A PHENOMENOLOGICAL INVESTIGATION INTO THE LIVED EXPERIENCE OF COURAGE FOR CLIENTS IN PSYCHOLOGICAL THERAPY

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Abstract

This research study is a phenomenological exploration into clients' experiences of courage in psychological therapy. The research aims to develop an in-depth understanding of how clients in psychological therapy experience their courage to understand how courage may be considered in counselling psychology, to then develop therapeutic interventions that support clinical practice.

Clients' perspectives were centralised to highlight the importance of hearing from clients to support therapeutic practice. Using Interpretative Phenomenological Analysis (IPA) and object elicitation, five participants were interviewed twice using semi-structured interviews.

The analysis resulted in three superordinate themes. The first, "Falling Apart and Coming Back Together", explores the issues which brought the participants to therapy which they linked to their experiences of courage. The second theme, "Learning Courage Within Therapy", demonstrates how the participants discovered and strengthened their courage in therapy, and the significance of the therapeutic relationship on their courage development. Finally, the theme, "Translating Courage from Therapy into Life", illustrates the ordinary moments when courage from therapy was brought into participants' everyday lives.

The findings suggest that courage is a an implicit, intrapersonal, and interpersonal phenomenon which is subjective to the person experiencing it. This study found that clients can learn and develop their courage in psychological therapy. Thus, clients may benefit from having conversations about their courage to understand how they consider it both inside and outside of therapy. Understanding clients' courage has applied implications for counselling psychology which supports clinical practice and clients' wellbeing such as: developing courage to confront and deal with distress; and exploring courage to develop strength-based attributes and to understand personal competences.

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1.0 Introduction

This chapter begins with a personal statement to explain my interest in researching clients' courage. An overview of courage across philosophical and psychological domains will help contextualise the significance of courage, specifically with regard to psychological therapy. The rationale for choosing clients as participants is then conveyed, followed by an outline of how I view the therapeutic relationship.

1.1 My interest

Before I began counselling psychology training I attended psychological therapy as a client, which I often found overwhelming as I sought to work through my emotional distress, which involved relational issues and my tendency to be avoidant. Despite my personal turmoil, I persevered and, somehow, my issues became more manageable, and I discovered what it felt like to be more at ease with myself.

Years later, on my doctoral programme, I considered various ideas for my research project. Issues with shame and feeling not good enough were significant themes that I related to personally and as a trainee counselling psychologist. These same issues also affected many of my clients in my clinical work. However, these themes did not stand out as research topics. What I grappled with most was how to make the leap from feeling invisible to instead engaging meaningfully in the world. This "leap" eventually formulated in my mind as courage.

Prior to this, I had not considered myself to be particularly courageous – quite the opposite. However, reflecting back, I came to see how I sometimes demonstrated courage in my life without realising it, such as the courage to give voice to my pain, and be witnessed by an Other, be that a therapist, friend, or family member. As I studied the courage literature, I recognised that, for me, courage is an interpersonal experience in how I continually find my courage to be seen in relationship. From this viewpoint, courage became quite ordinary, something I recognised we could all embody in our lives. This perspective ran in stark contrast

to how I used to see courage as the preserve of a heroic few, something I believe I had absorbed from popular culture and the media. Instead, courage emerged as an existential phenomenon, and one that I believe we all come up against in our daily joys and battles with aliveness, as we march towards our finitude. I am aware that my existential ontology and hermeneutic epistemology are already apparent; these will be outlined in more detail later in the thesis (see 3.2).

My psychological therapy training had a relational theoretical underpinning, and as a relational practitioner I contend that, to "speak of shame" (Brown, 2006, p.47), or any other painful feeling, we need to confront that which ails us. Stepping into the unknown is, in my clinical experience, something that arises for both the client and therapist, potentially requiring their courage to work through. I therefore acknowledge the intersubjective nature of the phenomenon, yet I was more interested in understanding clients' views of courage for two reasons. Firstly, I had discovered my courage as a client in therapy and during my training, and I was curious to understand how others who had been in therapy considered their courage and how it manifested for them. Secondly, much of the courage literature preferences examining therapists' courage, or their views of their clients' courage. Whereas, empirically understanding clients' views of courage was largely absent in the research.

1.2 Contextualising courage: An overview

Many philosophers, theologians and literary greats have long sought to uncover the meaning of courage. Their investigations are filled with compelling argument and debate; yet, despite its intrigue, courage has received relatively little empirical attention within counselling psychology. Aristotle (1999), a foremost thinker on the subject of courage, suggested that it is a virtue and went so far as to delineate different types of courage. Another central voice was the theologian Tillich (2014), who positioned courage ontologically, stating that, "courage can show us what being is, and being can show us what courage is" (p.4). Distilling this discourse back to its etymology, the word courage stems from the Latin *cor*, meaning heart.

Acknowledging the word's origin compelled Poland (2008) to pronounce that courage has "heart at its core" (p.558).

Reviewing the existing courage research, it transpires that courage has largely been explored in the field of positive psychology (Pury, Kowalski and Spearman, 2007), health (Finfgeld, 1999), and philosophy (Tillich, 2014). Within psychological therapy, understanding what therapists make of courage, both their own and their views of their clients' courage, has received most attention (Blagen and Yang, 2008; Hatcher, Kipper-Smith, Waddell, Uhe, West, Boothe, Frye, Tighe, Usselman and Gingras, 2012; Poland, 2008).

Attending and persevering with psychological therapy can be demanding for clients in a variety of ways, such as facing emotional distress and balancing financial costs (Sheeran, Aubrey and Kellett, 2007). Yet, people still engage in therapy and confront these struggles as they seek support and coping methods to improve their emotional and psychological well-being. This suggests the necessity of the present study – its contributions may be useful to clients and therapists to help work through these struggles.

Therapists bearing witness to their clients navigating the therapeutic process have observed their clients' courageousness (Hatcher et al., 2012). Freud (1914) referred to the appearance of his patients' courage, suggesting that they "must find the courage to direct his attention to the phenomena of his illness" (p.152). To understand how someone might find their courage to face the "phenomena of his illness", as Freud put it, warrants further investigation because, in his statement, Freud seems to suggest that clients must find their courage to face their distress.

These important discussions suggest an appetite to know more, yet empirical courage research is "still in its infancy" (Kelley, Murphy, Breeden, Hardy, Lopez, O'Byrne, Leachman and Pury, 2019, p.172), and the literature has not yet fully examined clients' perspectives of courage. Noting this gap, Medina (2008) argues for further phenomenological studies to be undertaken into clients' courage.

1.3 Understanding clients' experiences in counselling psychology research

Until relatively recently, there has been a paucity of research on clients' perspectives in the field of psychological therapy (Feltham, 2002; Foskett, 2001; Lambert, 2007; Macran, Ross, Hardy and Shapiro, 1999; McLeod, 2019). This dearth is apparent when we compare it to the wealth of studies that focus on practitioners' perspectives, a theme corroborated in the present study's literature review.

Membership bodies like the British Association of Counselling and Psychotherapy (How BACP promotes research, 2020) and The British Psychological Society (2020), along with key researchers in the UK (Di Malta, Oddli and Cooper, 2019; Etherington, 2001; McLeod, 2016), seek to include clients' voices in research. Their work demonstrates that it is largely up to clients to instigate real change in psychological therapy, not the therapist or therapeutic modality (Bohart and Tallman, 2011; Cooper 2008; Lambert, Bergin and Garfield, 2013; Norcross et al., 2011). We still have some way to go, however, to meaningfully tease out what is going on for clients.

In these times of public scrutiny, funding cuts and a preoccupation with impact measurement, understanding efficacy in psychological therapy tends to be quantitative. The emphasis is on measuring therapeutic outcomes, often to validate funding or financial investment (NHS England and NHS Improvement, 2016). Accountability is important to ensure best practice, though we cannot ignore how "powerful social and political forces" underlie empirical work (McLeod, 2014, p.3).

By examining these tensions, we can observe a need to empirically understand what is going on for clients in psychological therapy, which in turn provides insight into their lived experience and agentic capacity (Macran et al., 1999). Qualitative research is well placed to explore such nuance as it offers flexibility and fluidity (Liamputtong, 2007). The gap uncovered in the present study's literature review points to a need to investigate courage from the client's

perspective within psychological therapy, in order to understand its implications for clinical practice and improve therapeutic efficacy. During this study, I took steps to address these power imbalances by prioritising clients' voices and using collaborative qualitative methods (Barton, 2015).

1.4 My view of the therapy relationship

In order to be seen and made self-aware we must have another, a subject, to relate to (Benjamin, 2017). It is within the matrix of relationships where selfhood develops, which is co-created through dialogue and embodied interactions (Fonagy, Gergely, Jurist and Target, 2002; Hycner, 1993; Mitchell, 1998; Stelter, 2000). This occurs throughout our lifespan; we move through life calling on multiple self-states, depending on who and what we are interacting with, and this arises in the therapeutic relationship (Bromberg, 1996; 2011).

Building a good enough working alliance is integral to the development of the therapeutic relationship (Horvarth, Del Re, Flückiger, and Symonds, 2011; Norcross, 2010). Psychological therapy offers clients space to help them come to understand their split off false selves, which eventually reveals their truer selves (Winnicott, 1971). In this, we observe the intersubjectivity of mutual dyadic relating, and the influence of the field of phenomenological contextualism (Benjamin, 2004; 2017; Stolorow and Atwood, 1992; Stolorow, 2013). These factors are simultaneously important within the "intersubjective matrix" between therapist and client (Stern, 2004).

My therapeutic stance guides my clinical work, though I am not naïve to the complexity of this intersubjective arrangement, as I appreciate how facing the multiplicity of self-states is often painful and arduous for clients. For clients, how this transpires in therapy touches on themes of shame, fear, vulnerability, and more, and these themes will be explored in relation to courage within this study.

This dissection of how I view the therapeutic relationship is an attempt to clarify my clinical biases, which are mirrored in my role as a hermeneutic phenomenological researcher. Completely separating my intrapsychic process from another person is impossible, though I would argue that grounding my otherness through reflexive practices (see 3.9) has allowed me to appreciate participants' experiences (Mearns and Cooper, 2005). My reflexive statement in the discussion chapter will outline how my personhood and biases influenced the study (see 5.4).

2.0 Literature review

2.1 Understanding courage

The following literature review includes an examination of various definitions of courage, particularly focusing on those of greatest relevance to this study, in addition to a brief exploration of related constructs. An inquiry about the typology of courage is set out, leading to a question which asks: Who among us has it? The significance of courage in psychological therapy will then be outlined. The chapter ends with a critique of the literature and its implications on this study, concluding with the gap identified alongside the study's aims and research questions.

2.1.1 Literature search overview

The literature referred to in this study was accessed through online databases which included: EBSCOhost, PsycINFO, PsycARTICLES, PsycBOOKS and Psychology and Behavioral Sciences Collection, the Middlesex University Library, the Metanoia Institute Library and Taylor and Francis Online.

As I am completing a doctorate in counselling psychology and psychotherapy, I searched for "courage" alongside psychological therapy terms, which are sometimes used interchangeably (IACP, 2013). These are: "psychology", "counselling psychology", "psychotherapy", "therapy"

and "counselling". There are distinctions between these fields, but for simplicity I use the term "psychological therapy" in this review to encompass these fields in this thesis.

This study centres on "courage", and this word is prioritised throughout. However, the word "brave" was sometimes used synonymously by participants, and it has been noted as an equivalent word by several researchers (Evans and White, 1981; Peterson and Seligman, 2004). "Brave" was therefore included as a keyword in the literature search.

As courage is a multidimensional phenomenon, I used a combination of related keywords alongside psychological therapy keywords. These included, "courage AND fear", "client courage", "courage AND vulnerability", in addition to more general psychological therapy terms such as "therapy relationship", "client experiences of therapy" and "client self-agency" (see Appendix 10).

2.1.2 Defining courage

"Read what my medal says: 'Courage'. Ain't it the truth? Ain't it the truth".
- Cowardly Lion, The Wizard of Oz (1939).

Understanding courage was of the utmost importance to the Cowardly Lion in *The Wizard of Oz* (1939), who set out on an odyssey to find his courage. Alongside his unlikely companions, the Cowardly Lion encountered frightening witches, winged monkeys, and a powerful wizard, all of whom evoked his terror. Yet, despite the various threats he faced, the lion persevered, and in doing so he unwittingly manifested his courage.

This portrayal of courage in popular culture metaphorically illustrates its ambiguous nature. Broadly speaking, we all connect to courage as a word, yet there is widespread divergence on an agreed definition (Kelley et al., 2019; Rate et al., 2007; Woodard and Pury, 2007). This lack of a widely established definition mirrors its complexity, therein illustrating its multifarious

nature. Courage researcher Cynthia Pury repeatedly laments the lack of a standard definition, citing this as a possible explanation as to why this construct is so sporadically researched (Pury et al., 2007; Woodard and Pury, 2007).

The greatest minds in ancient philosophy struggled to define courage (Plato, 1961; Aristotle, 1999). In his search for a meaningful definition of courage, spanning philosophical and psychological domains, Rate (2010, p.51) admits that, "In many ways, the field has ended up where Socrates began." In other words, without a consensus definition.

Below is a selection of definitions of courage which illustrate the challenges in its classification:

- Oxford Learners' Dictionaries (2020): "The ability to do something dangerous, or to face pain or opposition, without showing fear."

- Shelp (1984, p.354): "The disposition to voluntarily act, perhaps fearfully, in a dangerous circumstance, where the relevant risks are reasonably appraised, in an effort to obtain or preserve some perceived good for oneself or others recognising that the desired perceived good may not be realised."

- Pury and Woodard (2007, p.136): "Courage is the voluntary willingness to act, with or without varying levels of fear, in response to a threat to achieve an important, perhaps moral, outcome or goal."

- Brené Brown (2012, 2019): "Courage is a heart word. The root of the word courage is *cor* – the Latin word for 'heart.' Courage originally meant, 'To speak one's mind by telling all one's heart'."

Rate et al. (2007) empirically tested implicit theories of courage in a series of studies including: an exploration of the descriptors of an ideally courageous person; unpacking courageous behaviour; outlining prototypical behaviours of courage; and understanding the level to which people demonstrate courageous behaviour. Collating their results, they deduced that: "We might best conceptualise courage as: (a) a wilful, intentional act, (b) executed after mindful deliberation, (c) involving objective substantial risk to the actor, (d) primarily motivated to bring

about a noble good or worthy end, (e) despite, perhaps, the presence of the emotion of fear" (Rate et al., 2007, p.95).

It is apparent that, to understand courage, it is best viewed as a multidimensional construct rather than as a reductive definition, and this is how courage has been considered in this study. Efforts to define courage frequently led researchers to examine the various components that comprise courage. The corresponding constructs that appeared most in the literature search and in the definitions of courage will be considered briefly in order to help contextualise this study.

Fear

Fear is viewed as a central component of courage (Evans and White, 1981; Goud, 2005; Muris, 2009; Norton and Weiss, 2009; Putman, 1997; Rate et al., 2007; Woodard, 2004; Woodard and Pury, 2007). Many clients go to therapy to face their fears, but doing so requires an exploration of defence mechanisms, evoking fears of an emotional breakdown or "psychological instability" (Putman, 1997; Winnicott, 1974; 1960). Perhaps this is why Hatcher et al. (2012, p.8) suggest that instigating therapy is courageous in itself; even with their fears, clients go to therapy in an attempt to move forward (Putman, 1997). Thus, courage has been regarded as "perseverance despite fear" (Rachman, 1984, p.112). Tillich (2014, p.80) positions courage as a defence against "nonbeing" which is humanity's greatest threat, as non-existence evokes our most fearful states.

The explicit link between fear and courage was empirically tested with results suggesting an inconstant connection between the phenomena (Pury et al., 2007; Pury and Woodard, 2007). Shelp (1984) cautions against the indelible link between fear and courage, stating that a person may be aware of their fear, but not overwhelmed by it, or they may be acting fearlessly. Peterson and Seligman note that, "It is possible for a fear of shame, opprobrium, or similar humiliations to spur physical bravery, producing what is called the courage born of fear" (2004,

p.216). Fear may indeed be present, but potentially tangled up with other emotional states like anxiety and shame.

Facing painful feelings: shame, vulnerability and anxiety

Living courageously gives people the opportunity to learn from their failures and successes (Shapiro and Gans, 2008). Brown (2012) calls this "leaning into" our feelings of vulnerability, where she sees courage in people's vulnerability when discussing painful feelings, while Jordan (2008) describes vulnerability as courage through connection. Such relational exposure is often mired in shame (Pines, 1990), and DeYoung (2015) asserts that shame is an interpersonal experience. Freud (1926) felt that anxiety forms part of people's protective function, and the literature suggests that courageousness occurs in the face of risk which provokes anxiety. It may be that clients require courage to face their feelings, but appreciating how this arises for clients in psychological therapy has not been fully examined.

Risk

If facing feelings requires courage, then this potentially occurs with a risk to the protagonist (Pury et al., 2007; Pury and Starkey, 2010). Rate et al. (2007) see risk as a core component of courage, as do others (Evans and White, 1981; Shelp, 1984). Ascertaining levels of objective and subjective risk is an important consideration which is associated with the type of courage being demonstrated (Pury et al., 2007; Pury and Starkey, 2010). Such risks may include being seen in relationship or attending therapy (Gans, 2005). This is echoed by Levine (2006, p.539), who sees courage as a "conscious decision to tolerate risk or pain", or the potential for failure which may necessitate creative courage to learn from failure, and risk yet again (Milton, 2012).

2.1.3 Types of courage

Numerous types or "brands" of courage have been postulated (Lopez, O'Byrne and Peterson, 2003, p.185), which again suggest the phenomenon's multifarious nature. This typology will

be briefly reviewed to appreciate philosophical and psychological debates surrounding courage, and to provide additional background to this study.

Physical courage

The physicality of courage has been considered as far back as Aristotle (1999, p.44), who lauded the bravery of the soldier on the battlefield in the face of death which is "the most terrible of all things; for it is the end". Physical courage is regarded as being universal in that such displays would be courageous for anyone to enact (Pury and Starkey, 2010). Rachman's (1984; 2004) research around fear and courage focused on the physical courage of those in exceptional circumstances: soldiers and bomb disposal experts. Heroism is often paired with courageousness (Levine, 2006), and Poland (2008) transferred heroism into everyday life by suggesting that heroic courage is driven by a deep care of the other despite risks to ourselves.

Moral courage

Plato (1961) introduced the concept of moral courage, which is said to occur despite the loss of personal or ethical integrity at the risk of societal disapproval (Lopez et al., 2003). Woodard and Pury (2007, p.137) postulate that this categorisation is "more often identified in situations where there is a morally desirable *goal*. It is rarely identified for threats to a person's moral well-being or integrity." Authentically staying true to one's views in defiance of social or cultural norms is a marker of moral courage (Goud, 2005), epitomised by political and human rights figures like Nelson Mandela, Rosa Parks and Millicent Fawcett who declared "courage calls to courage everywhere" (Wearing, 2018).

Incorporating this with interpersonal relationships, Putman (1997) suggests that moral courage may be required to stand up to someone despite the threat of rejection, though he did not expand on this link. Fear of rejection is a common issue that arises in psychological therapy (Weiss, 1993). Thus, moral courage and its themes of integrity and authenticity may

arise in this study in terms of understanding selfhood and interpersonal relationships, rather than civil movements.

Vital courage

This category refers to those demonstrating courage to cope with chronic illness or other detrimental health-related illnesses where the outcome is uncertain (Lopez et al., 2003). It correlates with physical courage as those in such health predicaments may be confronting death anxiety, too. Finfgeld (1999) examined the courage of people aged 14 to 94 years old with long-term health issues, while conducting a meta-interpretation of six qualitative studies to develop an emerging theory of courage. While she does not use the term vital courage, she specifically sampled studies that investigated courage in response to health-related issues. The results point to courage being involved in the response to a perceived threat which requires an individual to accept and cope with the situation. Though this study focused on health threats, vital courage has correspondence with mental health, as health issues often evoke anxiety and fear where the individual's courage is needed to face these feelings (Fahlberg, 2014; Kelley et al., 2019; Woodard and Pury, 2007). Arguably, this translates to clients in psychological therapy, and their courage to confront emotional distress.

Psychological courage

Putman (1997, 2001) is a central voice in understanding psychological courage which he theorised philosophically rather than empirically. He attests that we all have the capacity to exercise psychological courage to combat mental and emotional disconnection, stating that courage is "a virtue central to human development" (1997, p.10). Psychological courage is required to face the emotional turmoil of psychological instability, and to deal with fear and anxiety where he focuses on phobias, bad habits and unhealthy relationships (2004). Putman (1997) acknowledges that these delineations are not all-encompassing, as courage may also be needed to face interpersonal and emotional complexities (Kelley et al., 2019). Furthermore,

systemic and geopolitical crises such as climate change, coronavirus and racial injustice are current crises profoundly impacting our individual and collective psychological states.

Psychological courage is, therefore, of relevance to this study as the aforementioned issues influence clients' mental well-being, and Putman's (1997) use of active language of "facing up" to distress is significant, suggesting courage is an active process. He notes the scarcity of significant role models of psychological courage in the public eye, and the lack of training on psychological courage in the field of psychology, though this may be due to stigma surrounding mental health (Lopez et al., 2003). In the UK, we are living in times of increasingly open dialogue around mental health, especially as we collectively navigate the impact of the Covid-19 pandemic on our well-being. Thus, greater empirical knowledge about the potential meaning and applications of psychological courage is timely and still outstanding.

Everyday courage

The concept of everyday courage put forward by Medina (2008) is an existential examination of courage in everyday life. He speculates that courage requires our personal responsibility to live congruently as we encounter life's struggles, and he offers five components of everyday courage: being, selfhood, choice, faith and creativity. This conceptualisation is of relevance to psychotherapy in its inquiry to explore the courage of being an individual and existential meaning-making. An overlap with psychological courage is observable, where courage is needed to face fear and distress.

Medina's work is strongly influenced by Tillich (2014), whose ontological stance centres on the courage to be as oneself. Medina positions courage as an ordinary phenomenon which is subjective, thus his phenomenological epistemology is clear. Medina's conceptualisation is a valuable contribution as it offers ideas about how we can access our courage to live authentically. Nevertheless, it is important to note that these are theoretically informed ideas which he composed by drawing on theoretical literature rather than empirical evidence –

because, as he acknowledged, little research exists using phenomenological methodologies (Medina, 2008). He therefore calls on the field to conduct phenomenological research about personal courage, adding credence to this study.

General vs personal courage

Pury and colleagues conducted a number of empirical investigations which sought to differentiate general and personal courage (Pury et al., 2007; Pury and Kowalski, 2007). Using college student participants, they looked at courage behaviourally, deducing that general courage is enacted through monumental acts that would be courageous for anyone, while personal courage is displayed within the context of an individual's life and is, therefore, subjective. This latter point corresponds with the everyday courage espoused by Medina (2008). Pury notes that psychotherapists may be more inclined to observe personal courage in their clients due to the empathetic nature of therapy. She calls for empirical advances that seek to understand clients' personal courage, with the aim of devising interventions that support clients to develop their personal courage as they work to overcome their struggles (Pury et al., 2007).

Is courage an accolade or process?

Related to typology is another perspective which asks if courage is an accolade (akin to monumental courage, which acknowledges extraordinary actions), or a process (that acts of courage are on a continuum, occurring day to day) (Pury and Starkey, 2010). The latter delineation is more concerned with "how" people act courageously, rather than how commendable the act is (2010, p.75). Pury and Starkey postulate that the process of courage is particular to the individual enacting it. They see its relevance in psychotherapy, linking it to the process of change, "by understanding and altering the process by which people experience and interact with themselves and the world" (2010, pp.76-77). The authors argue that research that explores courage as a process in its everyday form would be of benefit to the therapeutic field (Pury and Starkey, 2010).

An important point is raised by Simola (2015) who argues that there is an interrelationship between types of courage. Further, there is a "fuzzy" demarcation between the types (Pury, Britt, Zinzow and Raymond, 2013, p.30) suggesting that courage is likely to be exhibited in a blended form in as much as psychological courage may be displayed alongside physical courage.

The literature points out that understanding the nuance of the subjective, lived experience of courage is absent, and that qualitative research is needed to help elucidate the lifeworld of courage, therein bolstering the premise of this study. Nevertheless, it is evident that all types of courage have their advantages, and that empirical understanding of the ubiquity of courage is relevant to the field.

2.1.4 Who has courage?

Believing that courage is a virtue within all, Aristotle said, "courage is the first of human qualities because it is the quality which guarantees the others" (1999), and Tillich (2014) felt that courage is inherent in human essence. At odds with this is a sentiment from Athenian general Nicias, who shared with Socrates that, "I am of opinion that thoughtful courage is a quality possessed by very few" (Plato, 1961, p.18).

The quantitative study about courage by Evans and White (1981) states that it is something an individual occasionally manifests, while others show it all the time, and that the ability to self-attribute courage potentially develops with age. It is important to note that their participants were 124 schoolchildren (aged 11-14) and that, given developmental implications for this age range, their findings cannot be generalised to wider populations. Research that seeks to understand the lived experience of courage may ascertain if courage is a constant experience, and also how it manifests among adult participants.

Goldberg and Simon (1982) refute the notion that courage is possessed by the few, stating that such ideas could cause people to think that courage is beyond their reach. Milton (2012) asserts that risk is everywhere in our lives from travelling to work to taking a chance in a relationship, and that we need to face these risks with courage. Medina (2008, p.295) cites that courage "occurs in every moment", and Rachman (2004, p.174) deduces that, "all people are capable of courageous actions". Lopez et al. (2003, p.196) corroborate this, by stating "courage may be thought of as attainable for any person".

Hannah, Sweeney and Lester (2007) devised a framework outlining the various psychological and social constructs that help people develop what they call a subjective "courageous mindset" (p.130). They suggest that a person exhibits courage in response to perceived risk and fear, and that courageousness is determined by positive traits such as conscientiousness, and social forces, values and beliefs. While they acknowledge that their model has not been empirically tested, it does point to their implicit assumption about the subjective and socially constructed nature of courage. Psychological therapy supports clients to explore their subjective, interpersonal, and contextual experiences, and thus the components of the courageous mindset may be relevant in this study's findings.

The pronouncement by Pury et al. (2007, p.100), "that courage, like other psychological constructs, exists on a continuum", aligns with this study's positioning, which upholds counselling psychology's view that human development is dynamic (The British Psychological Society, 2020). Extrapolating this idea of a continuum, it appears that empirical courage research has often focused on monumental courage, such as military personnel risking life and death, or Holocaust survivors – therein implying that courage is out of reach for the majority (Fagin-Jones and Midlarsky, 2007; Pury et al., 2007; Rachman, 2004).

Many researchers attest that courage is something we all have the capacity to enact, which correlates with the argument that courage is subjective and that it occurs on a continuum. To

date, there is little research that explores courage qualitatively to ascertain its potential nuances, and additionally how it manifests in everyday life. Understanding this may inform counselling psychology practice in terms of supporting clients to acknowledge and build their courage as they navigate personal distress.

In comparison with other ubiquitous phenomena, whose empirical investigations abound the pages of psychology journals such as resilience, self-compassion, and hope, there remains a dearth of research that focuses on courage within psychology (Appendix 10). Even within psychology, courage has largely been reviewed in the realm of positive psychology, investigating whether it is an accolade or process (Pury and Starkey, 2010), distinguishing between general and personal courage (Pury et al., 2007), and seeking definitions of courage (Rate et al., 2007). The bulk of empirical interest rests in exploring the typologies of courage, often omitting psychological courage, despite calls from the field to explore its psychological and potentially subjective nature (Hannah et al., 2007; Pury et al., 2007). Research which preferences the understanding of clients' viewpoints aligns with counselling psychology's ethos and is of value to the profession.

2.2 The significance of courage in psychological therapy

Having explored the literature from the broader field of psychology, this section will concentrate on literature about courage in psychological therapy.

2.2.1 Therapist vs client courage

Freud (1910) felt that his courage was "the best thing in me", a quote which formed the basis of a paper from Poland (2008). Prince (1984) states that analysts need to employ their courage when faced with the uncertainty of their clients' unconscious processes. A behavioural stance argues that therapists must elicit courage to experiment with new or alternative therapeutic strategies (Tsai, Callaghan and Kohlenberg, 2013).

Building on this, Lyman's (2016) doctoral thesis interviewed 16 psychotherapists to explore how they experienced courage in their clinical work. She concedes that research on clients' courage is lacking, but contends that empirical research about therapists' courage was also underdeveloped. To examine psychotherapists' courage, she used Geller's (2014) Tri-Part Model of Courage which hypothesises that courage comprises three subtypes: bravery, boldness, and fortitude, all of which exist on a continuum.

Lyman's (2016) findings illustrate that courage was held in high esteem in the participants' clinical work; and that, although divergent across the sample, their subjective personal definitions share convergent components such as authenticity, vulnerability, and the capacity to stay present with clients. Lyman (2016, p.112) states that, "The journey of psychotherapy is facilitated and strengthened when approached courageously by the therapist." Though Lyman clearly preferences therapists' courage, she notes that the participants were inclined to position their clients' courage above their own. Due to the unilateral focus on therapists' courage, how clients manifest and experience their courage was not elucidated in this study.

Nevertheless, Lyman found that therapists play a pivotal role in modelling and encouraging courage. This supports ideas from Pury, Starkey, Breeden, Kelley, Murphy, and Lowndes (2014), who observe that encouragement from others and self-encouragement are important themes to engender courage. They claim that psychotherapists are well placed to encourage clients' courage due to their expertise and skills. Poland (2008) believes that analysts are required to model courageous behaviour to their clients to help them access their own, and he also notes that engaging in psychotherapy requires the courage of therapists and clients, an idea supported by Goldberg and Simon (1982).

Apparent in the literature is that both the therapists' and clients' courage are significant in psychological therapy. Hatcher et al. (2012) observed a double-looped learning aspect of courageous manifestations in psychotherapy. Their findings indicate that therapists also learn

from clients' courage, suggesting it may be co-constructed. By examining clients' perspectives of courage, themes may emerge relevant for clinical practice such as therapists' modelling and encouraging courage.

