**  
(Supervisor)  
Date...**15 October 2010**.....

### STATEMENT OF ETHICAL APPROVAL

This project has been considered by the Metanoia Research Ethics Committee and is now approved.

Signed:  .....Print name...**Stephen Goss** .Date **23/1/18**  
(On behalf of the Programme Research Ethics Committee)

Please note that the Metanoia Research Committee meets twice during each academic year. Submissions between these meetings are dealt with by chair's action in consultation with one other committee member.

## 14.11 Examples of workshops and practitioner certificates

### NEUROSCIENCE, ATTACHMENT & PERSON-CENTRED PRACTICE

Facilitator:  
**Dagmar Edwards**

**19/20 April 2010**

Metanoia Institute 2-day workshop

***‘ordering one segment of experience in a theory immediately opens up new vistas of inquiry, research, and thought, thus leading one continually forward’ (Rogers, 1959, p.188).***

This two-day workshop focuses on the impact of recent contributions in neuroscience to human relationships and to our understanding of developmental processes in general and attachment patterns in particular. We will also look at how these contributions can inform person-centred practice. Participants will be given the opportunity to explore attachment theory, and to look at how an individual’s attachment style might impact the development of the therapeutic relationship and inform a practitioner’s therapeutic practise.

#### **Key themes are likely to include:**

- Recent neuroscience contributions including the work of Schore, Siegel, Cozolino, and others;
- Attachment patterns and their implications for adult development;
- Traumatic attachment and its effects;
- The importance of attachment history in relation to psychological contact, empathic attunement and relational depth;
- Challenges to person-centred theory and practice.

The workshop will be interactive and experiential. Participants will be invited to consider and discuss a range of practice implications with specific reference to their own practice.

**Dagmar Edwards** has worked as a core tutor, facilitator and supervisor for several psychotherapy training institutes and counselling service providers in the UK since 1993. She is trained in a range of approaches to therapeutic work, including Person Centred, Gestalt, Systemic Family Therapy, CBT and Supervision. Dagmar has combined her private practice in counselling, psychotherapy, supervision and mediation with work in voluntary sector mental health services in London, both as a team consultant and supervisor. At the Metanoia Institute she is a primary tutor in the Person-Centred Department, and a Module Leader, assessor and examiner in the Integrative Department. She is also a Director of Psychology Matters.



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## **AFFECTIVE NEUROSCIENCE & ATTACHMENT THEORY: CONSIDERATIONS FOR PERSON-CENTRED PRACTICE**

Facilitator:

**Dagmar Edwards**

**March 2012**

***‘From the perspective of neuroscience, psychotherapy can be understood as a specific kind of enriched environment designed to enhance the growth of neurons and the integration of neural networks’, (Cozolino, 2002).***

This two-day workshop offers participants the opportunity to engage with recent contributions from affective neuroscience and studies of infant development. Participants will be invited to explore and discuss the interface between: research in affective neuroscience and attachment theory, the importance of relational connection and the architecture of the brain. Exploring common factors from current research and consider how these contributions can be integrated into psychotherapeutic practice will also be a key theme within this workshop. Participants will also be given the opportunity to reflect on their own attachment style and the ways in which this might impact the development of the therapeutic relationship with their clients.

### **Key themes are likely to include:**

- Early brain development and the significance of early relationships
- Recent neuroscience contributions for psychotherapy including the work of Schore, Siegel, Cozolino and others;
- Attachment patterns and the development of affect regulation;
- Traumatic attachment and its effects;
- Attachment history considerations in relation to psychological contact, empathic attunement and implicit communication;
- Integration and considerations for therapeutic practice

The workshop will include input on relevant ideas while also being interactive and experiential. Participants will be invited to consider and discuss a range of issues

with specific reference to their own practice.

The ethos of courses offered by Psychology Matters is to support individual learning styles, and the professional development of participants.

***Training hours accrued may be counted towards continuing professional development requirements of professional bodies.***

**Dagmar Edwards**, MSc., Dip. Couns., Dip. GPTI, Pg. Cert. in CBT, UKCP Registered Psychotherapist.

Dagmar is a Director of Psychology Matters and since 1993 Dagmar has worked as a core tutor, facilitator and supervisor for several psychotherapy training institutes and counselling service providers in the UK. She is trained in a range of approaches to therapeutic work, including Person Centred, Gestalt, Systemic Family Therapy, CBT and Supervision. Dagmar has combined her private practice in counselling, psychotherapy, supervision and coaching with work in voluntary sector mental health services in London, both as a team consultant and as a supervisor. At the Metanoia Institute she is a Primary Tutor in the Integrative and Person Centred Departments, and an assessor and examiner in the Integrative Department. She is member of the UK Council for Psychotherapy professional tribunal panel, academic board member at The Institute for Arts in Therapy and Education and Training Consultant to Arena Counselling Service. Her current interests include the integration of affective neuroscience and attachment perspectives into psychotherapy practices.