An MA thesis from Hewitt (2014) phenomenologically investigated what she calls "therapeutic courage" with the aim of exploring the dual perspective of therapeutic courage in the domains of the therapist's personal therapy, and also their clinical practice. Regarding therapeutic courage, Hewitt notes that it is embodied by the therapist and client as intrapersonal and interpersonal processes (2014, p.13). Using IPA, her participants were four qualified therapists who were asked about their courage experiences as clients in personal therapy, their courage reflections as therapists, and how they observed courage in their clients.

The study's findings confirm that courage is fundamental in therapeutic work, and that therapeutic courage is the "nexus" of therapy as it stimulates change (Hewitt, 2014, p.56). Additionally, therapeutic courage is a dynamic process within the dyad. Based on her findings, Hewitt defines therapeutic courage as "a mosaic of psychological, moral, creative and embodied courage for clients and therapists, involving risk in the face of fear and the unknown, choice in the face of loss, and action in service of accomplishment" (2014, p.78). Though there is a synergy between client and therapist courage, her findings are weighted towards therapists' courage, but her study does note that clients' courage emerges in their perseverance to face fear, choice, and loss.

Hewitt's study comes closest to appreciating clients' courage and elucidating the interpersonal dynamics of courage. Yet, her findings frequently conflate evidence pertaining to therapists' views of their clients' courage, and how the participants as clients experienced their courage, at times resulting in enmeshment between the dual perspectives. Furthermore, her definition of therapeutic courage emerged from the study's findings, but she uses the term "therapeutic courage" throughout the study, which implicitly suggests that this is a different, additional type

of courage. Lastly, as those in her participant group were all qualified therapists, their views of courage would likely differ to non-therapists due to their training and understanding of psychological constructs. There is a clear argument to hear clients' perspectives, which will likely be grounded in more ordinary language and manifestations. Hewitt's (2014) study does provide initial insights which showcase the potential for additional client-focused courage research.

Regarding clients' courage, Jacobs (2008, p.551) claims that "many of our patients display great courage", yet it remains unclear as to how clients view or make sense of their courage. Blagan and Yang (2008) say that the restoration of clients' courage forms an important part of psychotherapy, given so many initiate it in a state of despair. Further, Levitt and Williams (2010) attest that the goals of psychotherapy can only be reached when clients have the courage to face their vulnerabilities and, in turn, therapists need to meet clients in this place. Using clinical examples, Levine (2006) argues that facing fears and reworking potential trauma is indeed courageous of the client.

Taking these ideas further, Waters and Lawrence (1993) devised an approach for family therapists which provides an alternative to the deficits-based medical model, where courage is centralised as a core component to develop competence. They argue that clients must find their courage to confront and feel the full spectrum of their positive and negative feelings, become aware of their unconscious patterns, and take proactive steps with this emerging self-awareness.

Waters and Lawrence (1993, p.xiv) developed their approach from their clinical work, in particular observing how children master their worlds; thus, it is another example of therapists' views of their clients' courage. While their work has potential benefits for broader clinical practice, it could be improved and utilised by incorporating empirical knowledge that elucidates clients' experiences of courage so that the model is tailored to clients' needs. This study's

findings may correspond with their work, and their argument to support strength-based interventions with adult clients. Such research is of relevance to counselling psychology as it encourages the development of applied research which acknowledges clients' diverse worldviews to lessen their distress and foster well-being (The British Psychological Society, 2020). The competence model is fundamentally related to change wherein the authors state that clients' courage develops incrementally as they strengthen their self-agency (Waters and Lawrence, 1993). In this, the role of courage in psychological therapy is apparent.

2.2.2 The role of courage in psychological therapy

Where the role of courage has been examined, it overwhelmingly suggests that courage is a facet of the change process (Goldberg and Simon, 1982; Levitt and Williams, 2010; Milton, 2012; Prince, 1984). Gruber (2011) acknowledges that courage is necessary to change one's thought patterns, arguing that understanding the role courage plays with change requires further empirical examination. Hewitt (2014) notes that courage plays a pivotal role in creating therapeutic growth and change for clients and therapists. Furthermore, courage research in psychological therapy would more clearly delineate this apparent interrelationship between courage and change to inform clinical practice.

Some valuable themes have been raised in the literature which serve to elucidate the role of courage and change in psychological therapy. Being present to our distress can in itself be distressing. Bacha (2001) sees this as courageous because such presence is a choice, and the choice to take action is an important element of change in therapy (Prochaska and Norcross, 2001). Freud (1910) noted courage in his clients' "willingness to change", which can be observed in their willingness to "stand out and be recognised" (Goldberg and Simon, 1982, p.108). According to May (1983), the willingness to be courageous is in fact the willingness to be an individual. Putman (1997) postulated that authenticity is integral to living courageously, and Medina (2008) suggests that this requires clients to choose and take deliberate action in

their lives. It appears that courage is important for clients to manifest as they attempt to gain mastery of their feelings and integrate self-states (Furlong, 1977; Gans, 2005). By examining clients' experiences, this study will seek to understand if these elements correspond or differ from how clients view the role of courage and change.

Shapiro and Gans (2008) stipulate that, although displays of courage aim for a positive outcome, this is not always achieved as negative outcomes are also possible. It is the *desire* for this outcome that makes the behaviour truly courageous (Gruber, 2011). Maroda (1991, p.23) suggests that clients come to therapy wishing to change for a "healthier outcome", but clients are often resistant to change (Newman, 1994). Working through resistance may necessitate courage; but, without evidencing clients' experiences of courageousness, it seems assumptive to state that courage is integral for change. There is an empirical need to understand how clients believe they become courageous – or find the courage to confront their distress. Alternative elements might also influence the client's change process, and these are likely to vary throughout therapy (Jørgensen, 2004).

As this study seeks to explore clients' experience of courage, the minutiae of these examinations will likely highlight how courage can be considered in clinical practice to help confront distress and find healing. As such, beyond considering the role of courage with change, developing courage may be a useful coping strategy in stressful situations, particularly in the realm of self-avoidant behaviour (Magnano et al., 2017). The courageous mindset model developed by Hannah et al. (2007) claims that such an approach may encourage a number of traits such as: openness to experience, the development of conscientiousness, and resilience. They conclude that courage oscillates on a continuum, and that it is subjectively acknowledged through self-attributions (Hannah et al., 2007, p.133). The idea that courage is a strength corresponds with Waters and Lawrence's (1993) competence approach, while Pury and Starkey (2010, p.68) state that courage is "a strength that succeeds in accomplishing a goal".

Taking a broader look at core strengths, Peterson and Seligman (2004) developed the Values in Action Inventory of Strengths (VIA-IS) in which courage, or "bravery' as they label it, is reviewed as a character strength which they recommend be developed for clients both within and beyond psychotherapy. While working with clients to develop their strengths is important to develop self-agency, Louis and Lopez (2014, p.80) warn that strengths are "malleable qualities that can be honed through deliberate effort, and to bring an emphatically development-oriented approach to the intervention process". To achieve this, clients may need their therapists to embody a flexible and person-centred approach to help them acknowledge their courage as they work towards their goals.

It is clear from the literature that courage plays a number of important roles in psychological therapy, and that examining how clients experience and manifest their courage may contribute to understanding its roles and implications for practice.

2.3 The shadow of courage

A bias is apparent in the courage literature which infers that courage is chiefly positive. Yet, there are darker sides to this phenomenon: "courage is a gray virtue, equally serviceable for both good and bad causes" (Miller, 2000, p.8).

Rachman (1984) speaks about courageousness versus fearlessness, the latter of which pertains to facing outright dangerous situations such as warfare. Is it courageous to jump out of a plane, either in warfare, or for thrills as a skydiver? Further, the emphasis on heroic, often militaristic courage in the literature, suggests that traditionally researchers may have viewed courage as a more masculine trait.

Pury et al. (2015) seem to see courage in its extremities when they describe "bad courage". This term pertains to instances when courage might be a destructive force, such as the courage to die by suicide. This pejorative language problematises something so complex when other factors such as trauma may be at play.

Two psychoanalysts associate courage with masochism (Levine, 2006; Prince, 1984). Courage, and therapy, call on clients to delve into difficult feelings, but there is often a risk associated with this, as courageousness could result in negative outcomes which could be destructive or masochistic to carry out. These themes are of significance to this study and open-ended questions will be used to allow space for these themes to arise, and they are addressed further in the ethics section (see 3.8).

2.3.1 Influence of power dynamics

Implicit power dynamics are present in the literature in the form of the pressure on clients to turn up and face their fears as, "therapists expect clients to perform courageously" (Rachman, 1984, p.110). Yet, despite this pressure on clients, much of the courage literature from psychological therapy focuses on therapists. Of course, this exclusivity is not isolated to counselling psychology; but, as a profession that seeks to promote equality (The British Psychological Society, 2020), we still have some way to go to achieve this. Power dynamics arise in every stratum of relationality. As Foucault (1998, p.63) put it, "*Power is everywhere…* because it comes from everywhere", arguing that language and knowledge are indivisible from power.

This also begs the question, who labels whom with "courage", and the implications of such a weighty word? Prudent naming of courage in group therapy is extolled by Gans (2005, p.575), a word he acknowledges is "non-neutral", contending that doing so nourishes people's sense of their courage. Pury and Starkey (2010) state that courage as an accolade often refers to monumental courage; of greater relevance to this study is their assertion that courage is a process extending to everyday actions.

Perhaps like courage, power is a process (Elias, 1978), sliding on a spectrum between disempowerment and empowerment. A secure working alliance is the base from which empowerment and mutuality are facilitated. Herman (1992, p.175) associates the

confrontation of trauma with courage: "The reconstruction of trauma places great demands on the courage of both patient and therapist." Clients recognising their agentic selves, and realising their personal power is a mark of supportive psychotherapy found through open therapeutic engagement (Hycner, 1993; Mack, 2017; Mackrill, 2009). Making clients more figural in empirical research is fundamental to redress power issues, a position shared by many (Cooper 2008; Lambert, Bergin and Garfield, 2013), and the case for examining client perspectives in this study is detailed in the introduction.

2.3.2 Racial and cultural critique of the literature

A cultural and racial skew emerged as another shadow in the literature in how researchers and participants from ethnic minorities were under-represented in courage studies. A brief re-analysis of the literature was conducted by revisiting the courage literature and Googling the names of the researchers from 26 empirical and theoretical papers to find their images and determine whether their ethnicity was visually apparent. The ethnic demographics of the participants as outlined in the research studies were also reviewed. This review indicates that the majority of researchers and participants were white.

It is important to note that this was a rudimentary re-examination which is not empirically sound, as any such examination cannot honour ethnicities and differences that are not obvious from a photograph because many "carry invisible difference" (Krantz, 2016, p. 121). Therefore, below is a crude analysis that demonstrates this potential bias (see Table 1).

Table 1

Google analysis of courage research to examine potential ethnicity biases

Number of papers reviewed	26 papers focused on courage studies and courage theoretical papers		
Researcher ethnicity	• 2 Asian • 1 mixed - white/ Latin American		
Participant demographics from qualitative studies	• Mostly used university students • The majority of these participants were female and white • Only a handful outlined ethnicity	*Example 1:* Norton and Weiss (2009) – all-female university students; 29.1% Asian, 25.8% Hispanic, 22.6% Caucasian, 12.9% African American, 6.5% Multiracial, 3.2% Middle Eastern	*Example 2:* Pury and Kowalski (2007) – 54% female. Ethnicity data was not collected
Case studies/ clinical vignettes (theoretical papers)	Ethnicity was not stated by the researchers		

The empirical studies noted in this table showcase a good example from Norton and Weiss (2009) which was ethnically representative. However, a more common theme was illustrated in the Pury and Kowalski (2007) study where ethnicity was not stated; this exclusion was widespread across the majority of the psychology courage studies.

Rate et al. (2007) note a limitation in their study due to its lack of cultural diversity. Their research was a cumulative investigation about implicit theories of courage using undergraduate students. While they state their study was "limited to one particular culture" (2007, p.95), they do not note which culture this is. On closer inspection of their methodology, ethnicity was not outlined. The students were from Yale University, an affluent higher

education institution. Yale's 2017 undergraduate student population was 44.3% white (Datausa.io, 2017), and their undergraduate enrolment dataset from 2007 states that the number of white students was higher than any other ethnicity (Oir.yale.edu, 2008). Considering this, it is likely that the majority of the research participants were white. While these researchers point out that "conceptions of courage may differ from culture to culture" (Rate et al., 2007, p.95), currently there is a lack of studies which illustrate these differences.

The papers with case studies neglected mention of ethnicity. This omission speaks to power dynamics and cultural oppression within the field of psychological research and in psychotherapy clinical practice. For too long this has been silently yet collectively accepted, resulting in herd invisibility of white privilege (Phillips and Lowery, 2018). There is an insidious epidemic of racial marginalisation across innumerable domains in society, and psychology is no exception. This study will allow for a heterogenous group with the intention of recruiting demographic diversity, and the participants' ethnicity will be recorded in the consent sheet in the first interview (Appendix 6).

2.4 Research rationale for this study

The existing research provides insight about courage that ranges from defining courage to examining its typologies, but there remain unanswered questions about how people view their courage, and how it manifests for them. While social psychologists conducted important research, they primarily used university students as participants as they sought to codify courage (Lopez et al., 2003; Pury et al., 2007). This provides limited understanding as to what courage may involve within the general population, or in psychological therapy.

The lack of empirical knowledge about courage in psychology is berated by Rate et al. (2007), particularly understanding how it is subjectively experienced (Hannah et al., 2007; Pury et al., 2007). Medina (2008) and Putman (1997) suggest that clients in psychological therapy may

need their courage to take risks, such as being seen in the therapeutic relationship, or even attending therapy (Gans, 2005). Additionally, courage is potentially important for clients to face their fears and emotional distress in psychological therapy (Putman, 1997), and to develop competence and strength (Waters and Lawrence, 1993).

Yet, whether these themes are connected to clients' experiences of courage remains outstanding in the research as much of the literature from psychological therapy focuses on therapists' courage, and their observational views of their clients' courage (Blagan and Yang, 2008; Lyman, 2016; Levine, 2006; Prince, 1984). Hewitt's (2014) dual perspective study about therapists' and clients' views of courage in therapy stands alone in its focus on therapeutic courage. However, more research is needed to discern clients' courage from that of therapists, and Hewitt calls for further studies to hear clients' voices. This study will focus wholly on clients' perspectives, so it will be useful to understand if they see courage in the same way therapists do. For example, themes from this study may support the development of courage interventions in clinical practice such as: helping clients to deal with distress and develop strength-based attributes to promote clients' agency (Waters and Lawrence, 1993); understanding how and if encouraging courage has a place in therapy (Pury et al., 2014); the relevance of therapists' role modelling courage (Poland, 2008); and whether or not courage is a constant experience, or if it is occasionally manifested, as argued by Evans and White (1981). By exploring participants' subjectivity, perceptions of the role of courage in the process of therapeutic change may emerge (Pury and Starkey, 2010), while the themes from this study may add to empirical understanding about the courageous mindset (Hannah, Sweeney and Lester, 2007), and Lyman's (2016) components of courage.

Investigating clients' perspectives of psychological therapy is of growing significance in research (Bohart and Tallman, 2010; Cooper, 2008), and counselling psychology encourages humanistic and applied research that preferences clients' views and experiences.

Furthermore, as psychological therapy is "an ideal arena for examining the nature of courage" (Goldberg and Simon, 1982, p.109), examining this phenomenon in this domain is fitting.

Though empirical examinations regarding the psychology of courage are in a stage of genesis (Kelley et al., 2019), the current research makes it clear that courage is a phenomenon that elicits great interest, with Medina (2008) calling on the field of psychological therapy to conduct phenomenological studies about courage to ascertain subjective meaning and experiences. The current research points to the importance of the actor and observer in courage experiences, thus this co-created aspect requires a hermeneutic methodology.

2.4.1 Main research question and aims

The gap located for this study is a phenomenological investigation into clients' lived experiences of courage within psychological therapy using Interpretative Phenomenological Analysis (IPA) and object elicitation (Smith, Flowers and Larkin, 2009; Willig, 2016). The main question is: *What is the lived experience of courage for clients within psychological therapy?* From this, additional sub-questions arose (Appendix 7).

The findings from this study will contribute to clinical understanding about courage, and the study aims to provide a deeper understanding about clients' perspectives. Additional aims are to inform therapeutic interventions and contribute to counselling psychology by providing insight and dialogue about clients' worldviews where courage is acknowledged as an important theme to consider.

3.0 Methodology

This study phenomenologically investigates clients' lived experiences of courage in psychological therapy. In this chapter, the choice of methodologies will be explained, alongside their theoretical foundations and their alignment with this study's aims. These aims are: to understand how, and if, understanding courage may be useful to the field of counselling

psychology, and then develop therapeutic interventions that inform clinical practice. The first section explores the philosophical underpinnings of the methodologies and the rationale for choosing them. Following this, the study's design is set out encompassing the recruitment process, data collection and analysis. The chapter concludes with a section about reflexivity and how it was considered throughout the study, including reflexive commentary about the methodological process.

3.1. Rationale for a qualitative approach

Understanding clients' experiences of courage has not yet been fully explored, particularly the meaning clients ascribe to their courage experiences in psychological therapy and their daily lives. Qualitative research aims to understand how the world is constructed (McLeod, 2014); it is not searching for a truth to be uncovered. Instead, it allows for the subjectivity of the participants to take precedence; it is inductive in how it seeks to explore the qualities of the phenomena in question, rather than taking a measurement-based or deductive approach, as would be the case in quantitative studies (Langdridge and Hagger-Johnson, 2009).

Qualitative methods are shown to facilitate divergent and complex experiences (McLeod, 2011), and this will support the study's main research question to understand the client participants' deep phenomenological experiences of courage. Counselling psychology's relational position supports the choice to use qualitative methodologies as it is concerned with exploring participants' worldviews of courage (The British Psychological Society, 2020). This study aims to contribute to practice-based evidence regarding clients' courage, and to develop therapeutic interventions. Counselling psychology advocates for the development of research which centralises subjective and contextual factors, therein aligning with its philosophical underpinning in humanistic and existential phenomenology (Strawbridge and Woolfe, 2012). This supports my choice to use qualitative methodologies, and it parallels both my own and this study's ontological and epistemological positioning.

3.2. Ontology and epistemology

I hold a view of interconnectivity where I observe that "everything is connected to everything" (Almaas, 2000). My view of interconnectivity is not an absolute truth, though I observe it in the biodiversity of life in how people, communities and systems are mutually influenced (Kumar, 2009). I notice this as ongoing opportunities to authentically know ourselves and make meaning (Tillich, 2014; Heidegger, 1927), therefore I do not subscribe to deterministic or reductionist postpositivist ideology.

Thus, the ontological basis for this study holds that objective truth cannot be known (Aristotle, 1999). Instead, only meanings regarding subjective experiences can be elucidated which identify an individual's way of experiencing the world (McLeod, 2011; Langdridge and Hagger-Johnson, 2009). This is illustrated by this study's chief concern to understand the depth of meaning of courage rather than find ways to quantify it, or deduce casual relationships (Yardley, 2017; Pietkiewicz and Smith, 2012).

The main research question asks: what is the lived experience of courage for clients in psychological therapy? This question seeks to understand the lifeworld of courage for the client participants (Willig, 2013). This focus on the uniqueness of each person's experience aligns with phenomenology, which facilitates examining what it is like to fully live our experiences (Smith et al., 2009).

Intersubjectivity forms the foundation of my integrative therapeutic model, and I adopt these ideas as a researcher to stay experience-near to participants' accounts (Smith et al., 2009). Thus, this study employs an interpretivist phenomenological approach which moves beyond relying on descriptive accounts, broadening the understanding of meaning-making by appreciating participants' accounts in terms of social, cultural and wider meanings (Willig, 2013). The context most obvious in this study is that of psychological therapy, which forms the contextual backdrop of the research question.

This inquiry of interpretation leads us to an epistemological component which is central to this study: hermeneutic phenomenology. Deciphering and finding ways to understand the meaning of what is being said or enacted is the core of hermeneutics (Davey, 2016); this facilitates entering an individual's lifeworld (van Manen, 1990).

This onus of understanding depth of experience highlights the study's existential ontology. Existentialism is a "development of phenomenology" which decrees that we can never truly access the internal world of another (Tudor and Worrell, 2006, p.28). Rather than looking for generalisations about courage, this study seeks to conduct a detailed exploration of clients' lived experiences with the view that we are always in a state of becoming (Smith et al., 2009).

3.3. Phenomenological approaches and rationale for choosing Interpretative Phenomenological Analysis

There are a number of phenomenological approaches which are largely grouped as either descriptive or interpretative (Langdridge, 2007). Descriptive phenomenology attempts to minimise interpretation as it relies on the researcher to bracket prior knowledge and assumptions to focus wholly on the phenomenon itself, while interpretative phenomenology privileges the hermeneutics of lived experience and sees description as a form of interpretation (Willig, 2013). The latter lies in accordance with this study's ontological and epistomeolgical positioning, thus purely descriptive methodologies were discounted.

Hermeneutic phenomenology explores lived experience through detailed and explicit interpretation (Finlay, 2011), and a number of approaches have been developed under this broad church. Finlay (2008) developed a version which seeks to cultivate as many meanings as possible using radical reflexivity, hermeneutic examinations of rich descriptions, and interpretation. She clarifies that hermeneutic phenomenology is an approach, not a method, which focuses largely on meaning-making (Finlay, 2008). As this study's main question is to understand clients' lived experience of courage, a more interpretative approach that considers

both lived experience and meaning-making was deemed best-suited, thus this approach was also discounted.

Interpretative Phenomenological Analysis (IPA) was chosen as it is a phenomenological method that has been designed to empirically explore the uniqueness of lived experience (Smith, 1996; Smith and Osborn, 2008). This aligns with counselling psychology, which encourages research that explores clients' subjective experiences and what it means to be human (The British Psychological Society, 2020). This choice corresponds with my epistemology as it is embedded within hermeneutic phenomenology and it considers the researcher's interpretative role (Smith et al., 2009). IPA produces rich, in-depth data which highlights the nuance of subjective perspectives and was considered best placed to explore the uniqueness of participants' courage experiences. It has three main elements – phenomenology, hermeneutics and idiographic.

Phenomenology

Phenomenology takes its heritage from the work of Husserl who was concerned with how people understand their experiences of phenomena (McLeod, 2011). He challenged Cartesian logic which separated mind from body, and instead foregrounded the idea of intentionality. Intentionality is related to consciousness, meaning that an individual is subjectively conscious of an object which exists in the world therein, acknowledging the relationship and lifeworld between subject and object (Langdridge, 2007; Smith et al., 2009).

Husserl (1931) pronounced that we ought to "go back to the things themselves" to understand the complexity of intentionality and human experience. To do this, the researcher must bracket (epoché) their assumptions to "allow the phenomena to speak for itself" (Pietkiewicz and Smith, 2014, p.362).

Hermeneutics

Heidegger studied under Husserl and eventually developed a more existential phenomenological approach, foregrounding hermeneutics to recognise the interpretivist aspect of sense-making (Smith et al., 2009). He considered "Dasein", which focuses on the subject's situatedness and engagement with the world (Heidegger, 1927; Laverty, 2003). Phenomena cannot make themselves known without someone trying to make sense of them, and here we see the importance of interpreting meaning and the intersubjective nature of relating in the world (Larkin, Watts and Clifton, 2006; Smith et al., 2009).

In IPA research, the participant is trying to make sense of the world while the researcher's sense-making is actively involved (Larkin and Thompson, 2012). IPA is ultimately an interpretation of the participant's experience as it is impossible to fully access participants' inner worlds (Willig, 2013). Thus, IPA acknowledges the co-created nature of this dynamic and the double hermeneutic experience (Nørreklit, 2006; Smith and Osborn, 2008).

Idiographic

The idiographic component requires that each person is observed in their wholeness, and as unique beings which results in complex commentary (Ponterotto, 2005). In this sense, this study seeks to understand meaning "on the level of the person-in-context" (Larkin and Thompson, 2012, p.102), and thus focus on the importance of meaning for each particular participant in a particular context. Centralising the diversity of subjective experience aligns with counselling psychology, which values researching the multiplicity of human experience.

Following IPA's systematic analytic procedures will facilitate the discovery of the particular within this study (Smith et al., 2009), and such in-depth examinations lead to IPA using a small group of participants (Larkin et al., 2006). While not generalisable in the nomothetic sense of searching for group averages, IPA is generalisable in appreciating how the particular can lead to the understanding of a phenomenon in a purposefully selected sample (Smith and Osborn, 2003; Smith et al., 2009). Therefore, the findings from this study may highlight understandings

of clients' courage experiences, which are generalisable across this study's participants. Lastly, IPA incorporates ideas from Merleau-Ponty (1962) who notes the primacy of our embodied selves.

3.4. Limitations of IPA

IPA places importance on language to understand experience (Smith et al., 2009) which has been noted as a limitation in how language "constructs, rather than describes" experience (Willig, 2013, p.94). Language was central in this study's data collection via semi-structured interviews, and in the analysis stage using transcripts. Yet, the data were interpreted beyond mere words by exploring levels of meaning, from the literal to existential (Smith, 2018). IPA has also been criticised for the importance it places on cognition (Tuffour, 2017), resulting in the precognitive facets of experience being marginalised from participants' accounts (Willig, 2013). However, IPA is concerned with embodiment and how emotions and cognition arise intersubjectively between researcher and participant (Smith et al., 2009). To elicit implicit material, phenomenological cues regarding emotion, embodiment, and thoughts were included in the semi-structured interview (Appendix 7). Additionally, taking a relational researcher stance (Finlay, 2009), using object elicitation, and conducting two interviews were incorporated with the aim of producing experience-rich accounts (Larkin et al., 2006).

Further, my role as an interpreter of participants' experiences is another complication where it could be suggested that my interpretation becomes an oppressive force (Evans and Gilbert, 2005, p.12). This is where empathic interpretation (Willig, 2014), reflexive voicing, supervision and peer-checking come to the fore to help me stay close to participants' accounts (see 3.9).

3.5. Rationale for choosing object elicitation

I presented the initial methodology design within academic circles and it became clear that courage is a difficult phenomenon for people to language. I therefore decided that another mechanism was required to complement IPA to help participants deeply engage with their

experiences. This was supported by the Programme Approval Panel, whom I presented my research proposal to; they felt that relying on language and interview questions alone may not adequately generate experience-rich accounts.

Elicitation techniques have been utilised with increasing frequency in qualitative research such as arrangement tasks, photo elicitation and drawing (Barton, 2015; Boden, Larkin and Iyer, 2019; Del Busso, 2012). It was important to use a technique that would complement a semi-structured interview to stimulate participants' embodied responses, support image processing, and the engagement of the right brain's implicit processes (Moeck, Thomas, and Takarangi, 2018; Schore, 2012).

Following pilot studies (see 3.6.1), object elicitation was chosen as it evokes rich accounts which might otherwise be beyond the realm of spontaneous recall (Iltanen and Topo, 2015; Willig, 2015; 2016). This technique appealed for a number of reasons. Object elicitation supports the collection of lived experience data by prompting "unrehearsed, in-the-moment reflections" (Willig, 2016, p.1). Willig (2015) suggests that object elicitation helps participants make contact with the textures of their lifeworld than if they had just been asked using the interview schedules. Object elicitation aligns with this study's hermeneutic phenomenological epistemology as the method provides opportunities to gain insight into participants' meanings (Willig, 2016), and using mixed methodologies of IPA and object elicitation supports counselling psychology's pluralistic stance.

Power dynamics are endemic in researcher-participant constructions (Karnieli-Miller, Strier and Pessach, 2009), but the literature around object elicitation purports that greater self-agency is engendered through its use (Liamputtong, 2007; Barton, 2015). Exploring clients' courage could potentially be emotionally evocative as participants are being asked to share their inner worlds; this was considered in the data collection (see 3.6.4).

3.6. Research Design

This study employs qualitative data collection methods as required for IPA. Semi-structured interviews and object elicitation were used to evoke detailed descriptions of participants' experiences (Willig, 2016). Participants were invited to bring objects to the interviews which they connected to their experiences of courage in psychological therapy. Two interviews were conducted with each participant to aid rigour, allowing for deep engagement and persistent observation, thereby engendering thick, rich descriptions (Morse, 2015). Aware that courage manifests as a multidimensional phenomenon, two pilot studies – an elicitation pilot and interview pilot study – were conducted with the aims of clarifying language and deciding on the elicitation method. This was invaluable in shaping the study's design and developing the semi-structured interview.

3.6.1. Pilot studies

Elicitation pilot testing

The elicitation pilot test involved exploring several methods with my student peers while they shared their courage experiences from psychological therapy. Methods trialled included: developing word clouds, using the walk and talk method (O'Neill and Perivolaris, 2014) and creating objects made of plasticine and craft materials (Willig, 2013). The group responded positively to all methods, reporting aspects of their courage experiences which were hitherto out of awareness.

The tangibility of the word clouds and objects gave people the opportunity to refer back and forth to their materials as they discussed their courage which elucidated their reflections. The process of making objects seemed to absorb them more than reflecting on their courage. While the walk and talk method was most enthusiastically favoured, it would be a difficult method to contain ethically, given that interviews would take place in open public places

compromising confidentiality. Object elicitation was therefore chosen as it facilitates personal reflections with the aim of producing rich descriptions (Shaw and Pickering, 2018).

Pilot interviews

Pilot interviews were conducted with two people personally known to me who had completed psychotherapy. I integrated the same ethical considerations for the pilots as I did for the main study; and, to ensure transparency, the participants were aware of the topic being examined and that difficult feelings may arise.

Neither would have previously self-identified as having experienced their own courage in therapy, but they took part to support me and this study. Nevertheless, they noted that, by speaking about their experiences with me, some of their experiences in therapy may have been courageous. While they may have been influenced by the power of suggestion, they found that recognising their courage in the pilot was a positive experience.

The PAP panel suggested using a word cloud in the recruitment poster to help people connect with their own courage experiences and to encourage participation. A word cloud was developed using words prevalent in the courage literature, and an online tool that randomly arranges words into a word cloud. The recruitment poster was tested at the end of the pilot interviews to avoid leading the participants. Both participants responded favourably to it, identifying words they did and did not connect with. This informed my semi-structured interviews, and I decided to show the word cloud at the end of the first and second interviews.