Email: [dagmaredwards@btinternet.com](mailto:dagmaredwards@btinternet.com)

**PRACTITIONER CERTIFICATE & WORKSHOPS IN AFFECTIVE NEUROSCIENCE & ATTACHMENT THEORY: CONSIDERATIONS FOR PSYCHOTHERAPY PRACTICE**

***'From the perspective of neuroscience, psychotherapy can be understood as a specific kind of enriched environment designed to enhance the growth of neurons and the integration of neural networks', (Cozolino, 2002).***

As part of our Continuing Professional Development Programme, Metanoia is offering a practitioner certificate course in ***Affective Neuroscience; Attachment Theory; Considerations for Psychotherapy Practice***. Throughout this series a central focus will be to provide participants the opportunity to engage with relevant research, and developing knowledge from affective neuroscience and attachment theory, and how these can be applied to clinical practice. This Practitioner Certificate is open to Senior Students & Graduates from all Modalities.

Each module will draw on current thinking from key concepts that are central to the neuroscience of psychotherapy, focusing on recent developments in affective neuroscience that highlight the importance of human relationships and connection to early development and affect regulation. We will discuss current research and ideas from these bodies of knowledge and integrate these with psychotherapy practice.

**COURSE STRUCTURE AND CONTENT:**

The training will include input on relevant topics while also being interactive and experiential. The last module will be in the format of a two-day practicum focusing on the integration of common principles from both fields and how these inform psychotherapy practice. Participants will also provide a reflective written piece of their experience from attending the course and their integration of the concepts covered into practice.

**COURSE MODULES:**

**Module 1 – The Neuroscience of Psychotherapy**

20th/21st Oct 2014

Module one will introduce a broad overview of the content of this certificate course. The focus of the module will be to introduce and explore recent contributions from affective neuroscience and attachment theory that provide new dimensions of understanding about the architecture of the human brain and the importance of relationships to the developing neural infrastructure of the brain. Early developmental experiences have been shown to have significant impact on the infant brain, development of neural pathways and to the development of

psychological health. The relevance of these concepts to psychotherapy practice will be considered.

## **Module 2 - The Neurobiology of Early Experiences and Affective Regulation** 24th/25th Nov 2014

The focus of this module is on early development experiences and the importance of the interaction between the infant, their primary caregiver, other relevant persons and the totality of the contextual situation. This early period is critical to the architecture of the brain and the early development of affective functioning. In this module we shall consider 'health' in the context of interactions and how 'derailments' occur. We will explore how we develop a 'window of tolerance' that supports the individual self regulatory capacity. We shall then reflect on how patterns from early interactive activities and the individual nature of self regulatory patterning can emerge within the therapeutic dyad.

## **Module 3 - Implicit and Explicit Communication Processes** 2nd/3rd February 2015

Much recent research highlights the parallel that can be drawn between early relational dynamics and the therapist client dyad. Early experiences, by definition, are not necessarily languaged and the challenge for psychotherapists is therefore to develop ways that these experiences, can be understood and worked with in the therapeutic setting e.g. body process. This module will review and discuss the development of skills that would support the exploration of the implicit domain.

## **Module 4 - The Practicum and Reflective Practice** 2nd/3rd March 2015

The focus of this module is to provide participants with the opportunity to continue to integrate their learning, and reflect on how this course has impacted their practice. An important focus will be on the development of capacity to communicate across different dimensions of therapeutic 'jargon' and to practice skills that support that process. There will also be an important emphasis on the ways that a therapist can work with the implicit of relational exchange. Participants will need to submit a 2000 word reflective essay about their integration of the concepts covered throughout the course and their practice.

### **PRACTITIONER CERTIFICATE REQUIREMENTS:**

#### **Candidates for the Certificate must fulfil the following:**

- Attend all four modules
- Successfully complete the two-day practicum
- Complete 2000 word written work within 3 months of completing the Course

## **ALREADY DONE THE 2 DAY NEUROSCIENCE TRAINING WITH US?**

Candidates who have already attended the 2 day Neuroscience & Attachment Theory Workshop with Dagmar Edwards can join this Practitioner Certificate from Module 2, please supply your Certificate of Attendance from that workshop with your application form. You will only need to pay for modules 2 to 4. (Contact Thilisa for price details).