I also discussed using object elicitation during the pilot, and though the participants liked the idea, they felt they would struggle to know what to bring. Considering this, I included a few object ideas in the Programme Information Sheet. These ideas were garnered from other elicitation research studies (Willig, 2016; Liamputtong, 2007).

3.6.2. Sampling strategy

Five client participants were recruited, which is a significant enough number to allow for similarities and differences (Smith et al., 2009). The participants had to self-identify as having experienced their courage within psychological therapy so that their lived experiences of the phenomenon could be investigated (Creswell, 2013). However, there was a risk that some people may be more inclined to view themselves as courageous, while others would not see themselves as courageous at all. Added to this is the "dynamic relationship between language and power", and that the word "courage" was unlikely to escape this fate (Hung Ng and Deng, 2017, p.1).

For these reasons, the aforementioned pilot studies were conducted to find the most suitable language and recruitment means. To understand the full breadth of commonalities and divergences among participants, a heterogeneous group encompassing demographic difference was allowed as long as the participants adhered to the criteria.

Inclusion criteria:

- To have been a client in psychological therapy with an integrative therapist to allow for homogeneity.
- Self-identify as having experienced courage within psychological therapy.
- Participants must be based in the United Kingdom to conduct in-person interviews as this study is concerned with exploring phenomenological experiences of courage.
- To have completed psychological therapy at the stage of participating in the research no more than six months ago (to allow for adequate recall), with a gap of at least three weeks between therapy ending and research interviews (so participants do not conflate the interviews with therapy).
- To have participated in at least 12 sessions of psychological therapy to allow enough time to develop the therapeutic alliance and experience their courage in therapy.

- To have attended weekly psychological therapy – this frequency offers the potential for depth of experience to emerge.

Exclusion criteria:

- Those with active suicidal thoughts as it was likely that courage discussions would bring up sensitive material – this was checked during the initial screening process.

- Those currently engaging in psychological therapy to avoid disrupting people's therapeutic process.

3.6.3 Recruitment methods and participants

Participants were recruited using a poster with a word cloud which was shared via training organisations and counselling services in the UK (Appendix 1). The materials were shared with psychological therapists within my professional network, who disseminated it where they deemed appropriate. Aware of the challenges of recruiting client participants who have ended psychological therapy, the poster was advertised on social media and online forums.

In all, 10 people contacted me to state their interest in taking part. The screening process of an initial call took approximately 15 minutes, and during the calls I discussed the research topic, and how and why object elicitation was being used to familiarise them with it. I went through screening questions based in the inclusion criteria to ensure adherence. I discounted two people who were still engaged in therapy, and another two who, when asked about their courage, did not self-identify as courageous. Another person from Canada contacted me via an online forum. As I am looking at phenomenological experiences of courage, I was conducting all the interviews in-person, so I excluded this person.

Five people matched the inclusion criteria and I emailed them the Participant Information Sheet (PIS) (Appendix 5), asking them to read through and decide if they wanted to participate. All were affirmative, and together we decided on a date for the first interview at a location that

suited them. I invited them to bring transportable objects to the interviews which I said we would use to help them engage with their courage experiences.

These five participants were the only ones who came forward who matched the criteria, as there was no further interest from prospective participants. Therefore, the selection was limited apart from adhering to the criteria. Table 2 illustrates participants' demographics; the lack diversity across cultural, place of residence, and therapy setting will be revisited in the discussion.

Table 2

Participant Demographics

Pseudo-nym	Age	Gender	Sexual identity	Ethnicity	Place of residence	Modality of therapist	Therapy setting	Time in therapy
Anne	31	Female	Hetero-sexual	White British	London	Integrative	Counselling charity	11 months
Jerome	39	Male	Hetero-sexual	White British	London	Integrative	Private practice	10 months
Georgie	44	Female	Lesbian	White British	Somerset	Integrative /person centred	Private practice	18 months
Duncan	52	Male	Gay	White British	Surrey	Integrative / psycho-dynamic (most recent therapist)	Private practice	12 months with most recent therapist (3 therapists over 10-year period)
Ben	35	Male	Hetero-sexual	White British	London	Integrative / psycho-dynamic	Private practice	6 months

3.6.4 Data collection

The recruitment and interview process took place over six months. Both the first and second interviews lasted between 60 and 90 minutes, and the second interviews took place two months after the first to allow time for reflection. The interviews were conducted in locations convenient to the participants, such as private rooms in a library. I met the participants at the building entrances to generate familiarity and trust. In line with ethical guidelines (British Psychological Society, 2018), I went through the consent form which detailed confidentiality

and their right to withdraw, with us both retaining a copy (Appendix 6). I reminded them that the interviews were for my doctorate and that I would be recording and transcribing them, saying I would get back in touch to request permission to use particular quotes, thus supporting participant validation (Willig, 2013).

I was aware of the uniqueness of the research interview situation and mindful of participants' unfamiliarity with the research process. Incorporating guidance from Smith et al (2009), I described how the interview process would follow, and that I was interested in their unique experiences as opposed to looking for the "right" answer.

I asked participants about their objects as my first question, to initiate meaningful contact with the over-arching research question (Willig, 2016). I felt this would contextualise my subsequent questioning and facilitate participants' narratives (Bevan, 2014). This was also done to promote inclusivity and agency (Liamputtong, 2007), and the participants were invited to self-select their objects and share what they wished. I let participants take the lead with whichever object they opened up with, picking up on certain phrases and words they used to enquire further about their courage experiences.

Mindful that overly focusing on the objects could detract from participants' accounts (Willig, 2016), I stayed close to what was being said, inviting participants to engage with how they felt their objects linked to courage. To help elicit their unconscious and embodied processes (Merleau-Ponty, 1962; Stelter, 2000), I invited participants to share how they felt holding the object in terms of their bodily experiences, emotions, thoughts and memories whilst I made efforts to be aware of my and their vital affects (Stern, 2004).

Some participants brought a number of objects and went through each sequentially, while one person brought just one. Several participants referred to their objects largely at the beginning of the process, and others went back and forth to their objects as the interview progressed. More objects were brought and discussed in the first interview than in the second, and of their own volition they brought different objects to both of interviews.

When deemed appropriate, I integrated questions from the semi-structured interview which I learnt beforehand to stay present with what participants were saying, using it flexibly as a guide (Smith and Osborn, 2008) (see Appendix 7). Many of the participants covered a number of the questions in their reflections without me asking every question, and I largely posed questions out of sequence to what was on the schedule depending on what they were saying. This allowed a more organic process as I was cognisant that I could pick up omissions or interesting points in the second interview.

To avoid leading the participants, I showed them the word cloud as a final question. I invited them to relate it to what came up for them during the interview, asking if there were words they connected with, or not, regarding their courage experiences. This facilitated further reflections, and it supported grounding by ending with a cognitive-focused question.

3.6.5 Data analysis

The data were analysed through sustained engagement where I idiographically interpreted the data to understand the nuance of participants' meanings, therein developing analytic focus which is at the heart of IPA (Smith et al., 2009). I closely adhered to the analysis process detailed by Smith et al. (2009), though eventually adapted it where necessary. This auditable process is detailed below (see Appendix 11-17).

1. *Reading and re-reading*: I transcribed the interviews, placing them in a table in Word with corresponding line numbers with boxes to the left and right of the transcript to allow for notetaking. I re-read and listened to the interviews several times to become embedded in the data.

2. *Initial noting:* I completed my analysis by computer as I felt this would make the analytic process more manageable, thereby lending itself to being more transparent in the audit process. I began the exploratory process of initial noting, using the right-hand column to note descriptive, linguistic and conceptual comments, before starting the interpretative process (Smith et al., 2009) (Appendix 11).

3. *Development of emergent themes:* In the left-hand column, I developed emergent themes in the vein of psychological interpretations as I developed clusters which hermeneutically linked the exploratory comments (Smith et al., 2009). This process reduced the data from the right-hand column into more distilled themes (Appendix 11).

4. *Searching for connections across emergent themes:* To observe thematic connections, I felt I needed to approach the fullness of the data utilising visual-spatial reasoning. I cut out the emergent themes and clustered them in terms of related concepts (Smith et al., 2009). This refining process helped me to further cluster themes. I took photos to keep a record, and organised hard copies of the clustered themes in files in case I needed to refer back to them, keeping discarded themes in a separate folder. The themes were then incorporated into an Excel document along with their corresponding line number. I sent my first transcript and themes to my supervisor, who corroborated my thinking which encouraged me to move on with my analysis (Appendix 11 and 13).

5. *Moving to the next case:* I repeated stages 1 to 4 for the remaining participants by being open to any differences that arose to illuminate the participants' subjective realities (Smith and Osborn, 2008; Wertz, 2005). I held in mind the concept of bracketing, though I was aware I could not completely separate my analytic considerations, and I turned to my reflexive journal to support this stage of the process. Incorporating advice from Biggerstaff and Thompson (2008), I used the themes from 'Anne' as my master list while allowing for thematic divergence. I then idiographically repeated stage 4 for each participant. An arc emerged in the data which substantiated its reliability, while corroborating my decision to use a master list (Willig, 2013; Biggerstaff and Thompson, 2008). I wrote the themes for each participant on pieces of paper and post-it notes to appreciate their visual representation, and transferred them into an Excel document (see Appendix 14 and 15).

6. *Looking for patterns across cases:* With the reanalysis complete, I looked for patterns and connections across the cases using abstraction, subsumption, contextualisation and polarisation (Smith et al., 2009, pp.96-98). This reduced the themes to 27, which

I arranged in clusters using post-it notes to triangulate them, eventually developing three superordinate themes with corresponding subthemes (see Appendix 15). This was transferred to an Excel document, where each of the superordinate and subordinate themes were linked with exemplifying quotes and line numbers from each participant. I then developed graphs to illustrate how the themes hung together (see Appendix 17).

As is often the case with IPA, I regularly went back and forth between the stages during the analysis and write-up, tailoring my themes as my interpretative process developed (Larkin and Thompson, 2012).

3.7 Validity and rigour

To develop high-quality research and as an "insider researcher", I followed the principles of Yardley to develop trustworthy research (Robson, 2008, pp.243-246). These principles outline how qualitative researchers can deliver studies that are unconstrained by quantitative objective truth-seeking, while acknowledging the significance of psychosocial processes and context (Yardley, 2017).

Sensitivity to context
Before going to the field, I conducted a literature review and engaged with qualitative research methods to ensure the study was suitably grounded in theory, using my reflexive journal to reflect on and bracket my assumptions regarding the literature.

By its very design, psychological therapy places emotional demands on clients, prompting them to share sensitive material about their private lives. As I was working with client-participants, I was aware this would be somewhat duplicated in the research (Liamputtong, 2007), and I aimed to hold a sensitive and compassionate position throughout the process.

Mindful of power dynamics as the researcher asking the questions (Karnieli-Miller, Strier and Pessach, 2009; Smith et al., 2009), I opened the interviews by asking participants about their objects, to allow them to take the lead. I decided to not take photos of their objects as that felt too invasive, given they were already sharing so much. The participants shared vulnerable material, and I was careful to stay close to my research question and not probe in areas that were off topic. In the analysis, I did not want to overly emphasise these distressing experiences, and I kept returning to the research question to maintain focus and sensitivity. As I developed themes, I used empathic interpretation (Willig, 2014) and chose quotes that were not too exposing. Verbatim quotes were used to back up themes which were all approved by participants.

Commitment and rigour

I have sought to stay true to the entire research process, particularly my participants, and I hermeneutically re-read and re-examined the data to foreground their accounts and to facilitate rigour. The participants were purposefully sampled, the details of which have already been explicated (Yardley, 2017).

Trustworthiness is at the core of rigour (Morse, 2015), and this is shaped by the literature I chose where I observe my existential bias. Therefore, the phenomenon of courage will be understood through language and the sharing of worldviews, and so my writing will be reflexive.

My credibility as a researcher is demonstrated through prolonged engagement (Morse, 2015). I conducted pilot studies, two research interviews, I engaged with the participants throughout the process, and the data analysis was thorough and detailed.

Transparency and coherence

I kept a clear audit trail which was checked by a peer researcher and my supervisor. I clearly documented my analytical thinking with photographs and illustrated thematic development with graphs and spreadsheets (Appendix 11-17).

The data were analysed using triangulation and "bracketing" to keep track of my assumptions as data "always incorporates the assumptions of the researcher" (Ballinger, 2006; Creswell, 2013, p.83). However, in IPA these assumptions are important to monitor and use in the analysis. To do this, I kept a reflexive journal (Appendix 9) and was interviewed by a peer researcher (Appendix 8).

Qualitative methodology gives participants the space to share their experiences in their own words with the researcher, which engenders trust and rapport (Liamputtong, 2007). This was expanded through the invitation to bring objects which the participants chose themselves. They were given the option to have copies of the transcripts and/or audio recordings; only two participants made these requests. I later reached out to participants asking them if they wanted to choose their pseudonyms, which Anne said was "fun".

Impact and importance

The participants reported that the interviews were a positive experience, saying they had a greater grasp of what courage means to them. This cannot be generalised, though these factors point to the potential impact of this research. A more detailed assessment of the study's impact is outlined later (see 5.2).

3.8 Ethical considerations

As a relational psychological therapist, I approached this study holding in mind relational ethics, which acknowledges the primacy of relationships, and that we are all embedded within communities, which aligns with the study's philosophical stance (Given, 2012).

Confidentiality

All participant interviews were carried out confidentially, and data were stored in adherence with The British Psychological Society's code of ethics (2018), and General Data Protection Regulation. All paper materials were kept in a locked box, and all electronic material was stored on an encrypted, password-protected database on a password-protected computer. I

initially assigned participants a code to identify them, ensuring any identifiable information was anonymised. All data from the participants will be destroyed five years following final submission.

Consent and withdrawal

Participants were fully informed about the study via the PIS, during the initial phone consultation, and reading through and discussing the consent forms at the beginning of the first interview. Participants had the opportunity to withdraw from the study at any point up to final submission.

Support

Interviews were conducted bearing in mind the ethical considerations highlighted in the literature review, such as masochism (Levine, 2006), and "bad courage" (Pury et al., 2015). I did this utilising transparency: I advised participants that sensitive content may arise as they described their experiences, and that they could choose the level of detail they wanted to share. I asked open-ended questions to allow space for participants to share, and I stayed close to the research question, rather than focus on distressing material. I provided them with information about sources of psychotherapeutic support in case they needed it. At the end of the interviews, I asked participants to share their thoughts about the process – they all reported they felt comfortable with what they shared, and from my perspective they appeared well regulated.

Sensitivity and compassion

An important ethical dimension of this research is that of having clients as participants. I referred to Liamputtong's (2007) tome to guide my thinking about conducting sensitive and ethical research in support of participants, and myself as the researcher. This has been explored further in the sensitivity to context section.

3.9 Reflexivity

This section focuses on the reflexive approaches employed in this study, the methods used to support reflexivity, and a brief methodological reflexivity section.

Reflexivity is a core facet of qualitative research, and in particular IPA, where it is required to develop interpretative analysis (Willig, 2013). Reflexivity recognises it is impossible to remain "outside of" the topic being studied (Willig, 2013, p.10), where the researcher actively notes how their biases, personality, emotional reactions, and broader social identity may have influenced the study.

Considering the advice from Tomkins and Eatough (2010), I integrated a number of reflexive approaches including theirs, reflexive contributions from Finlay (2008; 2012), and ideas around researcher/participant "echoes" of experience (Goldspink and Engward, 2019) to appreciate what was emerging in the data. Doing so facilitates the "double hermeneutic" of reflexivity, where I sought to acknowledge my researcher position to develop rigours research (Eatough and Smith, 2017; Goldspink and Engward, 2019). Here, both the duality of the participant and the researcher are considered (Smith and Osborn, 2008), which aligns with this study's hermeneutic positioning and the importance I place on intersubjectivity.

Nevertheless, "we must never mistake our reflections for reality" and that participants' accounts can only somewhat uncover depth of meaning (Finlay, 2008, p.118). This is a difficult balance to traverse, and I employed a number of methods to maintain reflexivity which were: asking a peer to interview me about my courage experiences, using empathic interpretation (Willig, 2014), keeping a reflexive journal, engaging in research supervision, and having fortnightly discussions with a peer researcher. This reflexive engagement was dynamic, enlightening and, as Engward and Goldspink (2020) admit, often difficult.

Before I conducted the participant interviews, I asked a peer researcher and psychological therapist to interview me to give me first-hand experience of the process; excerpts from my audio-recorded and transcribed interview are in the appendices (Appendix 8). I brought objects

which I linked to my courage experiences in therapy, and I noted that I found it easy to select and speak about my objects because I was familiar with the literature about object elicitation and courage. Aware that the participants may not have therapist/researcher insider knowledge, and incorporating feedback from the pilot participants who felt that object elicitation was an interesting but novel idea, I decided to include object prompts in the PIS.

The peer interviewer was not familiar with IPA, and he engaged with me as a therapist would, which did not get to the depth of my courage experiences. Ultimately, this was a helpful experience as I am also a psychological therapist; as a result, I became more cognisant that I could slip into the role of therapist. Instead, I sought to embody an interested witness position as a researcher – these roles will be reviewed later (see 5.4).

My personal interview validated my decision to not include my data in the overall study. While I enjoyed being interviewed, I remained more interested in other people's experiences over my own, having discussed my courage experiences at length in therapy and research supervision.

A bias emerged in my interview where I realised that I view courage as a phenomenon we all have. Afterwards, I noted this bias is evident in my existential ontology. The impact of this will be revisited (see 5.4), and I attempted to monitor and bracket this, and other assumptions, in my reflexive diary. I used my diary to keep track of thoughts, feelings and embodied responses before and after the interviews, and I wrote about the decisions I made throughout the study. Some of these methodological decisions have been noted, and diary extracts are included in the appendices (Appendix 9).

I had fortnightly online meetings with a peer researcher who was also developing her own IPA study. This was a safe and creative forum to discuss ideas. Furthermore, I had regular research supervision which provided me with support about the research design and space to

explore difficulties. I found it hard to balance feeling like a novice researcher while following the guidance from my place of training to "take my doctoral authority". This resulted in me struggling to ask for, and receive, appropriate supervisory support during the analysis.

During the analysis, I became negatively affected by the data, a common phenomenon among researchers (Warr, 2004). Some participants shared traumatic material, and the iterative analytic process contributed to me feeling low, anxious and at times burnt out, key signs of vicarious trauma. While writing a reflexive journal is insightful to generate ethical research, it is not enough (Etherington, 2007).

I learnt that I needed to practice self-compassion, so as not, as my clinical supervisor remarked, become masochistically destructive. Sometimes, the hardest thing for me is to pause, a prevalent issue amongst caring professionals (Skovholt and Trotter-Mathison, 2001). This helped me develop my version of living courageously and reconsider my tendency to strive. This meant periodically stepping away from the study, going to India for a friend's wedding, exercising, and asking for support. Over time, I observed a parallel process in how I recognised my distress and my need for self-compassion as being similar to some of the participants. This was an interesting insight which informed the thematic analysis, which I will return to in the discussion.

4.0 Analysis

Following the methodology outlined above, three superordinate themes were developed which encapsulate key aspects of the participants' courage experiences from "falling apart and coming back together" to "learning courage within therapy" and then "transferring courage from therapy into life". Corresponding subordinate themes were also identified, all of which are summarised in Table 3 below.

This chapter will explore these themes in depth and quotations from the original transcripts have been included to evidence the themes. All the participants are featured in the superordinate themes and a minimum of four participants provided evidence for each subtheme; however, to avoid duplication, quotes have been selected which best illustrate the themes showing points of convergence and divergence.

The quotations are presented in the format of an initial for name: interview number: page number: line numbers. For example, A: Int.1: 14: 21-24, represents 'Anne', interview 1, page 14, lines 21 to 24. Additionally, participant quotations are presented in italic in order to distinguish them from the main text.

Table 3

Master table of themes

Superordinate themes	**4.1 Falling apart and coming back together**	**4.2 Learning courage within therapy**	**4.3 Translating courage from therapy into life**
Subordinate themes	4.1.1 Cutting off and breaking down: struggles with belief and trust	4.2.1 Holding back and taking leaps	4.3.1 Assimilating interpersonal courage from therapy into personal relationships
	4.1.2. Vulnerability of sharing myself	4.2.2 Who decides who is courageous	4.3.2 Choosing what to share
	4.1.3 From judging to valuing the self with all its shadows	4.2.3 Going backwards and forwards in time	4.3.3 Deciding to no longer be a passenger in life
	4.1.4 Learning to listen and be present to myself	4.2.4 Therapist encouraging and role modelling courage	4.3.4 Continually finding new ways to live fully and truthfully
	4.1.5 Getting in touch with the body		4.3.5 Deepening courage through research participation
			4.3.6. Reclaiming my voice through spoken and written narration

4.1 Falling apart and coming back together

This superordinate theme collects together the issues the participants went through in their lives which brought them to therapy. At the time of experiencing these distresses, the participants did not feel courageous, but were able to retrospectively link these experiences to courage. Illustrated in the subthemes is a sense of facing distress, working through issues in relationship and acknowledging shadows, all of which were knitted together through language and embodied self-acknowledgement.

4.1.1 Cutting off and breaking down: struggles with belief and trust

All the participants spoke of the distresses they experienced in their lives. Such struggles impacted their capacity to believe in themselves and others, causing them to cut off or break down, the impact of which brought them to therapy.

Georgie describes this:

> "*So then I started to really not trust what I was saying, what I was doing, which was really kind of destabilising [laughs] everything. And then, it's trying to build that up again with the understanding that – no, I was fine and I was functioning, but I cut off emotionally from that*" (G: Int.1: 27: 1040-1045).

The dysregulating effect of trauma caused her to not "trust" her own mind, perhaps fearing that she was losing "everything", particularly her mind. She switches from the past tense to present continuously, suggesting her issues with self-trust are ongoing. This appears to be shaming, which I notice in her laugh which seems to shield her from distressing destabilisation. "And then" marks an about turn, which I note as she moves from one self-state to another; one where her rational self learnt about the impact of trauma in how her "cut off" reaction was likely a protective function. This is also apparent in the interview by saying she was "fine".

Earlier in the same interview she describes her trauma reaction as a "complete shutdown" (G: Int.1: 4: 132), which strikes me as being a threat freeze response. However, for Ben, his emotional overwhelm was more demonstrable: "*I had this breakdown out of nowhere and felt the worst I've ever felt for years*" (B: Int.1: 25: 913-914). I interpret his "breakdown" as him feeling ambushed by his emotions which "came from nowhere".

Anne's struggle resonates with Ben's: "*Then I would just sit there and cry, I just couldn't, I just couldn't do anything*" (A: Int.1: 3: 81-82). She describes feeling incapacitated by her emotions, which chimes with Georgie's numbness, yet Anne externalised her emotions by "crying". She later adds, *"I was really worried that there was something wrong with me. Again, you know, the constant 'not good enough' side of myself"* (A: Int.1: 10: 339-341). The debilitating impact of her distress upended her sense of worth, and this appears to be familiar to her in her saying "again" denoting her chronic struggle with feeling "not good enough".

Connecting with Georgie's "shutdown", Duncan retrospectively reflects on the impact of depression: *"Very often, I've stayed in that kind of safe place. I actually found […] depression was a safe place"* (D: Int.1: 17: 554). Duncan notes how he lived with depression for a long time, and I interpret "safe place" as him being aware that his depression was a defence against the world, and maybe people, which "kind of" gave him the perception of safety. This is a paradox as this safety was unsafe – I suspect there was suffering in his depression. I notice "actually" as him making a new, in-the-moment reflection about what depression means to him now.

Georgie also noted her defensiveness stating, "*I'll sort of armour up very quickly*" (G: Int.1: 10: 372). Her use of the first-person pronoun illustrates her awareness of her defensive structure where she needs to don armour – perhaps she felt she was going to war against any internal or external attack. Jerome is also aware of his defensive structure: *"You, you create, um [pause] I guess, like small defences, or you know, things that have become difficult parts of*

your life" (J: Int. 2: 7: 233-234). His distance from his emotional state is apparent in his second-person pronoun usage, the "um", "I guess", and the repetition of "you" which themselves feel like "small defences", possibly against self-doubt. It seems as though he still cannot quite acknowledge the fullness of his distress and, to cope with this during the interview, he has condensed it into "difficult parts".

The participants all noted that their struggles and defensiveness stemmed from historical relational issues which spilled into their current relationships: "*[…] in a situation with a male, for example, there would be all this sort of noise going on. 'What do they want? Can I trust them?'"* (D: Int.1: 12: 407-409). Men seem to have been the cause of Duncan's trauma and the "noise" may be his threat response sounding, causing him to be hypervigilant and mistrustful. Anne also had trust issues, which she confronted in therapy: **"*I don't think I realised, prior to therapy, that I wasn't trusting myself. I thought I just wasn't trusting other people, but actually a lot of it was me not trusting myself*"** (A: Int.1: 16: 575-577*)*. In therapy, Anne became aware of the impact of trauma on herself and her relationships, and how her mistrust infiltrated her life. Though it was other people who had originally hurt her, I note her courage in how she acknowledges that her mistrust of others became internalised, causing her to turn against herself, perhaps as a means to find control to defend against uncontrollable people.

Georgie used her creativity to put meaning to her distress, resulting in various pieces of art which were among her courage objects.

> "*[Referring to courage object] And it's a bit like, Okay, if I need to, I can contain all the horrible stuff and the bad experiences and... Like, it's not forgotten, but it's, it's, it's manageable is the best word I can use*" (G: Int.1: 4: 119-124).

Her sense of agency is emergent, which I interpret in "if I need to", "I can". Her objects are evidence that she can face and manage her traumatic experiences, and by creatively symbolising her experiences in these objects she has ensured they will never be "forgotten". She appears to be continuing to process in the moment with the repetition of "it's", but this is now "manageable" which implies it is good enough.

4.1.2 Vulnerability of sharing myself

Feeling emotionally and relationally vulnerable was a pervasive phenomenon for all participants evoking feelings of fear, shame and anxiety which emerged in the data. A core component of the participants' courage was linked with working on their fears of being seen and judged.

Jerome's struggle with being seen is apparent:

> "[…] I'm not very good, I'm not very good, I'm not very good at sharing things. I'm not really good at... I guess daily like [pause]. You know, daily conditions um, I don't tend to open up very much. So, in today's meeting, there's been a few moments when I've had to [tails off]. Like I just said to you earlier, that I worry that you're judging me, that took a bit of courage to say that; rather than just keep it to myself" (Jerome: Int.2: 14: 495-502).

Jerome's tendency to be self-deprecating is clear – he repeats "not very good" four times as if he is making sure I know and is managing my expectations of it; it is like an attack on himself before anyone else gets in. Shame and vulnerability are imbued in his staccato speech where he "ums", pauses and tails off. "Daily conditions" seems like an obtuse way of describing sharing himself in relationship. His speech suggests he is emotionally disconnected, yet he appears to be building up to something over a "few moments". Eventually, he confesses to his fear of my judgement, unaware that this could be a projection of his own self-judgement. He

manifests his courage by naming this fear, seemingly both to himself and to me. Despite his minimising language of "a bit", this is a big change as, in the past, he would "keep it to himself".

To be seen, we need the audience of another to acknowledge us. Anne states:

"Last time I said you know, the courageous thing was me talking about it [traumatic experience] and it still is, because you know that's one of the things I've just mentioned um, and that was because I was frightened that no-one was listening" (A: Int.2: 14: 449-453).

Having reflected on her experiences between the two interviews, Anne observes something different about what courage means to her. She refers to the first interview as "last time", when she had shared how difficult it was to talk about her experiences. This risk is "still" present in the second interview, which I notice in her "um", but she now realises her greatest fear was that of being unacknowledged, that "no-one was listening". This suggests that she experienced being dismissed and rejected in relationship.

Being seen was shameful and vulnerable for Duncan: "*[…] there was a shamefulness about having to ask for help"* (D: Int.2: 9: 305-307). Here, he refers to his family, suggesting that his family were silent when it came to emotions and that needing help and having dependency needs could evoke his family's shaming judgement. Though he does not mention therapy in this statement, it could be inferred that seeking help in therapy was also shameful and him doing so is an example of his courage, as is being part of the study.

Ben's courage experiences are interlinked with vulnerability.

"I think it'd come back to being vulnerable. That's kind of like the main keyword, I think, for me. Um [pause] it's kind of an acceptance. Because it's quite hard, especially with

therapy maybe [pause], so for me, what came to light wasn't super bad or anything,
but you know that was really painful for me" (B: Int.2: 5: 169-174).

For him, courage seems synonymous with accepting "being vulnerable". His language is somewhat ambivalent, which I note in "kind of", "maybe" and "quite". It is likely he felt vulnerable in the interview as shame is apparent in the "um" and pauses. I interpret that he was continuing to work on "acceptance" during the interview, and that his acknowledgement of how "hard" this was in therapy is paralleled in the interview. Perhaps he is coming to the "painful" realisation that his past lack of self-acceptance caused him so much distress. I also wonder if he is making sure I know he is not a "super bad" person, but that he just went through some distressing experiences.

Georgie took vulnerability to another level beyond sharing and listening. Reflecting on her courage object, which she linked to the experience of touch, she describes how she is learning to ask for what she wants.

"*[...] it felt like if I'm going to ask for my needs met, that's a really vulnerable place and*
scary, and um… yeah you've, I kind of feel, it feels like you have to be really brave and
courageous to ask" (G: Int.2: 26: 966-970).

Georgie's language is conditional as "if" she is still negotiating how to have her needs met as she speaks, moving from "I" to "you". Such wariness seems understandable given that asking is so terrifying, possibly because she could be rejected by the other. She directly links her fear of being seen in relationship to courage, and her vulnerability is apparent in her speech. It seems as though she is imagining scenarios in her head as to how to enact this courage, which is notable in "it feels like you". Perhaps she is still figuring this out and deciding if it is worth the risk, which brings me back to her conditional language.

Nascent in Anne's vulnerability is her power:

> *"And that part of me that, that did sort of stand up and start talking about these things.*
> *And start saying, well actually I do matter. It was that small vulnerable part of me that*
> *just wasn't being looked after by myself"* (A: Int.1: 18: 673-678).

There is energy in Anne's language. She did "stand up", she "started talking", she "matters" and, in this, I hear her confronting the very same feelings and experiences she acknowledged in her earlier statement about being vulnerable in therapy. I interpret her "part" as a new discovery and, though it is "small", it is empowered having been reconfigured to support her self-care and how to "look after" herself.

4.1.3 From judging to valuing the self with all its shadows

The participants all reported pervasive self-judgement, which went through a number of stages in therapy as they worked on their traumas, defences and vulnerable relational issues. This was a non-linear process which swung between acknowledging their issues, mourning loss, self-acceptance and seeing their shadows, or the parts of themselves they unconsciously reject and disown.

Anne shares, "*[…] it feels like it's not real, it feels like I wasn't me, it feels very sad to think about it still, that that's where I was, but it does feel in the past as well"* (A: Int.2: 4: 102-104). Her use of "it" seems to refer to the trauma she went through, and how "it" impacted her. In the present, her trauma feels "not real", which signifies her recognition of how she has changed and found some healing. While she can see her shift, I observe her sadness as her mourning for her past self and what she went through, and I note her courage in how she owns her grief – it was "where I was", but how she sees it is not where she is now.

This subtheme picks up the thread of shame which is woven throughout the previous subthemes. In these themes, the participants spoke about the impact of shame, but in this subtheme they appear to be facing up to and working on their shame. *"I don't need to kind of have the shame around it and hide it anymore, or try and forget about it, or dismiss it in any way"* (G: Int.1: 15: 545-547). Here, Georgie seems to acknowledge the perceived protectiveness of hiding in shame, which she may have felt in response to trauma which may be the "it" she refers to. Rather than defend against her distress, she does not "need" to fight, and she can instead accept herself, which is where her courage comes through.

Two participants spoke about "overcoming". Ben said, "[…] *you know shame was a big part of why I felt crap. […]. Um and it's kind of overcoming that shame by [pause]… being courageous, right?"* (B: Int.2: 33: 1241-1243). His language and the use of "um" suggests he may have felt shame in the interview. His phrasing of "big part of why I felt crap" feels self-diminishing, as if he is trying to flatten shame in the moment because it can be so "big" and overwhelming. The pause feels reflective; by sharing this in the interview, he seems to be making a new realisation about his courage and overcoming shame. I wonder if his "right?" was a question to me or himself, but it leaves one considering if something as endemic as shame can ever be fully overcome.

This sense of uncertainty is echoed by Jerome, who also sought to overcome. "*But I guess I kind of overcame that fear of being judged"* (J: Int.1: 8: 216-217). His uncertainty and doubt are notable in "I guess" and "I kind of". This work is, therefore, evolving for Jerome. I find it interesting that it is the male participants who speak of "overcoming" – there may be an implicit gendered requirement to be strong and to defeat these battles. Nevertheless, both Ben and Jerome are learning to see their struggles more fully and their capacity to process them.

Duncan's courage features in how he can now look at his shadow with less self-judgement.

> *"[…] when I look at myself [pause]... things like who I am, the way I feel, my behaviours et cetera. I can look at them now without really feeling, 'I shouldn't be like that'"* (D: Int.2: 11: 391-393).

It could be that the pause is a moment of self-reflection in the interview. There is a sense of an internal dance taking place inside him in the moment, where he can now "look" at himself. In doing so, he seems to allow some self-acceptance, instead of obeying his internal critical voice of "shouldn't".

Ben is also learning to accept himself and face his self-hatred.

> *"I've also accepted like who I am I think […] for someone that I guess hated myself for a long time, that felt quite a big change"* (B: Int.2: 33: 1262-1263).

His acceptance is a work in progress, which I deduce from "I think" and "I guess". The battle with his shadow is foregrounded when he notes his past self-hatred, and the "big change" he feels. I can see his courage in this passage in how he now sees his worth by noticing this change.

During the interview, Georgie admitted to a judgement she felt for someone, "*[…] it is a real challenge to... Oh god, to admit my prejudices"* (G: Int.1: 24: 919-920). She appears to be experiencing this "challenge" in the moment, and this could be interpreted as her having the courage to acknowledge her bias. Her tone of voice was clear and forthright, which suggests that she had the confidence to "admit" something she was also embarrassed about which could be inferred from "oh god".

Later in the same interview, she states: *"[…] I'll dare [laughs] to be grateful for the character that I've got in me, that keeps me going really"* (G: Int.1: 36: 1357-1359). To contextualise, in the latter segment Georgie is suggesting she would add the word "grateful" to the word cloud that was shown to all participants at the end of the interviews (Appendix 1). She appears to be saying that, despite everything, she feels gratitude for being herself. "Character" is an interesting word as it could denote a person in a play, or someone's unique individuality. Perhaps she means both: her "character" helped her survive and "keep going", and her uniqueness is emerging, which she is learning to embody. Her laughter sounded like one of joy rather than the shame laughter she was prone to – I interpret her joy in having the courage to "dare" to be fully herself.

By having the courage to confront their shadows, all the participants arrived at varying levels of embodying a truer sense of themselves. At the beginning of the second interview, Duncan showed me a video of him performing. He had referred to the video in the first interview, but did not show it.

> *"So I thought, 'All right, first off, I'm going to do it today [show courage object].'… Um I think it's like taking the mask off, in a sense, and showing um showing a truer self"* (D: Int.2: 5: 153-154).

His internal dialogue illustrates that this was a conscious decision, and having a second interview gave him time to muster up whatever he needed to show the video. The layers of his courage are apparent: his performance in the video, showing me the video, making a decision to be seen and acknowledging he is "taking the mask" off, which I take to mean challenging his avoidance, therein demonstrating a "truer self".

4.1.4 Learning to listen and be present to myself

All the participants came to find ways to work on their struggles and develop degrees of self-acceptance. Rather than feeling constantly overwhelmed, they all found ways to use their insights to continue to deepen their courage. As in all the themes, how they did this was unique to each person, but it often involved learning to see themselves fully and being more present and mindful, which helped them integrate a felt sense of self-belief. Anne explains: *"I have continued to experience my own courage and [pause] like listen to myself and move forwards"* (A: Int.2: 33: 1077-1078). There is a forward momentum to Anne's courage; it is an ongoing "continued" process for her. Her pause suggests a moment of self-listening, and this seems to be the key to her courage.

Anne's internal awareness chimes with developing presence, which Jerome is also working on: "*If that courage is there, and you're a bit more present... A bit more aware of it, then you're more likely to make decisions, or to overcome issues, or to deal with things"* (J: Int.2: 19: 693-696). His use of "if" and "you" infers that, while Jerome may see being present as something useful, he is not yet embodying it. It is as if he is reading this statement and can see its validity, but his courage feels "a bit" distant.

Conversely, Duncan's sense of being present feels more sure: *"[…] you can't get rid of these emotions, they're there, and they'll come up now and again. Whereas, just like contemplate it, live with it, rather than trying to suppress it"* (D: Int 2: 11: 414-417). His point about not being able to "get rid" of his emotional struggles is important. Unlike Jerome's wish to overcome, which is also noted in 4.1.3, Duncan is being realistic. Instead, "these emotions" have to be lived, and thus being present to himself is courageous.

Georgie straddles both as she tries to understand and embody listening to herself:

> **"***I think for me, when it relates to me is a bit of a... again it's a little bit of journey of trying to understand that. 'What does that mean? Is it this, is it that?'… Um, it's sort of like putting your toe into something to test it out. 'Is this courageous, is it not courageous? Does it matter?'"* (G: Int. 1: 31: 1178-1181).

Her repetition of "me" suggests that in the moment she is trying to own something within. She is tentative in her "journey" which can be seen in "a bit" and "a little bit". Her externalisation of her internal dialogue feels like a personal search for what courage means to her, which she "tests" with me. She is embodying this search by putting her "toe" in it, and this is mirrored in her speech. The self-directed questions are exploratory rather than questioning herself. In her remark "does it matter?" she seems to be saying it is not the language of courage that matters, it is the embodied aliveness of it which makes real and important.

4.1.5 Getting in touch with the body

This subtheme explores participants' awareness and capacity to integrate their embodied selves in their lives, and how this resonates with their courage. Their embodied journeys closely mirror the superordinate theme: All the participants experienced somatic falling apart in their automatic threat responses, and they all had varying levels of somatic repair as they sought to come back together again.

The participants' experiences of getting in touch with their body was often implicit in how they were in the interviews which was apparent in their speech, body language and the embodied resonances I perceived. All the participants made explicit reference to their embodied selves, but somatic awareness was of particular importance to Duncan, Anne and Georgie.

Georgie provided vivid accounts of her somatic distress, which she came to recognise as being a traumatic response. *"I was on my knees […] and the physical sensations I would get*

would just shake my body" (G: Int.2: 2: 66-67). Here, she describes being triggered during a therapy session. It feels as if being on her knees and rendered powerless parallels the powerlessness of trauma which shook every aspect of her "body" and her being. It is significant that this happened in therapy, and that she then shared her experiences with me, and also as part of the study. In these domains, her distress is being witnessed in places of her choosing which differs to the powerlessness and disavowal she previously endured.

Jerome was less in touch with his body. In the interviews, I perceived that he was sometimes inclined to react with the freeze response when he experienced difficult emotions. "*[I feel] quite tense…Yeah, a little bit, like, a little bit uncomfortable*" (J: Int.1:9: 242-244). While he may have felt "tense" and "uncomfortable", his here-and-now conscious acknowledgement feels courageous. He seems to be navigating shame which is notable in his repetition of "a little bit". He later notes his tendency to shut down: "*[…] it's either numb, or it's feeling a bit like hardened to the problem*" (J: Int.2: 7: 236-237). If being "numb" or "hardened" are his usual responses, admitting to feeling "uncomfortable" suggests courageous change.

Speaking about his body in therapy switched on Duncan's embodied awareness:

> "*[…] as I started getting more into the body, the feelings of um [he shifts in his chair], especially in this area here [indicates his torso area], were quite astounding to me sometimes because I never allowed myself really to go there before*" (D: Int.2: 8: 262-268).

There seems to be a parallel process between therapy and the study with Duncan "getting into the body". He may feel a bit exposed in his "um" and moving in his chair, yet these body communications he is tuning into are "astounding". He acknowledges an internal shift in giving himself permission to "go there" and he learns to feel another layer of aliveness in his body, and also by sharing with me.

Georgie regularly referred to her embodied experiences, and here she describes feeling more integrated: "Y*eah, so that's like a stomach part, it's softer, like solar plexus, stomach […] a little child stood behind you with their hands like on your shoulders it feels like, like [whispering] 'Okay'"* (G: Int.2: 20: 755-758). This "part" seems to be her child self who is soothing and reassuring, keeping her grounded with hands on her shoulders. This is a role a parent plays, but maybe she did not receive this care when she needed it growing up. Now that her child self has been worked on and soothed, she can use this part for her adult self.

When asked where in her body she felt her courage, Anne said:

> **"***Sort of starting here [indicating her chest/heart area and moving her hand downwards] and then pushing down towards I guess my back and my legs. Maybe I feel very grounded or [quietly] maybe it's something to do with putting roots down somewhere"* (A: Int.2: 7: 215-218).

There is quite literally a felt sense of a journey in Anne's description, and in the moment she appears to be making new discoveries which I note in "sort of". The "pushing down" feels empowered as she goes on to describe feeling "very grounded" and "rooted". The tree metaphor feels apt; the nourishment she receives in her body is top down in what she receives from outside herself, like a tree absorbing the sun, and bottom up within her internal self where there is nourishment and connections with other root systems.

4.2 Learning courage within therapy

By and large, the manner in which the participants developed their courage during therapy was implicit. Only two participants – Georgie and Ben in 4.3.2 – overtly spoke about courage with their therapists, and these discussions were brief. Despite this, the data illustrates that all the participants discovered and strengthened their courage in therapy, and that the therapeutic

relationship was an important springboard from which participants' courage experiences were explored.

4.2.1 Holding back and taking leaps

A core facet of participants' courage experiences is linked to them recognising and working through relational issues, and this transpired within the therapy relationship too.

> *"There was one day I was looking down, and I looked at him, and he was kind of gazing out of the window. I stopped talking and he was still gazing out of the window. So, I just went [clicks his fingers]. And he went like this [mimics a startled response]. And I said, 'Oh, we're back in the room, are we?' But even although there's quite a lot of energy in that, but it just completely shut my trust down. You're not here"* (D: Int.1: 6: 182-190).

This segment illustrates a deep rupture that occurred between Duncan and his therapist, where Duncan felt abandoned. He recognises his emotional response was strong, which suggests that abandonment may have felt familiar for Duncan. He used the moment to show his anger to his therapist by clicking his fingers and in his comment, but the potential for repair was impossible as he had "shut down" and his therapist was "not here". He later acknowledges this moment as courageous:

> *"[…] the first courageous thing that I did was to tell my first male therapist what I thought of him [….] acknowledging that, and being able to show those emotions to, especially a man actually [his therapist], was actually quite a big breakthrough… Yeah, so there was quite a lot of courage in that"* (D: Int.1:18: 608-610).

Calling this "the first courageous thing" highlights how important this moment was for Duncan in how he voiced his real, angry feelings and allowed this to be seen by a man. The gendered

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component suggests that historically men have been problematic and dangerous in Duncan's life. Thus, he makes an implicit link between risk and courage: taking a risk to acknowledge and express his difficult feelings to a man is an act of great courage. This appears to have paid off for Duncan as it was a "breakthrough".

A number of participants shared the view that relational risk is an aspect of courage, and they recognised this relational risk-taking courage with their therapists. Jerome observed this in particular moments: *"It would be the times when, when I was telling [therapist name] of things that maybe I wasn't proud of, I wasn't proud of myself about"* (J: Int.1: 7: 200-202). Shame is apparent in his tone and speech, and the repetition of "I wasn't proud of" suggests shame is an enduring issue for him. By sharing this admission in the study, he is paralleling his courage to confront his shame and be seen.

Anne notes that relational risk is all-encompassing: "*I took the risk to trust my therapist...*" (A: Int.1: 25: 940). It appears that risking this trust facilitated profound relational healing. ***"I haven't really reflected about it in this way, but by trusting her perhaps that was part of why I am able to trust again. Or perhaps it's why I realised I can trust again"*** (A: Int.1: 15: 560-563). Here, she is retrospectively seeing her courage and is building on it in the moment with me, which is observable in her interchanging use of past and present tenses. Her trust was lost, and therapy, and participating in the research, have helped her to find it "again".

Similarly, Georgie recognised the importance of developing trust in the therapy relationship:

> *"Um, it took so long for me to trust and build that relationship with my therapist that um and, I'm very clear that that was the key to me and stuff, was, was the relationship"* (G: Int. 2: 9: 312-314).

Developing trust was a process which took "so long". I note her repetition of "was" and the "ums" as her potentially feeling vulnerable in the interview, possibly mirroring what she at times

felt with her therapist. The courage to trust her therapist was nevertheless "built" which was foundational, and I sense this trust is what she is resolutely "clear" about.

Duncan describes another risk-taking courage experience, which was when he showed his more recent therapist, also male, his courage object.

> *"[…] there was that kind of holding back, but it was quite a leap [showing his object to his therapist], in a sense, because… it was showing him, as well, another part of me"* (D: Int.2: 12: 386-387).

Life experience had taught Duncan to "hold back" his truer self; thus, this "leap", which I interpret as risk, to allow his therapist to see this authentic "part" of him, is momentous. I infer that a huge amount of therapeutic healing took place for Duncan to develop a relationship where he could be courageous enough to invite his therapist to witness him.

4.2.2 Who decides who is courageous

Pervasive in this subtheme was a sense of feeling either disempowered or empowered when called courageous by their therapists, alongside the courage to name one's own courage.

Two participants recounted what it was like when their therapists called them courageous, and Georgie seemed to find this overwhelming.

> *"So I was doing therapy and at the same time of my therapist mentioning the word brave, which I was like, 'Whoa', […] then my friend sent me a keyring which has B on one side [she shows me the key-ring], and then on the back is the word brave. And I was just like, 'Whoa!'"* (G: Int.2: 33: 1240-1247).

Her description of therapy as a "doing" act suggests that Georgie was still working on internalising her therapeutic work and may have already felt "done to" by the process. The

therapist may have been too quick, or too sudden when calling her brave, a word Georgie uses interchangeably with courage. Perhaps the gift from her friend was like a double whammy shock to her system. Georgie uses the phrase "whoa" twice, as if she is speaking to a skittish horse that has bolted from under her, and she is now struggling to gain some control. Interestingly, the keyring was not one of her objects, and I wonder if it may be due to it being symbolic of feeling objectified by being called brave – both the word and object feel like impositions. Yet, she still carries the keyring in her bag, so maybe something is developing in her capacity to own her courage.

She goes on to reason why courage was so hard to acknowledge:

> *"I think it was the old messages of, um, I think that's what courage, it's old messages of arrogance, and sort of talking yourself up, and thinking you're better than other people because you've done something somehow superior"* (G: Int. 2: 33: 1251-1256).

She seems to be saying that she internalised a historic view of courage imbued with arrogance, and that to see this within her – as being "superior" to others – is disempowering and shameful which I hear in her "um". I wonder if she previously viewed courage as heroic and that to see this in herself feels alien as she implies she had a negative self-view.

Conversely, Ben's experience of being called courageous by his therapist was a pivotal change moment.

> *"[…] he [therapist] came back and said, 'What you just did, you just shared something deeply personal. For someone like you doing that, um, that is the definition of brave. That is, that takes a lot of courage to do that.' That was the second time I ever cried with him"* (B: Int.1: 4: 135-140).

To contextualise, Ben had given his therapist a segment of his journal, one of his objects, to read. I note his therapist's own courage in how he authentically shared his view of Ben. It seems that his therapist understood Ben's struggles with shame, and he makes this known by calling him courageous, resulting in reciprocity between them which was "personal". Ben's tears may have been in response to this moment of meeting, rather than being tears of sadness. Perhaps they were tears of relief of his vulnerability being met by his therapist's vulnerability. Additionally, I note how Ben continues to be courageous by sharing this with me and being part of the study.

This theme of being seen is partially revisited by Jerome, but a power dynamic in this study's design also emerges. "*I would say as well, because my therapist recommended you um, and that, well, I don't want to say I was duty-bound, but I did want to give back a bit*" (J: Int.1: 12: 353-355). Jerome's therapist emailed him this study's recruitment flyer, which he may have perceived as his therapist implicitly naming his courage. Though it appears he felt seen in this act, I am cognisant that layers of a power dynamic could be at play. He states he felt "duty-bound" to his therapist to take part in the study, but I observe Jerome's self-agency too as he wanted to "give back". His hesitant language implies he was negotiating his courageousness in the moment.

By participating in the research I would argue that, to some degree, all the participants made the decision to see and own their courage. There was a sense of a ricochet momentum in how Georgie came to own her courage, having been called courageous by her therapist.

> "*She [therapist] was doing what she does, and um none of it would have happened if I had not kind of been kind of um, been willing and courageous enough [laughs] to face it all, and jump in there*" (G: Int.1: 26: 986-989).

Again, Georgie uses the word "doing", but here I interpret this as meaning that Georgie could see her therapist "doing her job". The hesitant speech and shame laughter arise when she turns her attention to herself. Despite her tentativeness, Georgie appears to be owning and seeing her courageousness which requires her "willingness" to face herself, and that this "jump" was a risk.

4.2.3 Going backwards and forwards in time

The data demonstrates a temporal influence on the development of courage which manifests as a back-and-forth process. This vacillation across time required perseverance, and though the participants acknowledged that their courage evolved while in therapy, it was often acknowledged in hindsight.

The bidirectional sense of needing space to explore was important for Georgie:

> "I need to find a place that I can do this backwards and forwards. Maybe that's not always a bad thing because it means I'm questioning [quietly] what I'm doing" (G: Int.2: 13 1383-1386).

She observes that having room to manoeuvre is important, and her statement of needing to "find a place" could be seen as a boundary recognition which she worked on in therapy. Her wondering of "maybe that's not always a bad thing" suggests that developing boundaries may have been a struggle, but she is now judging herself less. Her courage is apparent in how she can look at herself in her quiet questioning.

Time seemed to speed up exponentially for Ben throughout therapy:

"[…] once you start that ball rolling, it gets faster and faster and gets easier and easier as you go along, but like the first steps and all these different stages [pause] were all hard, but they did get easy" (B: Int.2: 17: 631-635).

I interpret him saying that the first moments of being courageous are harder – these moments are the "balls" – and that developing courage is a practice which occurs over different stages. Though he has travelled a long way from how he was at the beginning, his use of the second person pronoun feels as though he is explaining this process to others, as well as speaking from his own experience. Yet, this distanced language also indicates that he does not want to go back to the "hard" times, or perhaps that they are now over.

Similarly, Jerome learnt his courage over stages, noting clear timeframes:

"There were these six-week periods where it was like OK, I can get to the stage where I feel like I can make this change. Um… and um, and then I would have doubts again and lose that confidence […] and it would just go round and round" (J: Int.1: 7: 176-180).

His internal voice is notable in "OK" where he seems to be reassuring himself, building himself up to effect "change". The repetition of "um" parallels him feeling toppled – whilst in therapy and then with me, where shame and doubt knock him off course. In saying "we", Jerome is referring to his therapist being alongside him, and though it could be argued that going "round and round" sometimes felt like going in circles, his below comment clarifies that this process helped him see things more in the round:

"That process was quite good, each time we came round to that every few weeks we would recognise [it] but that conclusion, whatever it was, would be something different. The conclusions would be different, and I would feel slightly different" (J: Int.1: 7: 187-192).

This repetitive process was important to help Jerome work through his issues, and it facilitated positive growth in his cognitive and emotional state. He implies a correlation between change and courage. Perhaps change initially provoked his anxiety, but this seems to have abated over time.

The end of therapy was an important milestone for Georgie: "*I had to get to the end of that time with her [therapist], to be able to really look back*" (G: Int.1: 25: 959-960). In "had to" she seems to be suggesting that time and therapy ending were fundamental for her to be able to take in the full view of her experiences. This ending sounds as though it was agentic, as she was then "able" to see the richness of her time in therapy.

The power of looking back to see something more clearly resonates with the power of hindsight being an important courage learning tool. Hindsight furnished Duncan with deeper realisations as he continued to process material between sessions: *"[…] one of the things that I found in therapy, for example, in the session, a lot of stuff would be discussed, and it was only afterwards it would kind of come"* (D: Int.1: 23: 973-975). I interpret that what he "found" was the discovery of his reflective capacity in therapy, and that new realisations take time to develop between sessions which helped honour the fullness of his experiences.

Anne notes hindsight helped her see her courage: *"[…] not until the end of sessions did I realise, I think, that em… that actually I had been very brave [pause]. Which was lovely really, thinking about it"* (A: Int.1: 20: 730-733). Like Georgie, the ending of therapy was an important landmark in her courage journey. She observes her bravery in the present by looking at the past. This new and "lovely" realisation occurred during the interview, and I posit that the study felt like a bridge to Anne's therapy, giving her more space to reflect on her courage experiences. In fact, it stands to reason that this latter point resonated for all the participants where their involvement in the study provided them with further learnings about their courage.

4.2.4 Therapist encouraging and role modelling courage

A clear line in the data was that the therapist's personhood and technique were important factors as they facilitated courage in a number of ways. These include the therapist's encouragement, how they embodied role modelling in the therapy room, their clinical techniques, and being real and authentic with their clients.

The therapists encouraged courage in subtle ways in terms of their embodied demeanour and how they related to the participants. This was foregrounded by two participants, yet only Anne used the word "encourage". *"Yeah, yeah and she was quite good at encouraging me to listen to myself as well I think"* (A: Int.2: 16: 497-498). There is a lilt in her voice, which comes through in "yeah, yeah" as if she is revelling in the enjoyment of being encouraged, which denotes being seen by her therapist. As noted in 4.1.2, Anne was concerned that no one was listening, and then in 4.1.5 she recognised that listening to herself is important. Her therapist's encouragement suggests they were aware that listening was an important theme for Anne.

Jerome implies his therapist's encouragement, saying: *"[…] he [therapist] was good at tapping back into that younger me, that stronger me. And he was good at pulling that out and helping me find that place again"* (J: Int.1: 3: 67-69). That his therapist was named as "good" twice suggests Jerome trusted him, and that he was skilful and attuned to Jerome's propensity to be passive and inhibited. It was as if this therapist reached in and found Jerome's younger self through a process of "tapping" which becomes more active with "pulling". There is something paternal in this therapist's capacity to delve deep and be alongside Jerome. This fatherliness was also apparent in how he became a courage role model for Jerome.

> *"[…] I got the impression he was a bit more... Yeah, gung-ho, experiencing life, rather than kind of um [tails off]. He tried to get me out of my uh my comfort zone a little bit, which kind of helped"* (J: Int.2: 4: 116-119).

In this passage, Jerome's speech is hesitant which suggests implicit shame; I wonder if, in the interview, he is internally comparing himself to his therapist and somehow feels diminished or apathetic, which is implied in how he tails off and "kind of". The word "gung-ho" is curious, as it refers to someone feeling enthusiastic, particularly in warfare. He then speaks about being encouraged out of his "comfort zone", and again I interpret this phrase as having a militaristic tone which leads me to consider how, for Jerome, working through shame and bringing his learnings from therapy into life felt threatening.

Georgie identified relational role modelling in her therapist.

> "[…] *I think she [therapist] showed me how to be courageous…*
>
> *R: How?*
>
> *P: ...sort of ...Um, I think just by facing things, by looking at them, um, being able to sort of say, 'Yeah, you did that, and actually that bit was a bit crap, wasn't it? But, let's look at, you know, where you got to after that and what you did'"* (G: Int.1: 23: 875-882).

Shame is apparent in "sort of" and the "ums". Like Jerome, there is a parental feel in how Georgie's therapist related to her by showing her how to be courageous and face distress without being consumed by difficult feelings. There is a parallel process where the therapist is being courageous by explicitly acknowledging Georgie's pain, after Georgie had role modelled courage to her therapist by sharing her experiences in therapy. What Georgie went through was more than "a bit crap", but perhaps this is her way of paraphrasing her therapist who seems to be saying, "the worst has been worked through and look at you now".

The therapist's capacity to use immediacy and be real with the participants could be interpreted as role modelling authentic courage. As already noted, Duncan struggled with a male therapist, but afterwards found another male therapist who he was able to trust to the

level of being able to receive personal feedback from him. *"I mean, that's the great thing about my therapist [names therapist]. He um, gives me feedback"* (D: Int.1: 16: 513-514). The receipt of this feedback is a stark comparison to the segment in 4.2.1, where Duncan recounts an enactment with his previous therapist who completely missed him. For his more recent therapist to courageously give feedback, and then for Duncan to take it in, despite the potential discomfort of this in the "um", suggests trust and "great" reciprocity in their alliance, and the spiralling impact of courage.

Moreover, there was a sense of being enjoyed by his therapist, which seemed thrilling and healing. Duncan described showing his therapist his courage objects: *"He had seen all of them [videos], yes. And the photographs. And I trusted him. He loved exploring it with me"* (D: Int.1: 10: 315-316). The use of "all" implies that Duncan showed his therapist not only his objects, but all the parts of himself – from his shadows to his joyousness – and that this was a joint exploration. He clearly states the trust he felt, and this connection allowed love to develop between them. Duncan appears to feel thrilled, as a child might, in feeling seen by his therapist when he said, ***"And I showed it [object] to him, and he said [pause], "Wow!"'*** (D: Int.1: 10: 306).

Anne also felt met by her therapist, which was important for her healing. She recalls her therapist as, "*[…] very understanding, I don't think I ever felt [pause] I'm weird or, or that anything I was doing was wrong um*" (A: Int.1: 10: 352-353). Anne's inherent belief of not feeling enough, outlined in 4.1.1, is alluded to her in her language of "weird" and "wrong", thus feeling understood was restorative. She later explains, "*She listened, she definitely listened, so my fear that no-one was there to listen… was proved wrong*" (A: Int.2:15: 464-465). Of course, Anne would have had to have made herself known to her therapist in order to be seen. That she did this in the face of her fear of being judged and abandoned is courageous.

4.3 Translating courage from therapy into life

This superordinate theme showcases the aliveness of courage. During their time in therapy, all the participants tested their courage in therapy, and it largely paid off for them. Throughout the corresponding subthemes, the participants recounted ordinary moments where they brought their courage from therapy into their everyday lives: sometimes their courage was conscious at the time, and on other occasions it became conscious only in retrospect. Some of the examples occurred after therapy had ended, with others taking place between sessions while the participants were still in therapy. Subthemes 4.3.1 to 4.3.3 illustrate the momentous nature of courage which increases through developing conscious awareness and relational courage in 4.3.1, to understanding active choice in 4.3.2, to taking empowered control in 4.3.3.

4.3.1 Assimilating relational courage from therapy into personal relationships

Overarchingly, the data illustrates that courage is a phenomenon that requires awareness and belief, and that it therefore comes and goes in relationship. Superordinate themes one and two exemplify some of the relational and courage losses experienced by the participants; this subtheme illustrates the moments when courage was more conscious and nurtured in relationship. These courage experiences encompass moments where the participants acknowledged their foibles and authenticity, and used their courage to develop deeper, more meaningful relationships.

Relationships, particularly with men, were difficult for Duncan. In this segment, he discusses his choice to get a lodger which he notes as an example of his courage:

> *"Before I was worried about, 'Oh my god, they might annoy me' or I might annoy them. […] But [pause] he's been fantastic.*
>
> *R: What is it like being seen?*

Yeah, it's easy. Easier now than it was. With [names lodger], for example, because we live in the same house he sees a bit more of me than other people" (D: Int. 2: 13: 481-484).

In the first sentence, I notice Duncan admitting to his fallibility in relationship, and in doing so he exemplifies another layer of his courage by confessing it to me in the interview. He is temporally aware of his change in attitude in how he was with "before". The pause serves to facilitate him to reflect about his present view, when he then announces that his lodger is "fantastic". Having discussed relational issues in the first interview, I was aware of Duncan's struggles to be seen in relationship which is why I asked my question. He repeats his awareness of his change which is gradual, illustrated by his use of the present continuous tense. Duncan invited this person, a man, into his home. In doing so, he is allowing himself to be seen like he did with his therapists in 4.2.1 and 4.3.4, and in turn this helps him to see himself.