### **TRAINER PROFILE:**

**Dagmar Edwards**, MSc., Dip. Couns., Dip. GPTI, Pg. Cert. in CBT, UKCP Registered Psychotherapist.

Since 1993 Dagmar has worked as a core tutor, facilitator and supervisor for several psychotherapy training institutes and counselling service providers in the UK. She is trained in a range of approaches to therapeutic work, including Person-Centred, Gestalt, CBT, Systemic/Constellations Therapy and Supervision. Dagmar has combined her private practice in counselling, psychotherapy, supervision, coaching, mediation and EMDR, with work in voluntary sector mental health services in London, both as a team consultant and as a supervisor. At the Metanoia Institute she is Programme Leader and visiting tutor for the BA (Hons)/Diploma in Person-Centred Counselling. She is also a primary tutor for the MSc/Diploma in Integrative Psychotherapy and assessor/examiner in the Integrative Department. Current research interests include introducing key concepts from affective developmental neuroscience and attachment theory into a Person-Centred practice.

**This Practitioner Certificate is open to Graduates and Practicing trainees from all modalities. Each module except Module 4 are also offered as individual workshops also to Graduates and Practising Trainees.**

# PsychologyMatters

## **PRACTITIONER CERTIFICATE IN AFFECTIVE NEUROSCIENCE & ATTACHMENT THEORY: CONSIDERATIONS FOR PERSON-CENTRED & HUMANISTIC PRACTITIONERS**

Facilitator:

**Dagmar Edwards**, MSc., Dip. Couns, Dip. GPTI, Pg. Cert. in CBT, UKCP  
Registered Psychotherapist.

**Dates:**

**28/29 January, 25/26 February, 25/26 March 2017**

**Venue:**

**Copthorne Hotel, Plymouth, Devon, PL1 1AR**

This certificate course will draw on current concepts and research in the Neurobiology of the Brain, Interpersonal Development, and Attachment Theory that have made contributions to counselling and psychotherapy and are relevant the therapeutic process/practice.

Each unit will build on the one before and support the integration of a broader understanding of how early relational experiences including continuity, context, and the process of early development, can impact the architecture of the human brain, and interpersonal connections. The learning process will include the exploration/discussion of key ideas and research, experiential learning and practical application for practice.

### **Course units:**

#### **Unit 1: Human Development and Interpersonal Neurobiology**

The focus of this unit will be to introduce and explore a broad range of developmental experiences that impacts early brain growth and human development over a life span. We will consider how the context and continuity of attachment processes can derail an individual's capacity to engage in the here and now, and how this impacts later adult functioning and potentially the client/therapist relationship.

#### **Unit 2: Attachment Relationships and Affect Regulation**

This unit will focus on the importance of attachment and the capacity to regulate affect. We will explore how affect regulation and dysregulation impact the neurobiology of the brain, relational experiences, and implicit/explicit communication processes. We will also consider the capability of individuals to navigate interactions with self/other and how this impacts the developing therapeutic relationship.

#### **Unit 3: Implicit and Explicit Communication in the Therapeutic Encounter**

This unit highlights the parallel that can be drawn between early developmental dynamics and the therapist client dyad. Early insecure attachment experiences are often not languaged; therefore as practitioners we need to be open to nuances of non-

verbal, body based communication. This process is often further complicated by emotional dysregulation/dissociation. We will explore the process of moving between these complex processes in practice and the potential personal impact that can occur when working in this domain.

**Key themes are likely to include:**

- Recent affective neuroscience contributions and research;
- Attachment theory, affect regulation and personality development;
- Attachment experiences and the therapeutic relationship;
- Co-regulation, reflective functioning and mentalization;
- Traumatic attachment, implicit communication and affective somatic processes;
- Pulling key themes for practice together and final questions/discussions.

Since 1993 Dagmar has worked as a core tutor, facilitator and supervisor for several psychotherapy training institutes and counselling service providers in the UK. She is trained in a range of approaches to therapeutic work, including Person-Centred, Gestalt, CBT, and Supervision. Dagmar has combined her private practice in counselling, psychotherapy, supervision and coaching, with work in voluntary sector mental health services in London, both as a team consultant and as a supervisor. At the Metanoia Institute she is visiting tutor for the Diploma/BA (Hons) in person-centred counselling, primary tutor in the integrative department and module leader on the DCPsych, focusing on developing reflective and reflexive practice. Current research interests include introducing key concepts from affective neuroscience and attachment systems into a humanistic framework focusing on considerations for person-centred practice.