He later adds, *"[…] before I was probably projecting my own intolerance of myself onto other people. So I think, because I'm more tolerant of myself, I'm more tolerant of other people"* (D: Int.2: 14: 506-511). Here, Duncan acknowledges his "projections", a word and phenomenon he potentially worked through in therapy. His courage is related to him seeing how his defences impact his relationships and that this is interpersonally transformative for him. His admissions of "tolerance" feel authentic.

Similarly, Anne speaks about her relational authenticity, making a direct link with her time in therapy. "*We talked about that in therapy, but actually […] having the courage to ask this friend, either you recognise how I'm feeling, or we can't be friends for the time being"* (A: Int.1: 16: 583-585). Anne's courage to discuss her feelings towards her friend in therapy, and then have this conversation with her friend, was a marked step change for her. She "asked" her friend to recognise her which sounds like an ultimatum, therein demonstrating her emotional and relational boundaries, and her developing self-worth.

The capacity to recognise relational boundaries is picked up by Georgie:

> "*[...] for me, my most courageous acts were actually after, because I had done the therapy. So that was about leaving my um partner for 25 years. For me, that was the most courageous act. I couldn't have done that unless I'd done the therapy*" (G: Int.2: 6: 195-197).

It was after therapy had been "done" that Georgie could find her courage to leave an unhappy relationship. From this, she suggests that in therapy she had discussed and worked through her relational issues, and with this awareness could take this decision. Twenty-five years is a long time, and I interpret her "um" as her seeing both this longevity and her courage to leave and then share this with me. There is something so poignant in her awareness that her work in therapy facilitated this relational change, which I note in her repetition of "most courageous acts". Saying "I couldn't have done it" without therapy suggests that she found her courage there, and then proactively brought this into her life.

Interpersonal courage was not only demonstrated in relational struggles, but also in how the participants saw themselves, and how they found ways to develop deeper relationships. Anne illustrates:

> "*That's a big part of how, I think, how I experienced courage because um, learning to trust myself or believe myself again has sort of allowed me to be closer [to] others and it has allowed me to be closer to him, um, and without me going through that process I wouldn't have any of that*" (A: Int.2: 3: 86-90).

Throughout her interviews, Anne revisited the theme of trust, which was of great, or "big", relevance to her. In this segment, she succinctly explains that she had to learn to trust herself first, which had a knock-on effect with her trusting other people. The "he" she refers to is her partner, and she implies that developing trust permitted her to be more intimate with him. I

interpret the "process" as being the process of developing interpersonal trust in therapy, which she courageously incorporated in her life.

By bringing relational courage into their lives, the participants engendered reciprocity and compassion. "*[...] I can't sort of give back to other people and receive kindness and love from other people if I'm not letting them in*" (G: Int.1: 5-6: 185-187*)*. Georgie's cultivation of "kindness" is expanding due to her courageous capacity to develop reciprocity by "letting them in".

This was echoed by Ben:

> "*So it was the first time she [his mother] sort of said, or that I remember, 'I love you', and I was like, 'Jesus - that came out of nowhere!' and I said it back. And it was just - that would never have happened if I wasn't brave enough to fix myself and then talk about stuff that was maybe on a deeper level with them*" (B: Int.1: 17: 608-613).

The shock of his mother's statement of love is notable in "Jesus". Ben had the bravery to say it back to her, rather than potentially rebuff her. This reciprocity seems to be a marker of his healing having been "fixed" in therapy. Excavating the "deeper levels" of his emotionality in therapy created changes in how he relates to himself and others, and his courage has nurtured his connections.

4.3.2 Choosing what to share

This subtheme is related to 4.3.1, where the participants noted their courage in key moments when they shared something within relationship. Yet, it is the active *choice* to share and change something deeply personal which sets this subtheme apart. By making these choices, the participants demonstrated their agency and emerging self-trust, which further blossomed as they continued to share themselves in the interviews.

The act of choosing to share his thoughts and feelings with his wife in an email was noted by Jerome as an example of his courage.

"It feels positive that I'm able to identify that as having [the] courage to say that [sending the email]. [...] otherwise, again, it comes back to taking up space in your mind, and you're just thinking about it, and you're not changing anything, so I would still be thinking about sending that email to [wife's name] whereas today I've sent it, so it feels quite great, and to have done it, and to have committed to it" (J: Int.1: 14: 517-523).

This segment illustrates Jerome's recognition of the power of sharing himself with someone he is supposed to be close to, but there seems to be distance, too. He recounts moving from feeling stunted through rumination, to now sharing his inner thoughts, is a marked change. From this, I deduce that for him courage and change are linked. In his pronouncements of "great" and "positive" he seems to be celebrating his commitment to himself by making this change.

Trust was crucial for Duncan to share himself in relationship. "*There was a lot of trust built up in the group and everything. I thought, 'I've got to tell them'*" (D: Int.1: 4: 111-113). There is an urgent excitement in his need to share himself with his peers. The trust he experienced seems built from the ground up, probably over time, and now it is at a fortifying level where he feels safe enough to share "everything".

Two participants noticed that choosing to share their experiences in relationship helped facilitate deeper connections.

"*I would come home from therapy, and we would always, I would always talk to him after therapy and sort of [pause] I would share with him what I had found most insightful"* (A: Int.1: 21: 757-760).

The sharing that Anne describes with her partner may have served as an extension of therapy, but her partner is different; he is part of her "home". She actively wants to share herself with him, which points to the trust she feels in the relationship and I note this in her repetition of "always". The usage of "we" to "I" denotes a sense of reciprocity and separateness; she is aware of her choice to put forward something, perhaps to generate further closeness between them.

Throughout the study, Ben references vulnerability as a core element of his courage. In 4.2.2, he notes its interrelationship with openness – by choosing to share himself, it seems that openness has emerged as the next step beyond vulnerability. *"I feel like just being open has helped. Um [louder] yeah just like better, better connections and relationships with people"* (B: Int.1: 15: 539-541). He loudly and emphatically notes the impact of his choice to share in relationship and seems aware this is a choice he has consciously made which has created exponentially "better" relationships.

I would argue that all the participants demonstrated their courage to share in their choice to be part of the study. This implicitly and explicitly mirrored their courageous sharing experiences from therapy and in their relationships, but a number of the participants made a point of acknowledging the poignancy of sharing with me. Coupled with this were the courage objects, what the participants chose to bring with them to the interview and what they wanted to share about them. Duncan was particularly cognisant of the importance of sharing his objects with me.

> *"It feels like I've broken through a barrier [pause], because [pause] eh, you know, there has been quite a lot of preamble getting to this, and [pause] it feels as though I've gone beyond something. And with you, for example, there's a building of trust. We don't know each other"* (D: Int.1: 8: 243-247).

There is an interesting juxtaposition between the power of "breaking through" and "preamble", as if he is conflicted by his defences that keep people away, alongside a wish to be seen and share himself. Duncan took a risk to share his object with me and I deduce that this was the moving beyond his defences. Yet again, trust is fundamental to allow him to break through. He points out that he does not know me, and as such he is likely referring to his self-trust.

Georgie uses the here-and-now to question her choice to share with me.

> *"Just speaking to you [laughing] was about asking myself, where's my boundary? And am I OK sharing? You know, what's the parameters? So it's all good experiences for me, I think to do that"* (G: Int.1: 10: 213-216).

To contextualise this statement, Georgie had been discussing one of her courage objects, which was a box containing a piece of art, and the box symbolised her learning to develop boundaries. Here, she is reflecting about choosing to share with me – there is an internal self-negotiation which she observes aloud with me. I interpret her questions as her feeling fearful about what to share, and her laugh points to her vulnerability – she is being courageous in the moment by sharing with me. She seems to ameliorate her fear by acknowledging herself with me which is "good".

4.3.3 Deciding to no longer be a passenger in life

The participants' awareness of their self-agency carries on into this subtheme, where they illustrate their courage in their capacity to make empowered decisions, and take active control, which in turn creates conscious change in their lives. In this theme, they are taking their courage to the next level to being willing and aware of their capacity to be courageous, and then act on it.

In the first interview, Jerome identified an object which he linked to his courage, though he only made this link during the interview, having brought a different object.

> *"The doctor prescribed me with um antidepressants [courage object], but it was at that meeting with the doctor that um I felt that they were not... This, this wasn't a road that I wanted to go down…"* (J: Int.1: 1: 26-29).

Imbued in this statement is a power dynamic, and I interpret this as being between Jerome and the doctor, him and the anti-depressants, and also between his sense of selfhood and depression in how he moves from "they" to "this" to "I". I notice shame in his speech in the "ums" and hesitance. I interpret him as feeling "done to", or overpowered, by this antidepressant prescription, and rather allowing defeat he is rising up and making a symbolically important change in choosing a different road to medication. Later in the interview, he returns to this object, stating: "*It's not a positive object. It's a bit of a [pause] um... A defiant, or a [pause] um... Excuse me, a bit of a fuck-you object*" (J: Int.1: 24: 834-836). Thus, Jerome makes it clear that courage is linked to defiance of feeling oppressed. In fact, it was this decision that brought him to seek therapy, rather than take the medication. I notice a parallel of his defiance in the interview with me where he says "fuck you" – and I wonder if he is saying this to the world and the part of him that led him to feeling powerless, or perhaps his participation is part of this defiance.

Power was apparent in Duncan's choice of object, though I observe that his object symbolised internalised agentic empowerment.

> *"There is a certain liberation. There's a kind of, 'I'm proud of myself, look.' [R - Yeah] But there is a sassiness, as well. There is a kind of, 'I am what I am,' about it. Um [pause] there's a kind of, 'Don't mess with me,' kind of thing. But then I'll say, I don't know. I felt quite statuesque. I felt quite in control, and I don't care what people think*" (D: Int.1: 23: 703-709).

There is a playfulness in Duncan's speech and manner. The repetition of "kind of" and "quite" denotes a tentativeness with owning his recently acknowledged "sassiness", but he is not taking any nonsense. His decision to not care about what people think suggests that previously he did, and that this perceived judgement may have inhibited his self-explorations. This courage object is linked to his exploration of a part of himself he only recently allowed himself to embody and enjoy. He has grown internally and externally to become "statuesque" – he is the one driving his self-discovery as a person fully "in control".

All participants noted their courage in how they made the decision to take affirmative, conscious action in their lives rather than feel carried along by life. Jerome says:

> *"The other part is […] to evaluate the proper challenges I'm having […] and sort of see what I need to do to make that better, rather than just being a passenger in life, and take control of things"* (J: Int.2: 23: 943-948).

Here, he offers a step-by-step account of how to no longer "be a passenger", which involves examining his life and the areas he needs to address, and he seems to do this with an ethos of hoping for a "better", more positive outcome. Again, the metaphor of Jerome in the driving seat comes to mind in how he is not just going along for the ride, he is charting the course of his life.

Similarly, Ben speaks about "*thinking for myself a bit more and not just kind of plodding through life"* (B: Int.2: 11: 393-394), which correlates with Jerome's "passenger" metaphor, while Duncan notes his aim to *"go beyond the comfort zone"* (D: Int.1: 16: 543). I interpret this as them recognising their defensive strategies, and with the benefit of self-awareness, choosing to make different decisions which requires courageous action, which may require energy to move beyond the "comfort zone".

Ben's courage object of a book elicited his empowerment to deal with things in his life: "*You have the power and ability to deal with whatever you're in*" (B: Int.1: 24: 858-859). Again, he uses the second person pronoun which leads me to wonder whether he felt he fully embodied this statement, or if he was unconsciously quoting from the book. Nevertheless, his awareness of his capacity to take charge of his life suggests he has come a long way from "plodding along".

Georgie states:

"*[…] you've got to be willing to fail and do things, it's only through being willing to try things that you can find out what works. […] Yeah, if you're not willing to fail then you can't be [courageous]*" (G: Int.2: 34: 1123-1125).

She uses the second person pronoun, which I interpret as her not being fully onboard "willingness". It feels as though she is speaking to herself – almost coaxing herself into trying to do this despite her fears of potential failure. Imbued in this is a sense of risk, but also the promise of things working out, which corresponds with Jerome's wish for "better" – being willing is therefore active and empowered.

Anne also seems to be negotiating her willingness to decide differently when she says: "*[…] and I guess that sort of a new part of myself that I am learning again, that I can be quite defiant, I don't have to do as others say*" (A: Int.1: 23: 848-850). Like Georgie, I observe a tentativeness in her language with "I guess", "sort of" and "quite". There is a paradox in her acknowledging a "new part" alongside "learning again" – the latter suggests that she has found a part that was there before, but for a while was lost. Perhaps it is the revelation of re-finding something valuable in her that is so new. She spoke of her defiance in relation to her courage object of a diary, and she embodies empowerment in her awareness of not having to do as "others say". She has rediscovered her agency in how she wants to live.

4.3.4 Continually finding new ways live fully and truthfully

The continuous process of bringing courage into their everyday lives helped many participants transition beyond their struggles as they learnt to appreciate themselves more fully. In this theme, there is an implicit sense of the participants giving themselves permission to live truthfully.

> *"I think it's [pause] courage is not an easy thing. Em, sometimes I think me personally because my experiences of courage is so personal, you know. And it was all about me realising why I matter, I guess it's for me doing [pause] the right thing by me"* (A: Int.1: 19: 694-699*).*

Anne's acknowledgement of how hard courage is to live seems closely correlated with her subjective view of her courage which is evidenced in her repetition of "personal". Her courage is unique to her, and she appears to own her full self in how she uses first-person pronouns, taking an empowered stance where she "matters".

She later observes: ***"I have sort of given myself the space to, I don't know, be myself, like myself, and just be"*** (A: Int.1: 22: 825-827)*.* By "giving" herself space, she is also permitting herself to be authentic, to "just be". Duncan's courage object was a video of him performing, and in showing it to me he remarked, *"Perhaps that side of me, the more creative side if you like, has given me a lot of courage"* (D: Int.2: 25: 929-930). While Anne seems more at peace with herself, I interpret Duncan as still taking risks with showing his "creative" self which is a truer more authentic part, and in doing so he is being courageous.

Happiness was an emotional state most attributable to Ben and Anne which they both linked to living fully, and their felt sense of happiness developed during the study.

Ben expresses:

"It's kind of like a happy scared, excitement and being open to so much more stuff. Talking and being vulnerable and talking to friends and they open up, and it's just like opened up a whole web of joy" (B: Int.1: 6: 182-185).

This "happy scared" excitement indicates Ben's previous struggles with anxiety in relationship, and I wonder if this juxtaposing phrase points to the similar embodied feelings of excitement and anxiety. He uses the word "open" three times, suggesting that he is continuing to transform his capacity to be vulnerable across the domains of his life which evoke joy. He refers to his happiness again in the second interview: ***"It's finding all these new ways to improve myself and be happier. If it's weird and embarrassing, I don't care, and it's kind of nice"*** (B: Int.2: 21: 790-791). His courage to live has transformed his emotional state where previously shame may have inhibited him as he felt "weird". By confronting and owning his embarrassment he becomes empowered.

Anne recognises the embodiment of her courage when she smiles:

"I guess as well when I think about courage, I guess I do think about smiling as well, there's something very [pause] assured about it for me and very like, I don't know, it makes me feel strong and happy" (A: Int.1: 24: 895-896).

Her smiling feels honest and understated, and she links smiling to strength and happiness. The repetition of "I guess" suggests her assuredness may be newly discovered, and her congruent embodiment demonstrates this as an internal process for her. Her recognition of her happiness continued to develop, and in the second interview she is aware of her agency to choose her emotional state, proclaiming: "*I'm still me and I can still choose you know, where I go from now and I'm certainly going to be happy*" (A: Int.2: 14: 433-435). Her being "certain" contracts to her usual tentativeness.

Jerome echoed this sentiment about choosing differently when he describes going for a bike ride to watch the cricket on his own:

"Um yeah, a nice, nice evening. Um, it wasn't particularly special or anything like that, but it was just different to what I would have normally done, and it felt, like I said, a bit liberating, a bit more liberating, and positive" (J: Int.2: 5: 163-167).

The hesitance in his speech points to his internal sense of feeling uncertain. Doing something as simple as going for a bike ride appears to be momentous for him – it is "different" to his usual behaviour. He seems to be saying that, in that moment, he found his courage to set himself free from his inhibitions to live fully, transitioning from "ums" to "liberating" and "positive", and that courage can be developed in the small things in life.

Two participants offered transpersonal perspectives regarding their courage to live fully. Georgie picks up the implicit motif apparent in the data about self-permission, and makes it explicit saying, *"[…] it's actually okay to be spiritual and just be yourself, and not have to sort of prove yourself, and go along with everybody else"* (G: Int.2: 4: 142-144). Her use of "actually" suggests this may be a new realisation. The reference to others implies she may have hindered her interest in spirituality due to perceived judgement from others in having to "prove" herself. This sense of permission feels linked to self-acceptance and being congruently agentic.

Duncan demonstrated his transpersonal self in a more grounded manner:

"'What I'll do is I'll dig at the soil… and then you get the blackbirds, robins and everything else. I don't know what it is but they're like, almost like little angels or something, they help me, the bird song, it helps me to kind of focus" (D: Int. 2: 23: 853-857).

The simplicity of this scene feels embodied; I recall in the interview feeling a deep sense of shared presence as Duncan spoke. The soil feels like a metaphor of his sense of selfhood which has emerged through some digging. In his courage to do so, he seems aware that he is part of something bigger in the world: he exists in nature, and in this study.

4.3.5 Deepening courage through research participation

This subtheme illustrates how the participants' courage developed as a direct result of participating in the study, which they then integrated into their lives. All the participants acknowledged that their views of their own courage changed due to their participation, particularly in terms of the depth of meaning they observed in their own courage, and the variety of their courage experiences in their lives.

Their involvement with the study, where the interviews were the active ingredients, served as a continuation of their courage development from therapy. Conducting two interviews made the depth of their experiences more apparent as the participants had time to reflect between the interviews, which Jerome notes:

> *"[…] when we first started the study, it was [pause] um… Courage was almost a label. I mean, how would I describe it? Like strength, or [pause] yeah, having strength. But I think that it's got a bit more depth to it, and a bit more um... Because we've explored it in a bit more depth than before"* (J: Int.2: 15: 574-579).

The word "label" and Jerome's use of simile in how courage is "like strength" infers that, in the past, he could not fully possess and embody his courage. The hesitance in his speech of "ums" and pauses reflects this dissonance, and it also implies that he is finding new meaning during the interview. It is apparent that time and exploring courage through the interviews have furnished him with a greater depth of meaning. I consider his repetition of "a bit" as being akin

to him repeatedly chipping away at himself throughout the interviews to excavate new, unforeseen depths of his courage.

Shortly afterwards he states:

> "*I find it significant compared to how it was when I first entered the study, versus now. Um… And the depth that it's got, that I feel courage has – is much greater, and so it's got a bit more um importance in the things that I've gone through. And I guess more things have come down to courage than maybe I thought*" (J: Int.2: 15: 584-590).

Reflecting back on the first to the second interview, Jerome observes considerable changes to his view of courage which has "greater", "more important" meaning for him than it did. The power of his language confirms that he can now own and recognise his courage as a result of discussing his experiences in the study, and thus this is happening in the moment within the interview.

Correlated with this is Georgie's sense of self-acknowledgement, which she seems to observe as being synonymous with her courage:

> "*And that's what I'm doing [participating in the research], is going, 'Yeah actually, it is okay. That's, you know, what you went through, that's what you've been willing to face,' so [quietly] that's what courage looks like*" (G: Int.1: 31: 1166-1169).

There is a sense of validation and permission in how Georgie says it is okay to acknowledge herself, and I deduce that her involvement in the study has given her even more permission to own her experiences. She is concurrently aware of seeing herself, being seen by me, and is being seen as part of the study, which helps her see what courage actually means to her. This quiet, emergent process of intersubjectivity, between herself and others, is mirrored in her tone of voice.

All the participants noted their courage as an evolving process throughout the study which is analogous to an ongoing journey. Similar to Georgie, Anne's sense of courage mushroomed due to her involvement in the study, but she seems further along in her journey:

> *"Yeah I feel quite happy now, I wasn't sure how I was going to feel […] I guess I'm just sort of being reminded of the journey that I've been done. And I guess the enormity of what I dealt with and what I've been through and how I am now, and I'm sort of being courageous. I don't think what I did was easy and I'm proud of myself to have done that"* (A: Int.1:26: 962-968).

The interview process paralleled what Anne has been through in her life and therapy. Her use of "enormity" speaks to the distress of living and working through these traumas which "was not easy" at the time of experiencing them, then discussing them in therapy, and then with me in the study. This temporal and ongoing journeying is reflected in her use of past and present tenses. Despite some tentativeness with "sort of" and "I guess" in owing her courage in the interview, she is able to feel pride in her personal growth. Her research participation is the proof of her courage.

All participants noted their involvement in the study as being courageous. Duncan makes this explicit:

> *"[…] and this [research participation] is quite courageous for me to be here, too, because this isn't something I've really discussed outside of therapy, really, with people, except for a couple close friends"* (D: Int.1: 2: 49-51).

In his statement there is self-acknowledgement, permission to share, and an implicit suggestion of trust which I interpret him to mean in himself and other people. In some way, my personhood – perhaps how I presented myself in the interviews, my identity as a researcher, and being a psychological therapist – was important for the participants. Duncan

infers that he can trust me, like he can with "a couple of close friends". By discussing things with me, he infers that the study is an extension of therapy.

Developing this idea of my personhood influencing how participants shared and developed their courage during the study, I am aware that I may have embodied a secure base for them. As I am a psychological therapist, the participants knew I would adhere to confidentiality and ethical standards, thus personifying a relational extension to their therapists. Georgie said: "*I suppose it's nice to know you can share it, when you're in a safe environment as well*" (G: Int.1: 33: 1241-1243). "As well" could be interpreted that she was thinking of both her therapist and me as being safe.

Another aspect of this subtheme is how the study acted as a positive catalyst for the participants to go out and live fully. This is similar to 4.3.4, but here it corresponds to them doing so in connection to taking part in the study rather than therapy.

> *"I feel like I have been doing a lot of living in the last two months since finishing therapy and seeing you, um. Putting everything into practice… yeah, as I said before, allowing me to go out and live"* (A: Int.2:25-26: 829-831).

I interpret this as applied courage in action, both in how Anne is sharing this in the interview and how she is being courageous in her life. Perhaps the study forms part of her "practice". Like Georgie and Duncan above, Anne has now given herself permission in how she is "allowing" herself to live. It is as if being part of the study has justified and amplified her courage to live.

Building on this, by taking part in the study Ben exhibits a "paying it forward" mentality in how his learnings and participation in the study could help others.

"It's nice [participating in research]. It's kind of like you - I felt bad for a long time, and you don't want anyone else to feel like that, and if you can stop someone feeling like that after one month, not five years or whatever. You can make people feel better, and everyone wants to do that" (B: Int.1: 31: 1161-1166).

There is an empathetic facet of Ben's courage, but he seems to benefit from this, too. His compassion for himself, gained through facing his pain, is observable in how he now wishes to share his healing and insights with others, and this may again furnish him with more healing. Nevertheless, his participation in the study is a marker of his courageous compassion.

4.3.6 Reclaiming my voice through spoken and written narration

Imbued throughout participants' courage experiences was a sense of them reclaiming their voices, which was tacitly interconnected in their courage to share their stories by taking part in the research. However, the theme of voice reclamation was made explicit by a number of participants, encompassing spoken and written word, and drawings.

It was Georgie who used the word "reclaim" when she stated: "*I've really got to, because I just need to say it out loud, I think, and um [pause] um and kind of reclaim, [louder] reclaim my voice around it*" (G: Int.1: 20: 742-743). The word reclaim is interesting; it suggests that something was lost and is now being salvaged. In this segment, Georgie refers to discussing traumatic experiences in therapy. There is a sense of urgency in her statement "I've got to" where she seems to be finding her courage to face traumatic dysregulation: both back then with her therapist, and with me in the interview. By putting language to her distress, she is both sense-making and is letting herself be seen, something that was probably not afforded to her when she went through these traumatic experiences. Her hesitant speech changes when she more loudly and clearly repeats "reclaim".

Anne's voice-ownership also relates to feeling that she had lost something of herself due to trauma:

"It was courageous for me to speak about it, but it was also courageous for me to believe myself after I'd said it, that, yeah and allow it to be part of my, I guess my narrative, my story" (A: Int.2: 14: 453-455).

She clearly links her courage to speaking about the distress she went through yet believing herself was of greatest significance to her and, therefore, where she was most courageous. Potentially, she may have disassociated from her trauma to protect herself from her pain. She now has the power to "allow" herself to acknowledge these past distresses and be seen, but now this is just "part" of her story.

Related to this, having the courage to voice themselves in relationship emerged for three participants. Ben offered the following as an example of his courage: *"Voicing my opinion […] being more vocal in a meeting, or with friends"* (B: Int.2: 3: 93). I infer from this that Ben struggled with chronic shame to be seen in relationship and was more inclined to be invisible and silent, but that now he can voice himself.

Much like Ben in 4.3.5, where he discusses sharing his courage experience for the benefit of others, Georgie wants to share her story as part of the research, and also in her life to support others.

"I think I have something about um wanting to be able to sort of share and use what happened to me, so that others can kind of hear it, is a different viewpoint, or learn from it" (G: Int.2: 10: 362-364).

She "wants" to share; this is a conscious choice which has altruistic motivations in her wish for people to hear her first-hand account of what she went through in the hope of educating them. This is a courageous transformation. What happened to her destroyed her life, and I now see post-traumatic growth in her wish to further share and assimilate her courage into her life.

Four of the participants spoke about courage in connection to writing. Anne, Ben and Georgie all brought their journals and written pieces of work to the interviews as their courage objects.

> "*This was the one [holding up her diary] - this is what came to mind, and I guess this is the important one, these other ones I bought them along because I could start a story with them*" (A: Int.1: 23: 862-865).

Anne was enthusiastic about object usage. Here, she recognises how her objects are symbolically meaningful to her as they serve as facilitators of her "story". She notes that the earlier ones were bridges to help her get to the "important" object. This could be interpreted as her both needing to trust herself and me in the interview, before sharing her most precious object and, possibly, her vulnerable self with me. I wonder if, by sharing herself and her objects with me, she is starting a new story, or chapter, in her life.

Georgie observed, "*I need to do things like journaling and things to sort of just get it out of my system a little bit and then [quietly] ground myself again*" (G: Int.1: 4: 150-151). By "things" she is referring to drawing – both her journal and drawings were among her courage objects. These objects served as extensions of her therapeutic work in how she must externalise her inner world – it is a "need" and a means of self-regulation and creative engagement.

5.0 Discussion

This chapter considers how the study's findings from each superordinate theme correspond to and differ from the existing literature. Particular attention will focus on areas that extend current understanding about clients' courage, and findings that are of greatest relevance to counselling psychology. A review of how the study's core findings can be applied to clinical practice will follow. The study's limitations and a critique of the methodology will be set out, alongside a section about reflexivity and how my background influenced the study. Recommendations for further studies will be outlined, and the chapter ends with concluding remarks.

5.1 Situating the findings in the literature

5.1.1 Falling apart and coming back together

This theme illustrates the client participants' personal journeys of courage in therapy where they described the impact of distress on one side, and healing on the other. The present study's findings illustrate that participants' courage experiences were non-linear and nuanced. This theme demonstrates that courage is a variegated phenomenon comprising different aspects, which corroborates the study's positioning, and the literature which states that courage is a multi-dimensional phenomenon (Kelley et al., 2019).

Courage is suggested to be a healthy mediator between personality and coping, wherein implementing courage to deal with emotional avoidance supports the development of emotional stability (Magnano et at., 2017), which this study confirms. A core facet of participants' courage involved them confronting painful emotions, traumatic and distressing experiences, and relational struggles. These were the issues that brought them to therapy, and common across them was how they used therapy to understand and work through these issues, and also recognise that their defensive structures frequently caused them to feel stuck or overwhelmed. These explorations did evoke difficult emotions and dysregulation among the

participants which required their courage, which aligns with Putman's (1997) assertion that courage is necessary to confront psychological distress. The courage literature strongly links fear with courage, which this study notes as an implicit factor, as other emotional states such as shame, depression and anxiety were more commonly stated. This finding is similar to Peterson and Seligman's (2004) suggestion that courage is needed to face the fear of painful emotions. Rather than delineating which emotional states were more or less connected with courage, this study more acutely highlights that participants developed their courage to deal with the impact of their distress that had previously disrupted their sense of self-trust and their capacity to trust others.

Hewitt (2014) spoke about clients' trust, but she did so in reference to clients trusting their therapists, or other relationships. This study found a direct link between clients' courage and self-trust which extends the existing literature. The courage to trust oneself is linked with working through emotional instability and issues with self-worth, all of which deepened participants' awareness of the negative impact of their defensive structures. Developing courageous self-trust is a negotiation through various intrapsychic risks such as facing shame and working through trauma and dysregulation. Thus, the interrelationship between courage and risk emerged as a finding which precipitated participants' feelings of doubt and uncertainty. Risk has been evidenced as a facet of courage (Evans and White, 1981; Levine, 2006; Pury et al., 2007; Rate et al., 2007). This study's findings suggest that participants considered risk from their unique, personal perspective as these distresses were caused by struggles they had experienced, which only they could work through, though with the support of their therapists.

Associated with this is the interrelationship between courage and vulnerability (Pury et al., 2007; Lyman, 2016). Brown (2012) strongly links a person's capacity to be vulnerable as the "catalyst" for courage (p.11), wherein she describes vulnerability as allowing oneself to be seen beyond their defences. Thus, she speaks of emotional vulnerability, rather than

vulnerability from physical danger. This study builds on the relationship between courage and vulnerability, but expressly from the perspective of clients illuminating the specifics of this affiliation, which include: the vulnerability of sharing with their therapists; sharing despite fears of judgement; allowing oneself to be seen with the risk of rejection or abandonment; acknowledging needs; and asking for help. This latter point corresponds with the idea that going to therapy is itself courageous (Gans, 2005; Hatcher et al., 2012; Hewitt, 2014).

The bridge between falling apart and coming back together was noted in the findings as the participants' capacity to recognise themselves. This is an important finding for clients in therapy, as it suggests that having the courage to confront distress further builds courage which engenders healing and acceptance. This was exemplified by the participants' courage to look at their past issues and how these affected them in their lives, thus acknowledging their fallibility and becoming less judgemental, and more accepting of themselves. Medina (2008) describes this as the courage to be an individual, where clients courageously work to find the parts of themselves they have lost, and then take personal responsibility to hold onto their individuality. The participants acknowledged disavowed parts of themselves, or their shadows, and acknowledged what Winnicott (1960) termed their false selves where their more truthful complexity emerged. As a result of this, the participants became more self-aware and self-accepting, which required their courage to confront shame and uncertainty as they learnt to value themselves and gain mastery over their feelings (Furlong, 1977).

Medina (2008) notes that courage requires conscious commitment in everyday moments and the "struggles" of life (p.295), and it was indeed ordinary moments that were described by this study's participants. Though they acknowledged that courage requires constant work, the findings show that such consciousness supported participants to be present and grounded within themselves. Therapists' courage to be present in therapy is noted by Bacha (2001) and Lyman (2016). Lyman's therapist participants viewed courageous presence as being cognisant of the present moment to connect with their clients. To some extent, this study

complements this in how the participants viewed presence as courageous; but, rather than being linked to relationships, the courage to be present was meaningful in how participants learnt to listen to themselves and deepen their awareness. Thus, it was a deeply internalised process where they were relating to different aspects of themselves – and, in doing so, this helped them integrate their previously split-off distress.

This practice of meeting the moment with courageous presence was facilitated by embodied awareness. This finding extends the existing research, particularly considering the clients' courageous presence. From the participants' perspectives, this includes having the courage to regulate somatic distress, and strengthen courage through embodied awareness, as noted by three participants. While not explicitly stated by the participants, it could be argued that being courageous may elevate dysregulation, given that difficult emotions comprise clients' courageous experiences. However, it appears that working courageously to self-regulate in therapy supported all the participants, and that some participants developed deeper awareness of their embodied experiences. This may be linked to them reacting from their social engagement system rather than their sympathetic nervous system of fight and flight (Porges, 2011).

5.1.2 Learning courage within therapy

All the participants reported that their courage was further developed in therapy, and this has important implications for counselling psychology in terms of how clients can be supported to develop their courage in order to augment their therapeutic work (see 5.2). This aligns with Pury and Starkey's (2010) view that courage in psychological therapy is a process, but it extends it by elucidating clients' perspectives of courage development. Furthermore, the findings highlight that courage is a relational phenomenon in psychological therapy. However, rather than observing therapist and clients' courage as a symbiotic process, which Hewitt (2014) suggests, the findings indicate there are intersubjective and co-created facets to

developing courage in therapy. This separation of clients' courage experiences from therapists is what sets this study apart, as the bulk of existing courage literature focuses on the perspective of therapists.

The therapeutic relationship was noted by participants as being integral to the development of their courage. This was evidenced in how the participants courageously showed their more congruent and immediate thoughts and feelings to their therapists – from their shadows to their joyous parts – which often triggered their judgement and abandonment fears. Therefore, there is a relational risk to courage – the participants took tentative risks to trust their therapists and, on occasion, big leaps. Thus, Jordan's (2008) position that courage is developed through relational vulnerability was upheld by this study. The participants acknowledged they were able to be vulnerable because they trusted their therapists, which supports Hewitt's (2014) assertion that safety in the therapeutic alliance facilitates courage. Further, the participants demonstrated their courage to be vulnerable as a parallel process by initially relating their vulnerable experiences with their therapists, and then with me.

The intersubjectivity of courage was also apparent in how the participants felt their therapists encouraged and role modelled courage. This aligns with Hatcher et al. (2012), who acknowledge that clients and therapists learn from each other's courage, paralleling existing research that acknowledges the co-created nature of the therapy relationship (Aron, 1996; Benjamin, 2004). The correspondence between clients and therapists' courage is apparent when comparing Lyman's (2016) study with the current one as themes of being vulnerable, staying present and being authentic emerged in both. Interestingly, the participants of the current study did not see their therapists as vulnerable or staying present, but felt that these were things they themselves experienced. However, they all acknowledged their therapists' congruence and authenticity. This suggests that each individual in the dyad has their own personal view of their courage, and how they see it manifesting in others.

All the participants offered views about how the personhood and techniques of their therapists influenced their own courage. A number of the participants shared how their therapists encouraged their courage which occurred on explicit and implicit levels. This supports Pury et al. (2014), who postulate that psychotherapists are well placed to encourage their clients' courage, while Lyman (2016) suggests that therapist encouragement supports clients' courage. The participants enjoyed being encouraged and joyfully seen by their therapists, as this highlighted their agency and positive attributes, rather than focusing on deficits. Role-modelling courage by therapists also significantly influenced the courage of participants, confirming the findings of Poland (2008). Therapists appeared to coax participants out of their comfort zones and role model courage using attuned empathy, congruence, and self-disclosure. Therefore, therapists can indeed utilise their courage to be "instruments of change" (Tsai et al., 2013, p.368).

A tentative finding is that courage appears to be more embodied when clients name it themselves, rather than their therapists naming it. This is tentative because only two participants were called courageous by their therapists (see 4.3.2). Yet, to add weight to this, there is implicit evidence of the participants naming their courage by participating in the study. The dilemma of participants naming their courage may have its heritage in how they historically viewed courage as being akin to monumental acts of courage, whereas Pury et al. (2007) acknowledge that courage can also be personal and subjective within an individual's life. Further, Pury and Starkey (2010) argue a distinction between courage as an accolade, where courageous behaviour is praised by an individual or society, and courage as a process, where a person overcomes personal struggles. In the present study, it appears that the participants were more inclined to acknowledge their courage in how they worked through their issues in therapy.

Connected to this, the findings show that courage occurs as a back-and-forth process in therapy which supports the literature (Finfgeld, 1999; Hannah et al., 2007; Pury and Starkey,

2010). As noted by Hewitt (2014), there is a clear temporal influence on the development of clients' courage, and Pury et al. (2007) found that personal courage develops over time. The current study's participants observed their courage developing as a building process which supports the assertion that, in therapy, courage is interrelated with change (Goldberg and Simon, 1982; Levitt and Williams, 2010). That courage is an active process was also evident in participants' use of active language. Further, participants largely acknowledged their courage in hindsight, by looking at the past to consider themselves in the present. Taking this to another level, this study demonstrates that the development of clients' courage in therapy is a practice, and this expands Medina's (2008) assertion that developing courage requires constant commitment.

5.1.3 Translating courage from therapy into life

Progressing the idea that courage is a practice, this study's participants tried and tested their courage in therapy and then extended their courage into their everyday lives. This occurred on implicit and explicit levels in a number of ways: in relationships, by becoming courageously authentic, by developing self-agency, and in their courage to voice-find and be creative. Taken together, the findings from this theme are new. To my knowledge, no other study has evidenced how clients' courage experiences from therapy translate into their lives. That being said, other research has illustrated how clients bring their therapy experiences into their lives (Cooper, 2008; Elliott, 2008), but without the lens of courage.

Without exception, these translations of courage occurred in the participants' personal relationships. The manner in which they did this encompassed: recognising their personal fallibility and how this impacted their relationships, using their self-awareness to observe and work through previously unconscious relationship patterns, confronting relational struggles, and deepening their courage to be vulnerable and trust themselves and others by allowing themselves to be seen. By choosing to share themselves in relationship, the participants

extended their relational vulnerability to become more open where they felt empowered and excited to courageously share themselves.

Added to this, a number of participants noted that their capacity for compassion and kindness developed in relation to their courage, fostering deeper relationships which expanded in their workplaces and communities. This finding relates to the idea that courage is a virtue that facilitates the expression of other virtues (Pury and Kowalski, 2007; Rate et al., 2007). While this study cannot fully corroborate this, there is a tentative link between courage, self-compassion and kindness. Gilbert (2010) notes that acts of kindness and compassion may require courage, as these phenomena are interrelated with change which can be difficult for people to work through. Additionally, Peterson and Seligman's (2004) classification of courage is comparable in terms of the involvement of kindness, and their notion of integrity is somewhat synonymous with authenticity.

Having the courage to be authentic was another important finding which was experienced in terms of participants' self-views and taking risks and choosing to be relationally congruent. This finding contributes to the literature which identifies that authenticity is integral to courageous living (Medina, 2008; Putman, 1997; Tillich, 2012). The participants' authenticity was apparent in how they acknowledged their personal foibles and defences, and also their attributes, and how they then interacted authentically in their lives. The current study indicates that the courage to live authentically occurs in ordinary and everyday moments, which suggests that participants' courage was personal to them (Pury et al., 2007). Taking this further, a few participants noted that their authentic courage engendered happiness. Thus, the findings indicate that, though developing courage can be painful, doing so supports happiness and joy. It also transpired that some participants needed their courage to give themselves permission to become grounded within themselves and live joyfully. This correlates with research about human flourishing, which notes five general domains of life such as happiness

and life satisfaction, in addition to character and virtue, and relationships (VanderWeele, 2017). This suggests that developing courage can support human flourishing.

Complementing these themes of choice and self-permission, to varying degrees, all the participants developed their self-agency in therapy, which emerged in correspondence with their courage experiences that they assimilated in their lives, further supporting the interrelationship between courage and change. Self-agency is defined as "the experience that we can influence our physical and relational environment, that our actions have an effect on and produce a response from those around us" (Knox, 2011, p.7). The participants demonstrated this correspondence in a number of ways: in their willingness to be courageous (Goldberg and Simon, 1982); in their awareness of choice (Medina, 2008); in how they recognised their capacity to change (Gruber, 2011, Prince, 1984); by making deliberate and empowered decisions (Louis and Lopez, 2014); through navigating risk (Milton, 2012); by nurturing authenticity (Putman, 1997); and doing this with the aim of achieving a positive outcome (Shapiro and Gans, 2008). The findings indicate that recognising and developing courage supported participants to become more conscious, take control and create change in their personal lives.

It has been suggested that, at times, clients can have a passive role in psychological therapy, relating reactively to their therapists and being subject to their interventions (Prochaska and Norcross, 2001; Macran et al., 1999). The findings from this study challenge these ideas by demonstrating how the participants developed their self-agency, which required their courage to see beyond their suffering and recognise their capacity to make new choices (Levitt and Williams, 2010). This corroborates with empirical work, which suggests that clients are the most important factor for creating change in psychological therapy (Norcross, 2011; Bohart and Tallman, 2010), and that the development of courage is fundamental to client change (Blagen and Yang, 2008). Tillich (2014) acknowledged this when he stated that courage is our awareness of "our own power of action" (p.21).

This correlates with Peterson and Seligman's (2004) assertion that courage is a character strength. The competence approach developed by Waters and Lawrence (1993) centralises courage, and coalescence is notable between their model and the current study in how the development of clients' self-agency encourages strength-based change. Their approach is not wholly positive-biased, as they acknowledge that courage develops as a result of working through painful feelings to foster acceptance which supports agentic change. The findings from this study extend their work from a client-centred perspective in terms of how courage was developed in therapy, and the variety of ordinary ways in which participants assimilated their courage. This is an important finding, as it implies that developing courage supports clients' characterological development, beyond overly focusing on symptom reduction.

That courage is a phenomenon which comes alive within relationship was further evidenced by the participants who observed that their courage developed as a direct result of participating in the study. In terms of understanding clients' courage in psychological therapy, this is an original finding. Not only did their participation furnish them with additional proof of their courage, but it served as a catalyst to live even more courageously. Their involvement in the study was akin to an extension of their therapy where new courage reflections emerged. By sharing their objects and experiences in the study, another unique finding arose: that developing courage is a process of voice finding and reclamation. In addition to speaking of their courage, many of the participants' courage developed through writing and drawing, which aligns with May (1975) who described the courage to create through various art forms and writing.

5.1.4 Typologies of courage relevant to counselling psychology

Though this study did not seek to codify clients' courage, the typologies of courage most relevant to psychological therapy emerged which have theoretical implications for the field.

Future courage-related research may also wish to consider how, or if, these typologies are applicable to their studies.

The psychological courage to face distress (Putman, 1997) and everyday courage (Medina, 2008) to navigate ordinary moments in life were of greatest significance in this study. Personal courage, as differentiated by Pury et al. (2007), and considering courage is a process which moves back and forth on a continuum (Pury and Starkey, 2010), are other typologies practitioners should be aware of if they are integrating courage explorations into their clinical work. Furthermore, a core finding from this study is that courage is relational, and thus the therapeutic relationship may help to facilitate clients' interpersonal courage in therapy, as they work through their distress and seek healing.

Physical courage was not shown to be of significance in this study, yet it may be relevant to psychological therapists working with clients who are in the military or first responder roles. Vital courage (Lopez et al., 2003) did not emerge with any relevance in the findings. The participants were all interviewed before the Covid-19 pandemic, so the results may have been different had the interviews taken place during the pandemic. Given the huge impact of the virus, it seems likely that vital courage, and psychological courage, may have been needed by those on the frontline where one doctor wrote about "Courage in the face of Covid-19" (Scarcella, 2020). This may also apply to keyworkers, and those personally affected by the virus.

By considering courage as personal and a process, it may be that courage is a pervasive phenomenon for clients in psychological therapy, and something we can all experience in our everyday lives. However, this study suggests that clients' courage is not a constant experience; it occurs in moments in therapy and life, which differs from Medina's (2008) assertion that it is constant. This finding is useful as it could help courage seem more

accessible for clients and practitioners; talking about how courage likely arises in the small moments of life may help normalise a phenomenon more often associated with heroism.

5.2 Implications and contributions

This study demonstrates the many layers of clients' courage experiences in psychological therapy, and the findings support the study's aim, which is to contribute to theoretical and clinical understanding about the phenomenon to inform clinical practice. One of the most important aspects of this study was that clients' views about psychological therapy were heard. To this end, continuing to explore clients' views in counselling psychology research is imperative to improve therapeutic provision.

A number of implications have emerged from this study which are relevant to the field of counselling psychology and clinical practice, encompassing psychological therapists, supervisors, and clients. These applications could be useful to other related fields such as organisational psychology, community psychology and coaching. Beyond this, the contributions from this study may be of use to members of the public interested in wellness and self-care.

An overarching implicit theme that emerged in the study is that courage is an implicit phenomenon, which was made more conscious and meaningful as the participants discussed their courage experiences and objects in the study. By making the implicit more explicit, it transpires that courage is experienced in intrapersonal and interpersonal domains; and that, by making their courage experiences more conscious, the participants' courage grew. This corresponds with an important finding from this study: that courage can be developed in therapy. However, this study's participants were all clients in psychological therapy, thus it remains unknown whether non-clients or those who do not self-identify as courageous would be able to develop courage.

As clients' courage has been found to be an implicit, intrapersonal, and interpersonal phenomenon which occurs as a process, clients in psychological therapy may benefit from having conversations about their courage and how they consider it both inside and outside of therapy. Further, as clients' courage likely occurs alongside other components – such as shame, vulnerability and developing self-trust – exploring these themes through the lens of courage may support clients to work through these areas while developing their personal understanding of what courage means to them. Psychological therapists may do this using this study's findings and those from Hannah et al. (2007) to help clients develop a courageous mindset based on clients' personal beliefs and experiences. Such an implication corresponds with counselling psychology's ethos to honour the lived and diverse experiences of clients.

There is the potential to assimilate further understanding of personal courage within the stages of change (Norcross, Krebs, Prochaska, 2011) as this study identified the interrelationship between these phenomena. For example, clients may need their courage to move from the "contemplation" stage of change to "taking action" (Norcross et al., 2011, p.144), and therapists can work with clients to help them identify the steps they wish to take to create change. This relates to how the participants noted their courage in developing self-agency, which has relevance to clinical work. Pury et al. (2014, p.174) explain, "It is largely respect for autonomy that drives both the ethics and goals of therapy". If appropriate, therapists can have open discussions with clients about their therapeutic goals and how they intersect with developing courageous autonomy. This may help to establish collaborative therapeutic goals and build the therapeutic alliance.

This study recommends expanding clients' courage explorations beyond facing and working through painful emotions, to also understand personal competence and strength-based psychological attributes (Waters and Lawrence, 1993), incorporating related components like compassion. It may be interesting to integrate courage explorations alongside supporting clients to identify their personal values and qualities. The VIA character scale (Peterson and

Seligman, 2004) has been updated and made available online, where members of the public can complete a survey to receive a personalised report highlighting their strengths (Viacharacter.org, n.d.). This open-access resource may complement courage explorations in clinical work to enhance awareness and agency. A number of correlations can be made between the findings from this study and research about human flourishing; therefore, such courage explorations could potentially consider including these broader ideas to support clients in living fulfilled lives.

In addition to focusing on the theoretical implications of courage in psychological therapy, and the potential benefits of therapeutic explorations of courage, this study also recommends that psychological therapists and supervisors expand their awareness of their own personal courage. This is particularly important, as courage is a co-created phenomenon about which clients and therapists have differing views. They could do this through considering the findings from this study, and also by using the interview questions as prompts to explore their own courage experiences. In supervision, there could be group discussions about the courage of the therapist, and how they view it in their clients, to explore differences and similarities. Other factors for practitioners to be personally and clinically aware of include understanding vulnerability, courage and the process of change, the opportunities and barriers to developing self-agency, and the embodied awareness of these phenomena.

As courage is relational, the therapeutic relationship is an appropriate arena in which to support clients to understand and develop their courage. Psychological therapists should be cognisant of naming clients' courage, or viewing it as an accolade, as it elicits complex power dynamics, and the findings suggest that courage is more potent when clients have the space to recognise it for themselves. Rather than labelling courage, psychological therapists can instead invite clients to consider how or if the phenomenon is relevant to them. This study found that therapists role modelling and encouraging courage are useful interventions, though this was largely done implicitly. While psychological therapists may be informed by these

findings, they can embody courageous role modelling and encouragement implicitly, and use their clinical expertise to name courage as they deem appropriate. This may include working through enactments, compassionately challenging clients, being congruent and authentic, and using the here-and-now to have courageous conversations.

Group or one-to-one training from psychological therapists and supervisors could be developed to highlight the pertinent findings from this study. This training could be experiential, supporting practitioners to explore what courage means to them in their work, and how to implement courage interventions. The findings and workshopping experiential courage reflections could be incorporated into other training programmes, such as understanding and supporting diversity, developing clients' competencies and strength-based attributes, or creating systemic courageous change in workplaces relevant to counselling psychology.

Another unexpected finding was that the study appeared to serve as an extension of participants' therapy. This was observable in how the participants' courage deepened by participating in the study (see 4.3.5), and in the myriad of parallel courage experiences that arose during the interviews, which will be discussed later (see 5.4). There was a pervasive sense that by making their courage more conscious, the participants gave themselves permission to live fully, which manifested as an internal dialogue between the past and present as courage was often observed in hindsight. A clinical implication from this would be to offer reflexive sessions with clients who have finished psychological therapy to help them recognise their courage experiences from therapy and life, and to discuss what they learnt in therapy. Ethically, I would advise against psychological therapists facilitating this for their own clients (Etherington, 2001), because I noted that my stance as an interested witness to participants' experiences facilitated their capacity to share freely.

Blogs and journaling prompts could be developed using this study's core findings so that clients can continue to explore their courage beyond therapy. Plans are currently in

development to create an open-access audiobook about developing courage, which may be useful to those interested in self-care.

5.2.1 Review and implications of object elicitation and the word cloud

The participants' objects were not the centrepiece of this study; however, without exception, they prompted participants to reflect about textures of their courage experiences in terms of their emotional and embodied phenomenological resonances (Merleau-Ponty, 1962; Willig, 2015). The objects served participants differently: they provided proof of their courage; they were storytelling prompts; some of the objects were transitional objects from therapy (Winnicott, 1941); and for others, their objects were facilitators of their courage as self-help tools.

Three participants brought objects they made, such as drawings and videos. In this, they demonstrated their courage to create, which helped facilitate new and deeper meanings (May, 1975; Medina, 2008). However, some participants were not as connected to their objects as others, and it may have been that the participants would have shared courage experiences without their objects. Willig (2016) notes that object usage can potentially distract from the focal points of the study, which will be revisited later (see 5.4). To support ethical research and ensure participants have agentic choice (Liamputtong, 2007), researchers would benefit from giving participants informed choice as to what objects to bring and share, and the pros and cons of using objects. Further, object elicitation is best used in close alignment with the main research question so that the methodology does not cannibalise the focus of the study.

Object elicitation could be incorporated as a creative technique within psychological therapy sessions to elicit implicit meaning. This methodology can be used in other domains – I have subsequently used object elicitation in a group training session in my professional work, and

the group participants reported that they found using object elicitation engaging as it facilitated meaningful discussion.

The word clouds supported engagement and understanding about courage within this study, and integrating them in future research, such as focus groups, could help facilitate group discussions. Psychological therapists, those in related fields, or other interested parties may find developing their own courage word clouds illuminating as it could help facilitate personal courage explorations. The word cloud was shown to participants at the end of each interview to provoke further courage reflections (Appendix 1). In honour of the uniqueness of participants' agentic meaning-making, I developed word clouds for each participant which included the words they has connected with in the word cloud, and additional words they noted as being important to them (Appendix 19). These word clouds were then integrated into one, overarching word cloud (Appendix 18).

5.3 Limitations of the study

In this section, I will focus on a critique of methodology that expands on what has already been summarised in the reflexivity sections (see 3.9 and 5.4), and beyond what was outlined in the methodology chapter (see 3.0) in how I considered Yardley's (2017) principles to develop trustworthy research. Limitations regarding participant recruitment will also be discussed.

5.3.1 Methodological critique

IPA is idiographic and it uses a small sample of participants, thus its findings cannot be generalised to wider populations. However, theoretical transferability is possible, particularly to people in similar contexts. Therefore, the themes developed from this study offer further insights about clients' courage experiences, which broaden understanding about the phenomenon and their applicability to counselling psychology.

As courage is a phenomenon that potentially co-occurs and is interrelated with other phenomena, it cannot be deduced that courage alone was always foregrounded by the participants. Perhaps it was the case that various phenomena faded in and out of awareness; consequently, it is impossible to be fully confident that courage was always what was being referred to. This can be seen in the broad diversity of words and constructs chosen by the participants in their word clouds (Appendix 18 and 19). To this end, it could be argued that the study's results are particular to this researcher's subjectivity, as different researchers would likely acknowledge alternative constructs from the findings. Willig (2013) critiques IPA, noting that language cannot capture the full breadth of experiences because "the same event can be described in many different ways" (p.99). Interpretation is a core facet of IPA; while I see the complexity of this study's interpretive analysis, I believe that the study's results illustrate participants' unique experiences of courage which were further enriched using object elicitation.

The literature review notes that language is imbued with evaluations and judgement (Levine, 2006; Foucault, 1998), and the language of courage has power ramifications as it is a non-neutral word (Gans, 2005). Some participants noted they previously held more traditional, heroic views of courage. This factor may have prevented some people from taking part in the study, and perhaps the recruitment poster could have been amended to use more inclusive language. While the word cloud was used to help broaden understandings of courage, it may be that the current study's findings are limited to those who self-identify as courageous.

There were some issues in asking participants to self-identify as courageous as some participants held an unconscious positive bias regarding courage, and the power dynamics of courage were not fully explored. Considering this, it would have been useful to enquire about the times when participants did not experience their courage in order to understand the complexity of courage. This may have provoked ethical complexities in terms of "bad" courage, such as participants speaking about suicidal feelings and then managing risk in the interviews,

or masochistic or fearlessness elements (Pury et al., 2015; Rachman 2004; Levine, 2006). Yet, done mindfully, understanding these ideas would have been enlightening, particularly in terms of understanding how these aspects transpire in psychological therapy.

5.3.2 Recruitment

A recruitment issue arose through asking my network of therapists to forward the recruitment flyer to their ex-clients. This appeared to elicit implicit transferential issues and power dynamics for three people in how they seemed to feel compelled to contact me because their therapists "thought of them" when they saw the research topic. I noted this for two people during the screening process who were discounted as they said they did not self-identify as courageous. There was another person who I had to discount after I interviewed him. During the interview, he realised he did not self-identify as courageous, and that he participated because his therapist identified him as courageous. As self-identifying as courageous was an important inclusion criterion, the experiences he shared were not related to his courage and, thus, this would not have represented valid data. I discussed this with him, and he agreed that the experiences he shared did not relate to courage. Better screening questions during the recruitment process would have supported more purposeful sampling, such as asking people for specific examples of their courage experiences from therapy.

Related to this, in 4.2.2 Jerome shared that he felt "duty-bound" to participate after his therapist sent him the poster. While he was clear in stating that he did self-identify as courageous and that it was his active choice to participate, there may have been implicit coercion that influenced his participation. It would have been courageous for him not to have participated had he not wanted to. Should future researchers use their network of therapists to recruit clients, they would benefit from being aware of potential coercion, and should ask potential participants whether they wished to take part due to their own interest, or because they felt compelled to do so by other people.

5.3.3 Racial, cultural, and demographic biases

While the design of this study allowed for demographic diversity, all the participants were white, and four out of five engaged in therapy in private practice (Table 2). The impact of my biases and white middle-class background on this study will be explored later (see 5.4).

This lack of recruitment diversity is not particular to this study, as the majority of courage researchers and participants appeared to be white (Table 1). Bocanegra (2012) notes this lack of diversity as a "triadic gap among policy, research, and practice" (p.27), perpetuating the epidemic of othering (Powell, 2017). This study would have been better served by purposive sampling, for example by sharing the advertisement on specific BAME forums and networks, by engaging with my non-white colleagues and peers regarding my recruitment materials, and more targeted advertising. As a profession, we collectively need to find the courage to confront systemic racial injustice, and develop nonracist research which appreciates intersectionality (Grzanka, Gonzalez and Spanierman, 2019). In the therapy room, therapists, including myself, need to be courageous in dealing with racism and prejudice, and listen to those who have experienced the trauma of repetitive racism (Miller et al., 2015; Daniel, 2000). Coupled with this, the linguistic power dynamics of courage and its white normative depiction in research and the media may have further impacted the diversity of recruitment.

In terms of gender diversity, more men than women put themselves forward for the study, suggesting that they are more inclined to identify with language that denotes strength and power (Jordan, 1990; Gans and Shapiro, 2008). The age demographic was well represented, with participants ranging in age from their 20s to 50s. In saying that, hearing from older populations about their courage experiences would be a fascinating study. Lastly, only two of the participants were from outside London, so there is a London-centric bias, possibly due to recruiting from my London-based network. Purposeful sampling using targeted social media,

and contacting a broader variety of community and online groups, would have helped counter these biases.

5.4 Reflexive statement

This section outlines how my experiences and background have shaped this research, and my recognition that this entire study has been a process of me becoming courageous.

As noted in the introduction, I was primarily interested in exploring other people's courage in this study, but in my efforts to preference clients' courage I unconsciously forgot about my own. My initial lack of reflexivity resulted in me becoming entangled in the data. I made a lot of mistakes and frequently lost faith, and I had to work hard to develop my courage to work through these issues. In particular, receiving thesis amendments at my doctoral viva and then changing research supervisor were some of the biggest challenges I experienced.

These challenges helped me develop my reflexivity skills, alongside a realisation that I was often split between an "either/or" conundrum regarding my own experiences and those of the participants. By this, I mean that I tended to focus wholly on participants, or I would reflect on my own position but without critiquing how my personhood impacted the study. As I iteratively worked through the amendments, I saw the duality in my thinking – reflexivity is not an "either/or" between me and the participants, it is "both/and". However, this "both/and" requires interrogation on my part to maintain awareness of my responses and how they inform the analysis (Etherington, 2017). In doing so, I was better able to bracket my assumptions and really listen to the layers of participants' courage experiences. As I near the completion of this study, there are a number of areas I would like to address reflexively.

My interest in the visual and storytelling
The first area to address is my lifelong love of storytelling in its written and visual forms. This stems from a childhood immersed in books. Despite my love of reading, I struggled at school,

and pervasive issues with confidence caused me to lose my words. I often found respite in books, and I came to rely on visual and creative representations to find meaning. This interrelationship between stories and visual storytelling became foregrounded during my clinical training when, as a client, I had therapy sessions with a psychotherapist trained to work with adults and children. In our work, he incorporated sand trays, objects, drawing and bodywork, which helped me find words and develop embodied awareness.

These influences shaped this study in a number of ways. My focus on hearing the perspective of clients was somewhat informed by my interest in storytelling. Also, my style of writing in my initial draft was too focused on the narrative; it did not provide adequate space for participants' experiences and it was distracting to the reader. By incorporating this feedback and being more aware of my unconscious process, I revised my writing style to showcase the study's findings.

My choice to integrate object elicitation, and how I used it, was also informed by this interest in storytelling and my experiences with the abovementioned therapist. Occasionally, during the participant interviews I was taken in by the stories and objects, when at times I could have enquired further to draw out additional nuances. However, I was cognisant of Willig's (2016) warning about focusing more on the objects than the research topic, and after each interview I used my journal to process my responses and finesse my interview style. I believe the objects elicited deeper, out-of-awareness reflections for the participants. I enjoyed hearing them share what their objects meant to them, and they also enjoyed sharing them and being witnessed in the study.

The viva feedback and discussions with my new supervisor helped me see that my interest in storytelling had also impacted my data interpretations as my initial analysis was too descriptive. I had developed interpretations from an outsider's perspective without recognising and bracketing my "pre-conceptions", when an interpretivist stance, as required in IPA, seeks

to understand participants' meaning from "within" (Willig, 2017, p.250). I therefore went back to the data and took a more empathic interpretive approach (Willig, 2014), and I continuously journaled and used supervision to observe my responses. This helped me bracket my assumptions and stay close to participants' meaning rather than explain it. Doing so, allowed me to showcase the analysis with my voice, using the participant material as "evidence". The re-clustered themes and re-drafted analysis and discussion chapters are the result of my improved reflexivity and greater understanding of the methodological requirements. Though this was a steep learning curve, good data were originally collected, which is apparent in the study's updated findings and its contributions to counselling psychology.

My personhood as a white, middle-class researcher

Another area of note is how my demographic background impacted the study. I am white, middle class, and Irish. Added to this, I am Irish but living in the UK, which is different to being Irish in Ireland. In the UK, I am required to identify myself as "white Irish" on ethnicity forms, whereas the rest of the world classifies me as "white". Ireland's colonisation by the British, and the resulting intergenerational trauma, is a resonant part of my heritage. At times, this causes me to have another split experience, in which I can be silenced and deferential in power plays, yet also more empathic to issues around difference. This resulted in me sometimes yielding to other theorists' views, rather than critiquing the literature and owning my voice.

As noted in the limitations (see 5.3.3), all the study's participants were white (Table 2). I aimed to recruit a heterogenous group to allow demographic difference; however, despite disseminating my recruitment materials widely, the only responses I received were through my therapist network and via social media. While cognisant of my Irishness, I did not fully acknowledge the impact of my background on the study, only seeing this more clearly in the write-up stage when I re-examined the demographics of the courage literature. The "whiteness" of my study reaffirmed the position that courage is a white and privileged phenomenon in how it has been constructed in society (see 2.3.2), which parallels the white

privilege of the courage literature (see Table 1). Furthermore, four out of five of this study's client-participants engaged in therapy in private therapeutic settings. This reflects my own middle-class biases, and it mirrors the middle-class nature and systemic power imbalances of psychological therapy (Totten, 2009).

My anxiety to recruit enough participants, and my unchecked white privilege, prevented me from recognising these parallels. On reflection, this study would have been better executed, and more courageous, had I taken an anti-oppressive approach through purposeful sampling and by being more reflexive about my white, middle-class privilege from the outset. While these biases are uncomfortable to admit, I do so to take responsibility for myself and further my learnings about diversity, and hopefully become a better researcher and practitioner. My wish is that others can learn from my mistakes, and that the field of psychological therapy also acknowledges its biases, and proactively develops research that gives voice to those who have been silenced through prejudice and marginalisation.

My identity as a therapist

The psychological therapy training I undertook is underpinned by psychodynamic relational models. Over the years, I came to see that my choice to train at this institution was partially motivated by my unconscious wish to heal narcissistic wounds and relational struggles. My training, clinical supervision and personal therapy helped me recognise and work with these aspects of myself and develop as a practitioner. Yet, I observe how this influenced my interest in intersubjectivity, my existential hermeneutic epistemology, and my choice of methodologies.

As noted, I have an existential bias as a psychological therapist and researcher. This influenced the literature I reviewed from existential theorists such as Medina (2008) and Tillich (2014), though behavioural studies were also included (Hatcher et al., 2012; Tsai et al., 2013). The study's findings align with existentialism in how courage is a process that moves between suffering and healing, and that courage is linked to recognising choice and developing

authenticity. The findings are not limited to existentialism as the data strongly points to the interpersonal nature of courage. Further, I contend that this existential bias supports my decision to use IPA, as this study's findings provide new insights about the lived experience of courage.

To support trustworthiness, I approached the study with a relational researcher stance (Finlay, 2009). When I initially went to the field, I was aware that my role as an insider researcher may result in power dynamics during the interviews, and I describe how I addressed this in 3.7 and 3.8. Though my reflexive researcher skills required additional development during the course of the study, I did journal extensively about the interview process (Appendix 9). In doing so, I recognised that my therapist identity elicited a positive bias for participants in relation to their own therapists, in that my profession helped them to trust me enough to share their experiences. Anne made this explicit: *"I think there are people you can trust, and I think therapists are people you can trust"* (A: Int.1: 17: 614-616). I was mindful not to take advantage of this and coerce participants, reminding them of the limitations of my role and that they should be aware of how much they wanted to share. This boundary reminder was useful, though implicit coercion may have occurred in terms of their therapists initially sending them my recruitment poster – this is addressed as a potential limitation (see 5.3.2). Theme 4.2.4 demonstrates a parallel process regarding encouraging and role-modelling courage between me and the participants' therapists, which may have been influenced by my role as a therapist researcher.

I conducted two interviews to engage with depth of experience and to allow time for trust to develop with the participants – both these aims were met. The findings demonstrate that, for these participants, courage is a process that unfolds over time and is seen with greater perspective in hindsight. Furthermore, participants' courage became enlivened in relationship: with their therapists, in their personal relationships, and with me during the interviews. One interview may have resulted in good enough data, but I argue not to the depth as has been

found in this study. Much as self-awareness unfolds as a process for clients in therapy (Pieterse, Lee, Ritmeester and Collins, 2013), the reflection time between the interviews gave participants the space to process their courage experiences and recognise how meaningful the research experience was for them. I therefore recommend that future studies which seek to understand therapeutic processes at depth consider allowing for multiple data collection points in their research design, to allow time and reflective space for participants to make even more meaningful contact with their experiences.

Another point of impact is that, in my therapeutic work, I develop clinical formulations. My initial write-up included a "courage formulation" which was likely influenced by my work as a therapist, and also the courage literature which bemoans the lack of a courage definition. These implicit influences caused me to deviate from my phenomenological epistemology in how I conducted the initial analysis. With this awareness, I re-analysed the data and developed empathic interpretations which more accurately demonstrate participants' courage experiences, therein supporting validity and rigour.

During the write-up I became aware that I have a positive bias about courage. As a clinician, I am critical of overly relying on the medical model, and I work to support clients to develop their self-agency to understand their issues and their capacities. This is likely why I chose to study courage, rather than explore something deficit related like developing self-esteem. My positive bias is paralleled in the courage literature, which sees courage as something positive (see 2.2), strength based (Waters and Lawrence, 1993), and also in how the bulk of empirical research comes from positive psychology (Kelley et al., 2019). I also used object elicitation in a manner to encourage participants' agency, and I suggest this is a strength of the study as I was sensitive to participants' vulnerability.

In consideration of this, I included literature about the "shadow" of courage (see 2.3), and this idea of shadow arose in the findings in superordinate theme 1. I could have asked participants

about times when they did not feel courageous to understand the nuance between having courage and not having it, but I did not, perhaps because of my positive bias. Nevertheless, the study's findings and recommendations do offer valuable contributions which outline the benefits of understanding clients' courage to develop their agency, and how psychological therapists can empathically support clients with this.

My work as a psychological therapist has also been influenced by the study. My role as a researcher, whereupon I held the position of an interested witness using reflexivity and empathic interpretation, helps me appreciate the uniqueness of each person I work with as I confront and manage my assumptions. I integrate theoretical thinking from this study, the creative methodologies used, and I consider courage a therapeutically beneficial phenomenon to incorporate in support of clients' needs, and I mindfully use the findings about role modelling and encouraging courage.

My identity as a client

In supervision, we discussed another area in which I impacted the study: the unconscious parallel between me as a client in therapy, and my participants as clients. This parallel caused issues in the initial analysis, where my perfectionist tendency to "get things right" caused me to overly identify with the participants. Having reflexively considered this parallel process through journaling and supervision, I was better able to clarify similarities and differences between my own experiences of courage and those of participants.

My courage to own my background and its impact on the thesis re-draft correlates with the participants owning their shadows and developing self-acceptance. Much as the participants became more aware of their courage by taking part in the study, my courage experiences also expanded throughout the study: my voice became more active as I rewrote the thesis, which resonates with theme 4.3.6; and, as in theme 4.2.5, my capacity to recognise my courage was largely seen retrospectively. Even where there were parallels, I was cognisant that our

experiences, where we found meaning, and how we brought courage into our lives, were very different.

This hermeneutic reflexivity was a painful process; one of the reasons I returned to therapy was to allow space for this material. I also found solace in other researchers' admittance of their struggles, such as Goldspink and Engward (2019) and Mick Cooper's blog (2021) about nearly crashing out of his PhD. By seeing my mistakes and working with them by developing acceptance of my fallibility, my self-compassion deepened. This has helped me become a better researcher with, perhaps, a more appropriate emphasis on the participants' experiences. As the study's main aim was to explore clients' courage, my deeper reflexivity helped me further empathise with participants' experiences, and I now see this parallel process as a strength of the study.

At the start of this project, I could only catch glimpses of my courage, but now I recognise my strengths and capacity to live courageously. Understanding courage has helped me navigate the current collective crisis with deeper emotionality and compassion. The Covid-19 pandemic took hold as I was writing up, and I believe this collective trauma affected my ability to think expansively, focus and self-regulate. Supervision, personal therapy, and exercise have supported me through this period. Anecdotally, people have pointed out the increased relevance of my research topic as we collectively face personal and existential threat, sliding between polarities of fear and a spirit of togetherness. How, or if, my research will be of use in connection to this is unknowable to me at this point, though I hope the study's contributions are useful to the field of counselling psychology, particularly clients.

5.5 Recommendations for future research

Empirical research about courage in psychology is in its infancy (Kelley et al., 2019), and neonatal in counselling psychology. In acknowledgement of this, the findings from this study

offer additional insights about clients' courage, and how understanding it is relevant to counselling psychology and clinical practice. A number of recommendations for future research to improve empirical understanding of this complex phenomenon will be suggested in this section.

First, it seems significant to acknowledge the importance of research which centralises clients' perspectives about psychological therapy. The current study demonstrates that client-centred research does offer new and clinically significant insights which has the potential to improve practice. I therefore agree with Rennie (2001, p.83), who proclaims that clients "have many wonderful things to say". The findings and clinical implications from this study substantiate arguments that the field of counselling psychology needs to hear more from clients to understand what works (Foskett, 2011; Macran et al., 1999; McLeod, 2016). Therefore, one recommendation is for the discipline to continue to develop research that engages client participants. Related to this, counselling psychology has additional work to do to support researchers in recruiting diverse client participants through democratised means, to overcome recruitment biases and develop anti-oppressive research that considers intersectionality (Grzanka et al., 2019).

As this study used IPA to understand clients' courage, it did not aim to find a definition of courage. Nevertheless, some additional components and the typologies most relevant to clients in psychological therapy were elucidated. However, this cannot be generalised; thus, additional empirical understanding about clients' courage, particularly using grounded theory, may help develop a framework or model of the process of clients' courage.

It would also be interesting to research clients who do not self-identify as courageous – such as my pilot participants and the people I excluded from the study – to understand their views about this phenomenon, and whether they see its relevance in therapy and their lives. Building on this, the relationship between power and courage was not fully explored in this study. Investigating the additional complexities of courage, including asking clients about times they

did not feel courageous, and understanding themes like masochism and fearlessness, would add further nuance and potentially highlight ethical considerations to be mindful of. Future studies could also explore the language of courage and its apparent power dynamics, perhaps using a linguistic methodology like discourse analysis.

An important finding in this study is the interrelationship between courage and change, particularly in terms of how clients developed their self-agency. Future studies could further explore this in terms of understanding how developing agentic courage may support therapeutic change and how this potentially cultivates strength-based competencies in support of human flourishing. There is also the potential to explore how, or if, the development of agentic courage corresponds with clients' personal values.

Future research that compares clients' and therapists' views about courage in psychological therapy would shed more light on the similarities and differences of this relational and co-created phenomenon. The therapist/client roles should not be conflated; instead, both perspectives should be examined singularly. This could be done by using clients and therapists who had worked together, but interviewing them separately, or by examining the experiences of clients and therapists who had no therapeutic relationship.

As mentioned, there is a paucity of research that looks at racially diverse experiences of courage. I agree with Finfgeld (1999), who calls for research which explores courage from the perspective of culturally diverse groups. Phenomenological studies and action research about courage focusing on clients' perspectives from diverse ethnic backgrounds may help counter the white privilege of this phenomenon, and expand understanding about people's courage experiences. It could be the case that courage is a white concept, yet that may be because not enough studies that explore non-white people's views of courage exist. It may also be due to white normativity in how courage has been depicted in Western culture. Research that looks at white normativity of various concepts in psychological therapy, including courage, would be interesting. The field of counselling psychology would benefit from supporting non-white

researchers to consider whether or not these ideas are of relevance to them and whether they warrant further exploration.

Finally, future studies would benefit from incorporating object elicitation in their methodologies, particularly phenomenological research. The current study demonstrates that object elicitation engaged participants' implicit processes, evoking out of awareness reflections. I argue that object elicitation and other creative elicitation methods warrant further empirical attention, particularly how they support participants' self-agency and readdress power dynamics in research (Liamputtong, 2007; Barton, 2015; Willig, 2013). Future research could also focus on using object elicitation as creative intervention in clinical practice to help clients find their voice (Kempler, 2003).

5.6 Concluding remarks

This research study offers new insights into clients' courage experiences in psychological therapy. The findings contribute to existing knowledge about courage, extending it further by focusing wholly on clients' perspectives. This therefore opens up potential dialogues about courage, and clients' perspectives in psychological therapy in terms of how counselling psychology and clinical practice can be informed by the study's findings and where additional research would broaden empirical knowledge.

There is a clear arc in the findings from this study illustrating how clients experienced their courage and how they worked through their distresses to find healing, how they further learnt and developed their courage in psychological therapy, and ultimately how they brought their courage experiences and learnings from therapy into their lives. This study highlights a phenomenon often overlooked in counselling psychology, and it offers therapeutic interventions and ideas that are client-centred and humanistic, which accords with counselling psychology's positioning.

This empirical exploration of courage has resulted in my own courage journey. Not only did I identify my courage as a client and therapist in psychological therapy, but also as a researcher investigating it. My vulnerability, the risks I faced, and the choices and mistakes I made helped me develop my courage, and this study's participants were powerful courage role models. This complex, hard-to-grasp concept was brought to life in their courage to share with me and be part of this study. I hope that they, too, continue to deepen and explore their courage.

Chapter 7.0: References

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8.0 APPENDICES

Appendix 1: Recruitment poster

CALL OUT FOR RESEARCH PARTICIPANTS
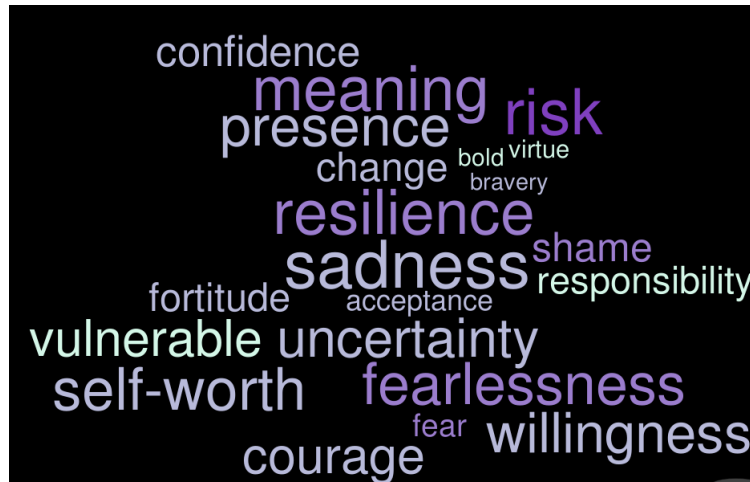
Research Title: *A phenomenological investigation into the experience of courage for clients in psychological therapy/psychotherapy.*

Do you identify as someone who experienced your own courage while you were in psychotherapy?

I am conducting a piece of research about clients' experiences of their own courage in psychotherapy. If the above resonates with you, I would love to hear from you.

Criteria to be included in the research:

- You feel that you experienced your courage within personal psychotherapy.
- You are based in the United Kingdom.
- You have completed psychotherapy at this stage, though no more than six months ago.
- You participated in at least 12 sessions of psychotherapy.
- You attended weekly psychotherapy.

Participating in this research will give you the opportunity to confidentially reflect on your experiences in therapy. Your participation will also greatly contribute to our understanding clients' experiences of psychotherapy, and the broader field of psychological therapy.

To take part please contact Léann Lavery: leann@connected-therapy.co.uk / 07767421786. Or Dr Sarah Krantz, the research supervisor: sarah@humantherapy.co.uk.

Appendix 2: Participant approach letter

Participant approach letter

Dear [participant name],

My name is Léann Lavery – I first want to thank you for taking the time to consider participating in my research study.

I am conducting a piece of research about clients' experiences of their own courage while they were in personal therapy. I am doing this with the hope of contributing to the understanding of how courage is experienced in therapy to help inform therapeutic practice. This research forms part of my doctoral training as an integrative counselling psychologist and psychotherapist, which I am completing at the Metanoia Institute.

I aim to work collaboratively with those who take part in this research so that it is an enjoyable and enlightening experience for everyone. To help you decide if you do want to take part in the research study, and to ensure you are fully informed about the process, I have included some information about the research to this letter. This includes details about how the research will be carried out, the benefits of it and other areas for you to consider. Please do read through this. If you would like to then take part in the study, please contact me using the contact details provided. I will then get in touch with you to further discuss this.

Many thanks for taking the time to read this information and for your support.

Best wishes,

Léann Lavery

Counselling Psychologist in training
07767421786 / leann@connected-therapy.co.uk

Appendix 3: Facebook advertisement for recruitment

Connected Therapy
2 March 2019 · 🌐

WHY COURAGE? My blog explains that there is very little research about courage, and even less about clients' experiences of courage in therapy.

Understanding clients' views of therapy is so important, and I would love to hear from people who would like to be part of my research, and share their experiences of courage from their time in therapy. Please get in touch with me if you would like to participate!

CONNECTED-THERAPY.CO.UK

Why courage?
As I drafted my literature review for my research ...

Learn More

995
People reached

22
Engagements

Boost again

Boosted on 2 March 2019   Completed
By Léann Ní Labhradha

People reached   **744**   Post engagements   **252**

View results

3 shares

Appendix 4: Recruitment blog

<u>**Why courage?**</u>

3/2/2019

As I drafted my literature review for my research – <u>A phenomenological investigation into the experience of courage for clients in psychotherapy</u> - I was struck by the lack of research which seeks to explore courage, and in particular, how people may experience it in psychological therapy.

This perplexed me as 'courage', the word itself, is one we are all familiar with. It is not psycho-babble or jargon, but something we each have some understanding of, even if we feel we have not personally experienced or demonstrated it.

Throughout the ages, philosophers sought to understand courage. In <u>Laches</u>, Plato explores various definitions of courage, and though he suggests it is a virtue we should each foster within ourselves, he is unable to clearly define it. In his pursuit to 'know thyself' and the facets of human character Socrates discovered more about what courage is not than what it is. Picking up this thread, his student Aristotle argued that there are different types of courage such as physical, moral and emotional, developing a <u>typology</u> that points to the amorphic nature of this phenomenon.

Courage has consistently appeared in religious texts, from the Bible to Buddhist scriptures, and many of us will be familiar with popular culture references to courage. When I ask people what they think of when they consider courage, <u>the Cowardly Lion from the Wizard of Oz</u> is recalled time and again.

A Google search of courage brings up a treasure trove of quotes from renown figures:

Political leader, Nelson Mandela - 'I learned that courage was not the absence of fear, but the triumph over it.'

American writer, Mark Twain - 'Courage is the resistance to fear, mastery of fear, not the absence of it'.

Poet, Maya Angelou – 'Courage is the most important of all the virtues because without courage, you can't practice any other virtue consistently.'

Research Professor, Brené Brown – 'Courage starts with showing up and letting ourselves be seen.'

As you digest this allow yourself to reflect: *How do I think about courage? What does it mean to me?*

Personally, I understand the above offerings on an intellectual level, but the suggestion that courage is a virtue, which in my mind makes it 'special' and something other people do, makes it difficult for me to connect with.

For me, courage becomes more real and embodied when I think about my struggles to know myself in the ordinariness of life. My years in therapy as a client have helped me see myself more clearly – my character, how I relate to people, my successes and failures – and from this I have come to recognise times when I demonstrated courage, and times when I did not.

These reflections provoked my interest in researching courage. I am curious to hear other people's perspectives, which is why I am focusing on clients' experiences in my study.

Investigating clients' perspectives in psychotherapy is a growing priority in empirical research, and I hope that my research will contribute to this important narrative which seeks to centralise clients' voices and understand their needs.

Does any of this resonate with you, and your experiences in psychotherapy?

If so, I would love to hear from you. Your participation in my research will enrich our understanding of courage in psychological therapy and potentially inform how we consider courage, thereby providing a valuable contribution to research and clinical practice.

For more information, visit here or get in touch.

Appendix 5: Programme information sheet

METANOIA INSTITUTE & MIDDLESEX UNIVERSITY

PARTICIPANT INFORMATION SHEET (PIS)

Research title:

A phenomenological investigation into the experience of courage for clients in psychological therapy.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

This research aims to investigate the lived experience of courage for clients in psychotherapy (psychological therapy). It involves talking to people who have been in psychotherapy to understand their personal experience of their own courage which they experienced while in personal therapy.

The aim of this is to contribute further understanding about courage from the client's point of view, and I hope to use the findings from this research to make recommendations for psychotherapeutic practice.

My research is being carried out as part of my counselling psychology and integrative psychotherapy doctoral degree at the Metanoia Institute and Middlesex University.

Why have I been chosen?

You have been invited to take part as you have volunteered to be contacted regarding the research. The aim is to recruit at least four other people who have also had experiences of their own courage while in personal therapy. Everyone who participates in this research will have also finished their therapy within at least the last six months.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

If you agree to take part, I will initially call you at an arranged time to have a 10-minute (approximate) conversation to ensure you are comfortable with the interviews and the

research process. If you decide to participate in the research, we can then arrange a time for you to be interviewed. I hope to conduct two interviews with everyone who is taking part so that you can share the depth of your experiences. Each interview will last between 60-90 minutes and they will be conducted over a 4-6 week period at a location that is convenient for you, such as a neutral space like a meeting room.

I would like to invite you to bring an object, or several objects, to our interviews that you connect with your experiences of courage while in therapy. These can be anything from photos, books, small household items, pieces of art or craft, music – anything that feels relevant to you that you can easily transport to our interview meeting point.

During the interviews, you will be asked a series of questions about your own experiences of courage while you were in therapy, and I will also ask you to tell me about the objects you bring with you. The interviews will be recorded and these recordings will be kept safely. At a later date, you will be sent a write up of our interviews to ensure you are comfortable with what has been written and that it is accurate.

Please note that to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

What are the possible disadvantages and risks of taking part?

During the interviews, it is possible that you will speak about events, memories and feelings from your time in therapy that might be upsetting for you. Should you experience feelings that you wish to explore following the interview, I can put you in touch with someone from the counselling field to get further support. I will also contact you after a month of our last interview for a debrief session.

What are the possible benefits of taking part?

I hope that participating in the study will help you. Though I cannot guarantee it, you may find that talking about your experiences from your therapy will provide you with further insights. The information gathered from this study may help future clients and also the wider field of psychotherapy.

Will my taking part in this study be kept confidential?

All information that is collected about you during the research will be kept strictly confidential. Any information about you which is used will have your name and address removed so that you cannot be recognised from it.

All data will be stored, analysed and reported in compliance with the UK's Data Protection Act (1998). If excerpts from your interview were to be published, this would be done in such a way that you could not be identified. The information collected will be kept until my thesis has been marked and will then be destroyed. If you wish, at the end of the research process and prior to destroying my copy, I will give you a copy of the recording of our interview together.

What will happen to the results of the research study?

The results of the research will be published as part of a postgraduate dissertation for my doctoral training to be a counselling psychologist and integrative psychotherapist. A copy will be held in the library at the Metanoia Institute and at the British Library. An electronic copy of the research will be provided to participants on request. The results may be further published in relevant academic journals or used at conferences/seminars - I will advise you in advance if this arises. Participants will not be identified in any report or publication. I can provide you with a summary copy of the findings and/or a copy of the complete research report if you wish.

Who has reviewed the study?

The Metanoia Research Ethics Committee has reviewed this research proposal.

How do I take part in the study?

Please contact me using the details I have listed below. We can then arrange an initial phone call to further discuss the research, and if you would like to proceed as a research participant, we can then arrange interview dates and times. I will give you a consent form to read and sign when we meet, and you will be given a copy of this form to keep.

Contact for further information:

Researcher:

Léann Lavery   07767421786   leann@connected-therapy.co.uk

Supervisor:

Dr Sarah Krantz   07976 724 187   sarah@humantherapy.co.uk

Please retain a copy of the information sheet and a signed consent form.

Thank you very much for your time and support!

Version: 25.02.2019

Appendix 6: Consent form

CONSENT FORM

Participant Identification Number:

Title of Project:

A phenomenological investigation into the experience of courage for clients in psychological therapy.

Name of Researcher: Léann Lavery

Please initial box

1. I confirm that I have read and understand the information sheet dated ....…………………for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided. ☐

3. I understand that my interview will be taped and subsequently transcribed ☐

   ☐

4. I agree to take part in the above study.

   ☐

5. I agree that this form that bears my name and signature may be seen by a

   designated auditor.

_____   _____   _____

Name of participant   Date   Signature

_____   _____   _____

Researcher   Date   Signature

1 copy for the participant; 1 copy for the researcher

Appendix 7: Interview guide for interviews 1 and 2

Semi-structured interview schedule

Interview 1

<u>Participant information</u>

Name:

Age:

Gender:

Ethnicity:

Length of time in therapy:

When did you start therapy?

When did you finish therapy?

How often did you attend therapy?

Have you ever experienced your own courage while in psychotherapy? (i.e. do you self-identify as someone who experienced your own courage in personal therapy?)

<u>Therapist information</u>

Therapist gender:

Therapist ethnicity:

Modality of therapist:

QUESTIONS ABOUT COURAGE

....

1. **Can you please tell me about your object and what this means to you in connection to your experiences of courage from your personal therapy?**

   Prompt: What did you think? What did you feel (emotions, bodily sense)?

2. **When you think about your own courage from your time in personal therapy, are there any particular experiences that come up for you?**

   Prompt: Can you give me some examples of how you experienced your courage? Can you tell me about a time when you experienced your courage?
   Tell me more about this experience? What happened? What did you say? How did you feel (bodily sense, emotions)? What was going through your mind? How do you think this impacted your therapy?

3. **How do you define courage based on your own experiences in personal therapy?**

   Prompt: Are there any thoughts, feelings, images or sensations that come up for you when you consider your definition of courage?

4. **Did your courage develop/change over the course of your therapy?**

   Prompt: If so, how? If not, why? Can you give me some examples of how it changed? What did you think, feel, sense?

5. **How do these experiences of courage in therapy influence your personal experiences of courage in your life (i.e. outside of therapy)?**

   Prompt: Thoughts, feelings, behaviours, bodily sensations?

6. **What role, if any, did your therapist play during these times when you experienced your courage?**

   Prompt: How did they respond verbally and physically? How did you feel about your therapist's response (or lack of response)?

7. **When you look at this word cloud can you relate these words to your experiences of courage in psychotherapy?**

   Prompts: If so, how? If not, why not? Thoughts, feelings, body sensations, actions.

Closing Questions:

- How has it been talking with me today?
- In what way has our conversation changed how you feel about your courage in therapy?
- Did you find it difficult to answer any of these questions? Which ones? Why?
- Is there anything you want to share with me that I have not asked?

INTERVIEW TWO – SEMI-STRUCTURED INTERVIEW

1. Can you please tell me about the objects you brought with you today? Are they the same/different as the ones you brought last time we met? What do they mean to you in connection to your experiences of courage from your personal therapy?

Prompt: Thoughts, feelings, sensations?

2. Since we last spoke, did any additional reflections come up for you about your experiences of courage in therapy?

Prompts: Can you tell me more about these experiences/reflections? How do you feel about these experiences now? Did additional examples / memories of your experiences of courage come up? Or times when you feel you didn't experience courage?

3. Following our first meeting, has your definition of courage from personal therapy changed in any way?

Prompt: If so, how? Can you tell me more? Thoughts, feelings, sensations?

4. Has this experience [of participating in the research] had any impact on how you consider your own courage in your life generally?

Prompt: If so, how? What has influenced this? If not, why do you think there's no change? Thoughts, feelings, behaviours, relationships, sensations?

5. Re-considering the role your therapist may or may not have played during the times when you experienced courage, do you have any further thoughts or reflections about their role?

6. We discussed this word cloud when we last met. What do you think when you consider it now, particularly in connection to your experiences of courage in therapy?

Prompts: Are there words you would like to add / take out? Thoughts, feelings, sensations?

Closing questions:

- Have you any further reflections you would like to share with me?
- What has it been like participating in this research?

Appendix 8: My personal interview

Excerpts from audio recorded and transcribed interview which took place 02/02/2019.

And it's purple [referring to my object, a purple sharpie marker] so obviously it makes me think about Prince because he gives me, it's that kind of thing of, look it's purple. And I didn't notice in this, but I was thinking about Prince today, and I think why I love him so much is because I was 11 when I first really got introduced to Prince. He became my compass point throughout my life, particularly in school when I was a boarding school it was really tough I was lonely. There was a lot of bullying … but I listen to Prince and even now it doesn't matter how s*** I'm feeling I put on some Prince and I feel ok immediately.

…. and I just stopped and I listened to him [my therapist]. I think I allowed it in and I suddenly went 'oooh' and burst into tears. That for me, actually letting him have an impact on me and acknowledge me and allow myself to meet him in that place, that's the real stand-out moment.

So then when I look at my clients and when I do see their courage, I don't know if it's my place to say if it's courage. And that's the thing, it's quite a personal piece for people.

… so I suppose for me I recognise courage as being seen, allowing myself to be seen. And that is really risky because I think generally speaking, and I think this is something that a lot of people talk about as well, we're very good at acknowledging when we've messed up. We're good at thinking something negative about ourselves, it's really easy to think of the times when I didn't do things, or say things.

I really see this in my romantic life, and that's difficult even now, and I've become so sharply aware of it and the pain of that. When I didn't give people or myself a chance because I'm avoiding something and I still feel that. Because I've been able to be quite intimate with my therapist..

I remember a tutor said to us that a lot of therapists get their intimacy needs met by their clients and I totally recognised and understood that. I don't think it's fair that I do that - both on me and my clients. So that is the part for me to really bring out into life. I've been much better in terms of how I'm speaking with my family and my sister, being more open with them and my friends.

Appendix 9: Excerpts from my reflexive diary

Post interview with Anne 19/04/2019

...filled w/ joy. Listening to her, & being in the room w/ her was such a lovely shared experience. I relished the fact that I'm not her friend or therapist, & I could just listen to her actively, follow points of interest & generally be a receptive audience member to her story.
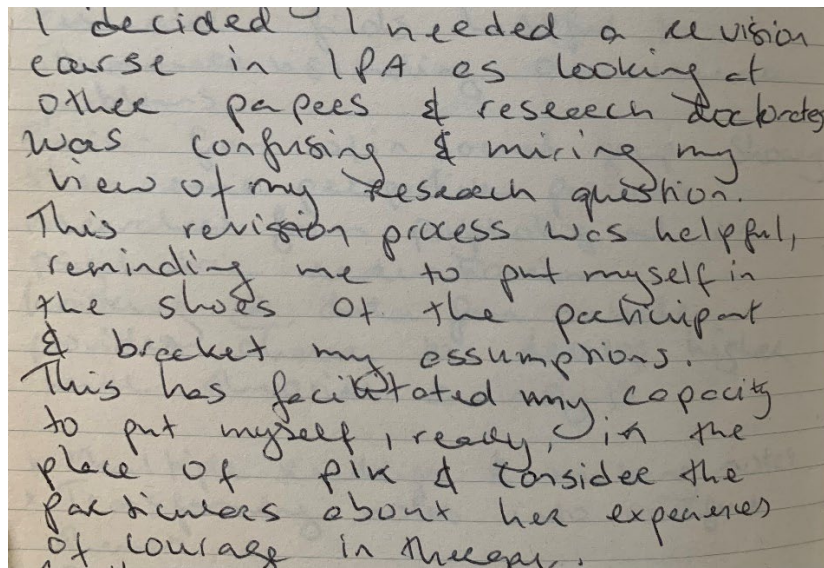
Post interview with Georgie: 04/05/2019

...The sharing of objects feels like acts of courage in themselves. This has been the case for all participants.
Unlike any of the other participants, P4's objects were all made by her, as expressions of herself, her courage & self-knowledge. Learning where to put that part of her self, alongside the other. Knitting her fragmentation together into something she can hold

Post interview with Jerome: 13/05/2019
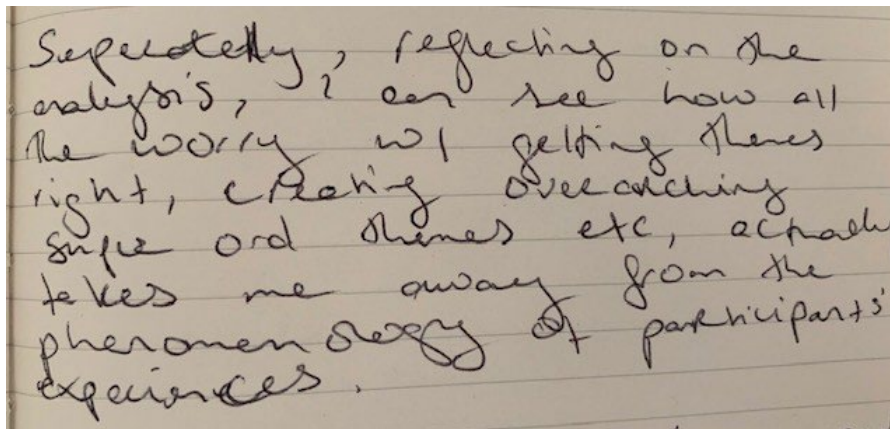
He seemed to acknowledge more about his process, considering what it means to him to consider his courage, how he can think about himself more, his relationships w/ his children - especially with his daughter - is she his 'object' of courage - transitional object?

<u>Analysis reflexive entry: 25/02/2020</u>

I decided I needed a revision course in IPA as looking at other papers & research doctrines was confusing & mixing my view of my research question. This revision process was helpful, reminding me to put myself in the shoes of the participant & bracket my assumptions. This has facilitated my capacity to put myself, ready, in the place of Pik & consider the particulars about her experiences of courage in therapy.

<u>Analysis reflective extracts 03/03/2020</u>

Separately, reflecting on the analysis, I can see how all the worry w/ getting themes right, creating over-arching super ord themes etc, actually takes me away from the phenomenology of participants' experiences.

<u>Analysis reflexive journal entry: 02/04/2020</u>

This process of analysis is unravelling. I'm constantly weaving back and forth between profound loss and trusting myself.

…. Folded into this is the vicarious aspect of the data, all of which is imbued with loss, trauma, shame and confusion.

<u>Write up reflexive journal entry: 15/01/2021</u>

I'm feeling less alone with my mistakes and failures. Particularly since reading Mick's (Cooper's) blog where to my mind he shows his courage in sharing his experiences. It is saddening to see how rife these imbalanced power dynamics were and are, they remain unchecked.

Re-analysis reflexive journal entries 25/03/2021

I can see where I got hooked onto the notion of looking for a definition from the literature. So many theorists discuss this lack of a standard definition which I can see now bedded into my psyche and somehow became a task for me to explore in this research project. Even though this was not the aim of the research.

This impacted the literature I initially chose which focused a lot on this lack of a definition, which I hope to have rebalanced with more focus on my actual research question.

Post supervision reflexive journal entry: 30/04/2021

Supervisor suggested I consider where I am in the data analysis and write up in terms of my personhood as a therapist and also a client. This has been a clarifying process – particularly from the client point of view. I can see my lack of self-trust infiltrated the data with echoes from feeling stupid at school, manifesting as imposter syndrome now. This has made me much more aware of the power dynamics and bullying I experienced in primary school from the teachers, all the way up to the present, which frequently shamed me into silence.

What I need then, and how have, is additional support to work through my issues of self-worth in therapy. I also needed to work with a supervisor who was adept at seeing where I was not being reflexive enough, and to pull me out of feeling upended by the analysis and participants' content. I am glad to say this latter point has been addressed, and my new supervisor has been transformative. Interestingly when I spoke to my previous supervisor about the issues that came up at the viva, she admitted that she did not see the issues either. Perhaps this was another layer to add to the parallel processes at play.

Appendix 10: Literature search overview

Databases and libraries where searches were conducted:

- EBSCOhost
- PsycINFO
- PsycARTICLES
- PsycBOOKS & Psychology and Behavioral Sciences Collection
- The Middlesex University Library
- The Metanoia Institute Library
- Roehampton University Library
- Taylor and Francis Online
- Google Scholar

Table 4

Literature search of client and therapist courage in psychological therapy

Search key terms	Search date	Year span	Results
Courage AND psychotherapy or therapy or counseling or counselling or counselling psychology	01/04/2021	1901-2021	442
Courage AND psychotherapy	01/04/2021	1901-2021	557
Courage or bravery AND psychotherapy AND clients	01/04/2021	1901-2021	145
Courage or bravery AND psychotherapist or counselor or therapist or psychologist or counsellor AND therapist or counselor or psychotherapist	01/04/2021	1901-2021	694
Courage or bravery AND psychotherapy AND fear	01/04/2021	1901-2021	58

Courage or bravery AND psychotherapy or therapy or counseling or counselling or psychology AND vulnerability	01/04/2021	1901-2021	32
Courage or bravery AND psychotherapy or therapy or counseling or counselling or psychology AND risk	01/04/2021	1901-2021	88
Bravery AND psychotherapy or therapy or counseling or counselling or counselling psychology	01/04/2021	1901-2021	133

Table 5

Additional search terms and keywords

Courage AND compassion or kindness
Courage AND shame
Courage AND self-agency or empowerment
Clients AND self-agency
Clients views or perspectives AND psychology or psychotherapy or counselling
Courage AND change
Courage AND the process of change
Courage AND risk
Courage AND failure
Courage AND authenticity

(**Note:** The above were search as standalone key terms and also with: psychological therapy search terms of psychotherapy, counselling and psychology, AND or clients)

Table 6

Literature search comparing number of courage studies with other phenomena or relevance to psychological therapy

Search key terms	Search date	Year span	Results

Courage AND psychotherapy or therapy or counseling or counselling	23/04/2021	1901-2021	442
Bravery AND psychotherapy or therapy or counseling or counselling	23/04/2021	1901-2021	64
Compassion AND psychotherapy or therapy or counseling or counselling	23/04/2021	1901-2021	2093
Resilience AND psychotherapy or therapy or counseling or counselling	23/04/2021	1901-2021	3752
Vulnerability AND psychotherapy or therapy or counseling or counselling	23/04/2021	1901-2021	3879

In total, 211 journals, books and other relevant texts were included in this study (see references). Texts were chosen that specifically pertained to the research question and the field of psychological therapy. Texts that focused solely on courage or bravery were selected over texts that just mentioned these terms.. However, occasionally and where relevant, some texts were included beyond this field to add context to the study or where there was a gap in the existing studies from psychological therapy which was done through a process of snowballing from core courage texts.

Appendix 11: Sample of interview transcript – participant Anne – interview 1

Code	Line	Transcript	Analysis
Courage is personal	835	P: Yeah It feels like I really lost myself, I really did. Um	Courage is personal
	836	[pause] and I think I have gained that back. Yeah	
	837	[pause].	Awareness of loss of self.
	838	R: And reflecting on that now and holding it in your hands	Lost and found – that took courage
Courage to integrate	839	and having it on your knee, what is that like?	
	840	P: It's good, I mean I, I'm really glad that I'm doing this,	[Bringing her into phenomenon of object and her acceptance of self]
	841	I'm really proud. Like I said, my mum read my diary and she	
	842	can't read this diary - no one can. Um so this, it feels	
Participating in the research is courageous	843	quite defiant and I'm going to do it still because it's	Repetition of 'really' – 'proud' defiant language – participating in the research is both 'good' and 'rebellious'
	844	something that [pause] I have always wanted to do. I	
	845	have written diaries throughout my life but not every day,	
	846	it's just something I like to do. So I don't know it means	Able to rebel against punitive mum and superego – acknowledgement of her power and agency
Courage linked to empowerment	847	a lot to me on so many different levels. Yeah.	
Courage linked to empowerment	848	R: Defiant, I like that.	
	849	P: Mmm, yeah, and I guess that sort of a new part of	
Courage to empowerment	850	myself that I am learning again, that I can be quite	She is writing for her healing, growth and sense of self – this suggests defiance and courage are linked.
Courage object as evidence	851	defiant. I don't have to do as others say. Mmm	Growth of self is reflected in development of writing which is a positive self-integrating tool 'on so many levels'
	852	R: Lovely. And it makes you think about what we're here	
	853	to talk about - your experiences of courage	
Courage linked to empowerment	854	P: Yeah, yes, yeah. This is I guess, when I went to	Learning to be true self again – both 'learning again' and 'new' – past meets present and the development of self agency
	855	university we did theory on objects so,	
	856	R: Oh did you!	Being defiant seems linked to growth and courage
	857	P: Yeah, so you're question about bringing objects - I	
	858	love, I love stuff like that, I really do	Affirmative – courage is linked
Courage object	859	R: Oh brilliant	
	860	P: Because they are yeah. Objects are so overlooked but	
	861	they mean so much. This was the one [holding up her	Objects are connected to meaning and her creativity. More positive uni memory than CV
	862	diary] this is what came to mind and I guess this is the	
	863	important one, these other ones I bought them along	Objects are meaningful
Courage object is transitional object from therapy	864	because I could start a story with them. But this is what	Her diary is proof and a representation of courage
	865	really, I guess what means courage to me. The courage	
	866	to... I guess it's my way of looking after myself now	Objects tell a story
	867	because I'm not in therapy now so it's a continuation of	
	868	something I started in therapy of something I used to	Repetition of 'courage' – diary is the object of her courage – it tells the story of her growth of courage and now it is the transitional object that cares for her post-therapy 'a continuation of what was started in therapy'
Courage to be true self	869	do. It's all those parts of me. Em, and as I said, my	
	870	experiences of courage [pause], listening to myself and	
Courage to integrate	871	being who I needed to be, and trusting myself again, em	
	872	[pause]. So [pause].	
	873		

Appendix 12: Photos demonstrating initial thematic development
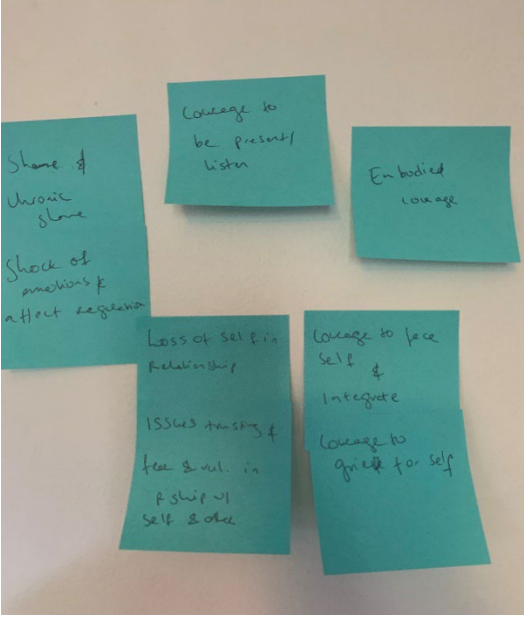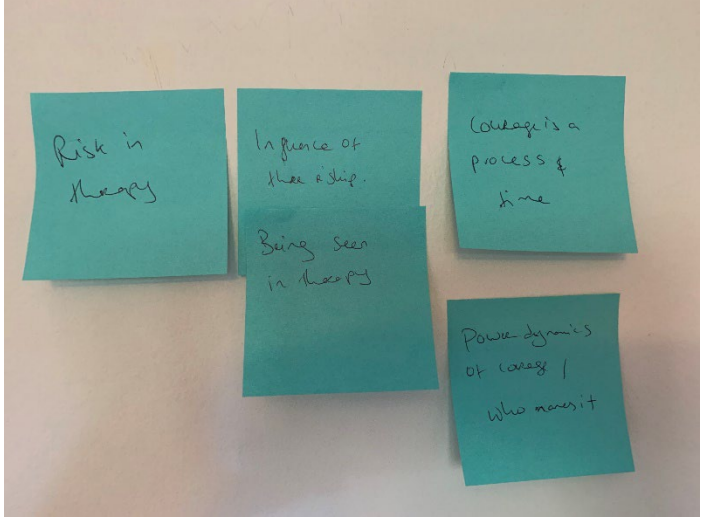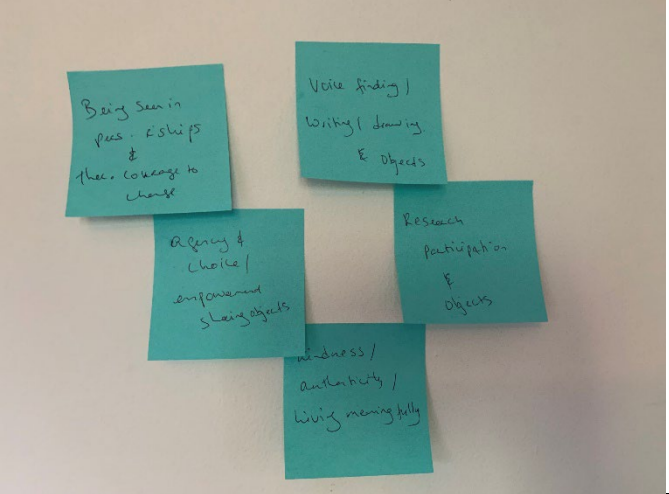
Examples from participant Ben interview 1
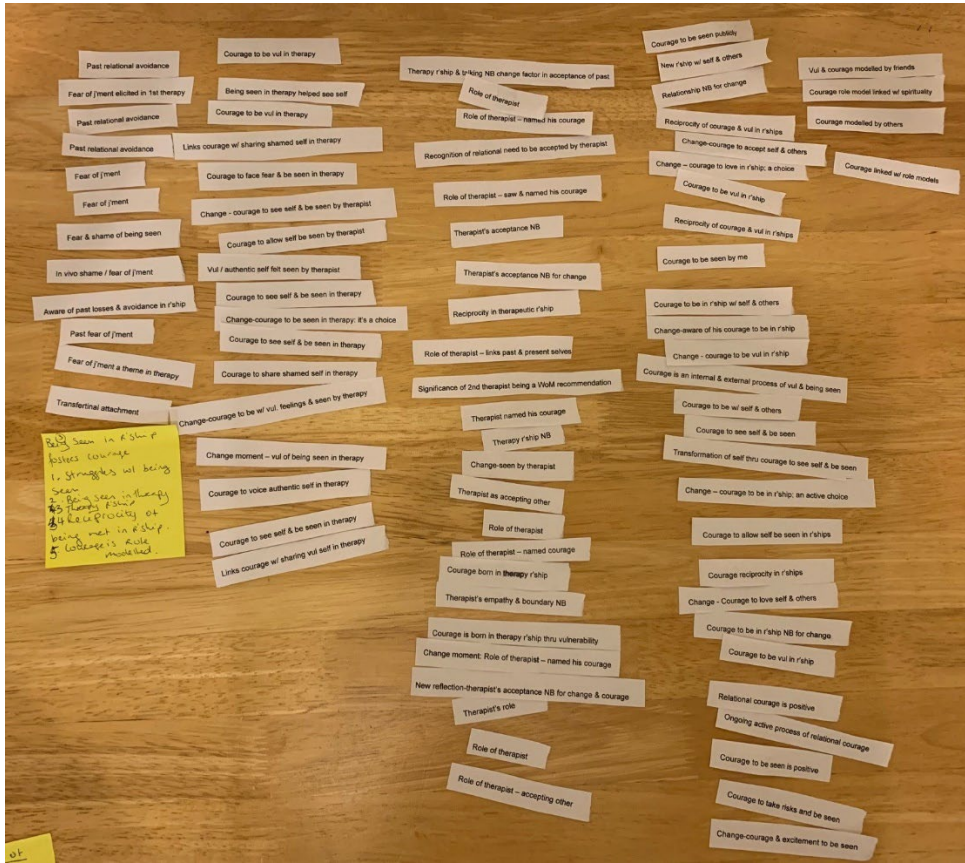
Appendix 13: Master list emergent theme development for Anne – interview 1

Emergent themes	Line no.	Transcript
Shame affect	666, 303, 279, 265, 198, 81, 509, 220, 707	
Chronic nature of shame	242-244, 94-99, 413-415	
Internalised shame as bad object	237-239	
Shame/pain of isolation	159-162, 505	
Change moment – recognising shame took courage	224-227	I realised that one of the negative things that I was feeling was shame. I thought, I didn't really realise that that was a thing. I found it really difficult to talk about that
Courage to confront shame		916
Shame of being seen	34, 63, 244-247, 337, 274, 183	
Impact of trauma	638-639	
Trauma affects shame	429-431, 442, 249-252	
Courage to face up to the trauma	451, 457, 498	…that it was very important to have the courage to admit what had happened
Issues with self worth	294	So, I was coming up with all of these you know crazy scenarios of my of why, why, people wouldn't like me, of why this happened, you know.
	47, 75, 81, 86-99	I was just there 'oh my God, I can't write anything about myself.'
	77	
Not good enough	110-112	I wasn't good enough, that I wasn't being good enough or em, it was just every part of myself, I was telling me I wasn't good enough'
	163-167	'And again that part of me that says I'm not good enough,
	340	was the loudest, the loudest voice when you are surrounded by friends.'
	478	
Change moment – recognition of self worth		55
Protection as survival	118, 515-519, 525, 541-542, 432, 460-462	You know, I think I was keeping people away because I wasn't, I didn't want [pause] to get hurt.
Critical self	52, 108, 132-134	Um, which was extremely difficult, because the part of me that wasn't being kind it was such a huge part of myself at that point.
Punitive superego		247
Courage to confront self	72, 107, 443, 572	
Courage to face shadow	268, 355, 463, 417, 356, 468-472	I was [laughs quietly] very angry um, and it felt really good.
Mourning the loss of self	36, 815	It felt really good to get this written, I even wrote in red as well, I didn't choose that because I was angry, but I think that, you know it just sort of shows where I was

Appendix 14: Photos of cross-cluster superordinate theme development – re-clustered

1. Falling apart and coming back together	2. Learning courage within therapy

3. Translating courage from therapy into life

Appendix 15: Master list of cross-cluster subordinate and superordinate development showcasing frequency

| THEMATIC DEVELOPMENT			FREQUENCY									
Emergent themes →	Subordinate themes →	Superordinate temes	Anne		Jerome		Duncan		Georgie		Ben	
			1	2	1	2	1	2	1	2	1	2
Shame	Cutting off and breaking down: struggles with belief and trust	1. Falling apart and coming back together	x	x	x	x	x	x	x	x	x	x
The shock of emotions			x	x	x	x	x	x	x	x	x	x
Impact of trauma					x		x	x	x	x	x	x
Self seen as faulty			x	x	x	x	x	x	x	x	x	x
Fear and vulnerability in relationship with self and other	Vulnerability of sharing myself		x	x	x	x	x	x	x	x	x	x
Loss of self in relationship				x	x		x	x	x	x	x	x
Issues with trusting people			x	x	x	x	x	x	x	x	x	x
Courage to grieve for self	From judging to valuing myself with all my shadows		x	x	x	x	x	x	x	x	x	x
Courage to integrate			x	x	x	x	x	x	x	x	x	x
Courage to be present	Learning to listen and be present to myself		x		x	x	x	x	x	x	x	x
The embodiment of courage	Getting in touch with the body		x	x			x	x	x	x	x	x
Risk is endemic	Holding back and taking leaps	2. Learning courage within therapy	x		x		x	x	x	x	x	x
Being seen in **therapy** relationship develops trust in self and others			x		x		x	x	x	x	x	x
The power dynamics of courage	Who decides who is courageous		x		x		x	x	x	x	x	x
Courage is dynamic and active	Going backwards and forwards in time		x	x	x	x	x	x	x	x	x	x
Time is significant			x	x	x	x	x	x	x	x	x	x
Influence of the therapy relationship on the development of courage	Therapist encouraging and role modelling courage		x		x	x	x	x	x	x	x	x
Courage to be seen in personal relationships	Assimilating interpersonal courage from therapy into life	3: Translating courage from therapy into life	x		x	x	x	x	x	x	x	x
Therapy facilitates courage to change					x	x	x	x	x	x	x	x
The courage of agency and choice	Choosing what to share		x	x	x		x	x	x	x		
The empowerment of courage	Deciding to no longer be a passenger in life				x	x	x	x	x	x	x	x
Courage to change and authentic	Continually finding new ways to live fully and truthfully		x		x	x	x	x	x	x	x	x
The courage to live meaningfully	The courage to live meaningfully		x		x	x	x	x	x	x	x	x
Courage to be kind			x	x	x	x	x	x	x	x	x	x
Courage to participate in research	Deepening courage through research participation		x	x	x	x	x	x	x	x	x	x
Courage: a quest in voice-finding	Reclaiming my voice through spoken and written narration		x	x	x	x	x	x	x	x	x	x
Talking and writing nurtures meaning of courage			x	x	x	x	x	x	x	x	x	x

Appendix 16: Sample of cross-cluster subordinate and superordinate development with quotes from the master list

Superordinate themes	Subordinate themes	Emergent themes	Anne 1	Anne 2	Jerome 1	Jerome 2	Duncan 1	Duncan 2
1. Falling apart and coming back together	Cutting off and breaking down: struggles with belief and trust	Self seen as faulty	I was really worried that there was something wrong with me. Again, you know, the constant 'not good enough' side of myself. 339-341	Self-worth I think, yeah, I'm certainly connecting that to courage. It certainly was connected to, you know, my experiences in therapy. My self-worth wasn't where it should be and I realised that in, in my time in therapy and that's quite a scary thing to realise and start working with 1035-1040	You you create, um [pause] I guess, like small defences, or you know, things that have become difficult parts of your life 233-234	Um, I was prescribed antidepressants by the doctor and as I was waiting for him to fill out the form I was looking out the window and thinking, 'this is not me, it's not who I was when I was younger when I felt stronger and more able to solve any problems and overcome anything'. 52-57	It felt like a weakness, even ... It felt like it was going to make things ... I felt like it was going to make things worse to ... um to take the antidepressants. It felt it felt like a weakness, and what I needed then was a bit more inner strength, inner conviction. 41-45	Why are they looking at me like that? Why are they saying this? 410-411
		Courage to grieve for self	So that's why I brought this because you know, I guess this was something that I learnt to do with her that really helped me confront feelings that yeah, I wasn't, I wasn't dealing with, I wasn't confronting, em [pause] 415-419 And um, I was just thinking as well when I started discussing all of this, and how you how you reached [pause] and this idea of trusting myself came up and I don't think I realised, prior to therapy that I wasn't trusting myself. I thought I just wasn't trusting other people, but actually a lot of it was me not trusting myself. 572-578	Um, I feel, it feels like it's not real, it feels like I wasn't me, it feels very sad to think about it still that that's where I was but it does feel in the past as well. 102-104	Feel ... to feel uh, [pause] I guess just feel less anxious about the unknown, and just face it, and whatever will be will be. Just make the most of it. 79-82	It would have been easy to continue in that way but I knew deep down I wasn't happy. 148-150		Very often, I've stayed in that kind of safe place. I actually found, pardon me, years ago, depression was a safe place. 554-556

Superordinate themes	Subordinate themes	Emergent themes	Georgie	1	2	Ben	1	2
2. Learning courage within therapy	Going backwards and forwards in time	Courage is dynamic and active (and ongoing process)	It's looking at the whole, whole journey of [quietly] um, yeah, like I say, it's the courage around the counselling and then about looking about the whole thing within my life, and facing that and em [tails off] 1149-1153		So I need to find a place that I can do this backwards and forwards. Maybe that's not always a bad thing because it means I'm questioning [quietly] what I'm doing. 1381-1386	I think by slowly building up, you know, if you're scared of heights you're not going to suddenly- you take little steps, basically. 346-348	I think the progress, the better I got at being open, the easier it got so I just- became - I felt like happy to discuss. like I felt excited to go to each session because I was like, "I remember this thing, let's discuss that." 364-368	Um, but again, once you start that ball rolling, it gets faster and faster and gets easier and easier as you go along, but like the first steps and all these different stages [pause] were all hard, but they did get easy. 631-634
		Time is significant	I don't know if this works for everybody even now, but I had to get to the end of that time with her [therapist], to be able to really look back. 958-960		I don't know whether I ever felt courageous actually during the act, or whether that was more so kind of tied up with fear elements of things that there's no way I could - at that so um. Yeah, it's a bit like, is it always a - yes, a hindsight type thing that you describe. 233-238	I would've been super nervous to do this [participate in research], you know, a year ago I never would have agreed to do something like this. I don't like talking about myself or anything like that. But it felt so timely and topical and important to me that I thought, "I should do this." [He laughs] 159-164	Obviously, with therapy, that process [of opening up] happened over weeks and months 699-701

Appendix 17: Example of stages in data reduction of subordinate and superordinate cross-cluster theme development
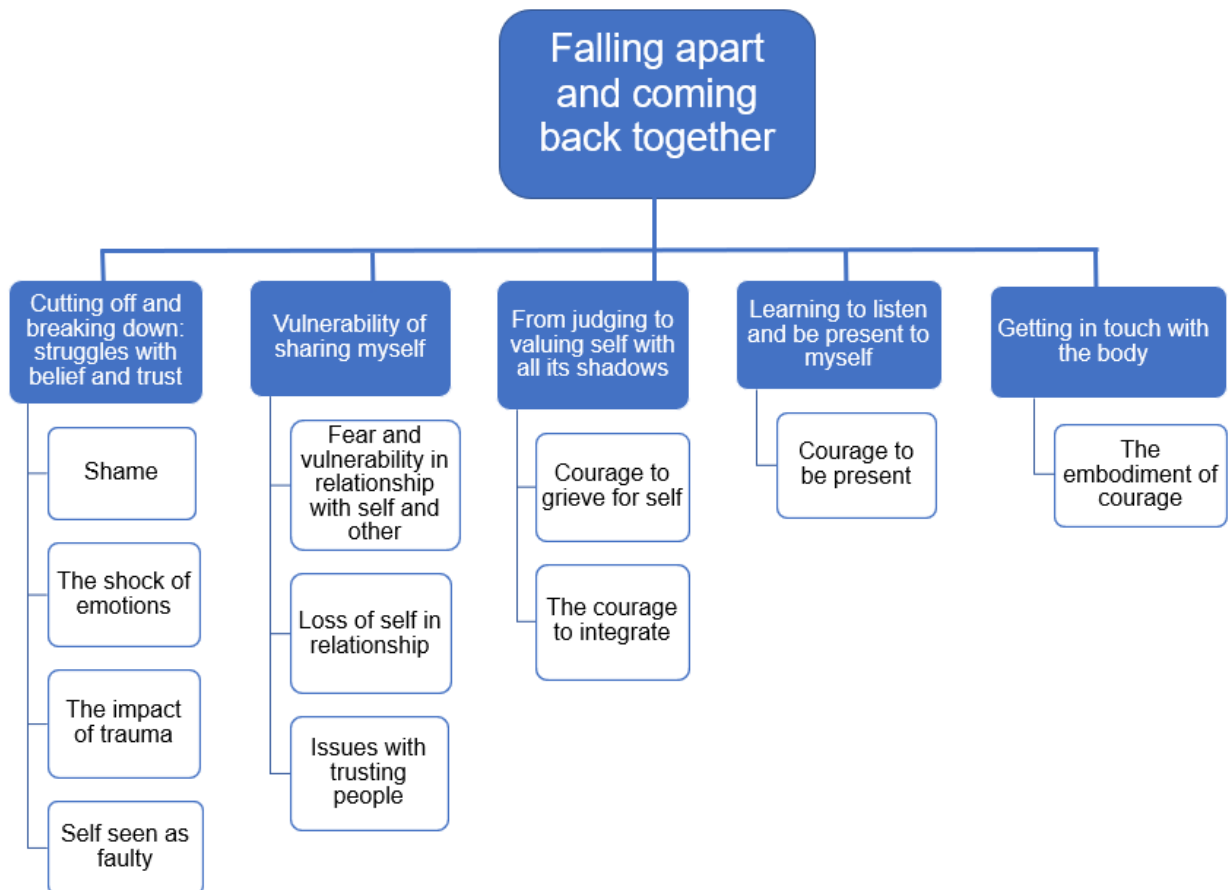
Appendix 18: Cross-cluster phenomenological word cloud

Appendix 19: Participants' individual phenomenological courage word clouds

1. Anne's word cloud

2. Jerome's word cloud

3. Duncan's word cloud

4. Georgie's word cloud

5. Ben's word cloud