ANALYSIS OF COUNSELLING PSYCHOLOGISTS' SELF-REPORTED EXPERIENCES OF DRAWING UPON TWO OR MORE THEORETICAL ORIENTATIONS TO INFORM THEIR PRACTICE

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Contents

Abstract

Although the discipline of counselling psychology has been increasingly associated with a pluralist stance, little research has been conducted into this group of practitioners' relationships with theory. This investigation aimed to ameliorate this deficit in the empirical literature by gaining insight into counselling psychologists' experiences of navigating and drawing from differing theories to inform their clinical practice. Fifteen accredited practitioners were interviewed on a one to one basis. The interview data was transcribed and the 15 transcripts that constituted this study's data set were analysed using thematic analysis. Four primary analytical themes were generated. Each theme offers insight into counselling psychologists' experiences of navigating and drawing from theories from a contextualised perspective. Theme 1 presents participants' experiences of theory in light of their sense of professional identity; Theme 2 with reference to participants' perspectives as practitioners who maintain idiosyncratic, theoretically structured and integrated conceptions of clinical practice; Theme 3 presents participants' experiences as viewed from the context of relational encounters; Theme 4 with reference to their experiences of the institutional contexts of practice. Conclusions bring attention to the significant challenges that lesser experienced counselling psychologists report to be experiencing in their efforts to nurture a theoretically integrated approach to practice that accords with the humanistic and pluralist ethos of counselling psychology, practitioners' needs for a theoretically coherent view of persons as well as the ability to 'embody' this view during clinical encounters, and the need to meet employers' expectations that practitioners work in prescribed ways.

Literature Review

At the beginning of his account concerning the role of theory within the provision of therapy, McLeod (2013) asks "Why do we need theory?" (p. 79). His response is that it gives us "something to hang onto: structure in the face of chaos" (p.79). Practitioners' ways and means of drawing upon the theories that inform their clinical practice is a topic that has formed the focus of much reflection and debate since the beginning of the counselling profession (Gold, 2010; Hollanders, 2003; Norcross, 1997; Norcross & Goldfried, 1992; Rosenzweig, 1936). A large number of psychotherapy theories exist and many of the seminal thinkers in counselling and psychotherapy can be associated with the emergence of a new theory of human development and change - with Beck (1979), Freud (2012), Jung (1991), and Rogers (2004) being eminent examples. In his survey of the field Karasu (1986) counted more than 400 differently named approaches to therapy.

It has been observed that much of the historical interest into practitioners' relationships with theory has been of a reflective and conceptual nature and that levels of formal research investigation have lagged behind (Jensen, Bergin, & Greaves, 1990; Norcross, 1990; Schottenbauer, Glass, & Arnkoff, 2005). Although studies have been conducted into counselling and psychotherapy practitioners' relationships with the theories that inform their practice (Hickman, Arnkoff, Glass, & Schottenbauer, 2009; Mackay, West, Moorey, Guthrie, & Margison, 2001; Schottenbauer, Glass, & Arnkoff, 2007), none of the existing studies focus upon a sample of counselling psychologists. However, some recent authors

have reflected upon counselling psychologists' relationships with differing theories (Athanasiadou, 2012; Cutts, 2011; Moller & Hanley, 2011), the role of differing theories within counselling psychology training programs (Konstantinou, 2014; Risq, 2006), and research investigations conducted both inside (Scott & Hanley, 2012; Ward, Hogan, & Menns, 2011) and outside of the UK (Lampropoulos & Dixon, 2007) have focussed upon trainee counselling psychologists' experiences of drawing from differing theories.

It has been observed that the principle tenets of a counselling psychology approach carry important implications for how this group of practitioners conceived of the role of theory within clinical practice (Strawbridge & Woolfe, 2010, The British Psychological Society, 2014). Although the outcomes of studies have provided some empirical insight into how this group of practitioners' conceptualise the theories that serve to inform their practice (Hemsley, 2013b), the nature of counselling psychologists' ways and means of drawing from the theories has not been investigated in its own right. Given that counselling psychology has become increasingly associated with a theoretically pluralistic stance (Athanasiadou, 2012; Draghi-Lorenz, 2010), the deficit of research into this topic constitutes a notable limitation in the empirical literature.

It follows that the research question this enquiry has been designed to address is:

> *What are UK based counselling psychologists' experiences of*
> *navigating between and drawing from the differing theories that inform*
> *their clinical practice?*

It is hoped that the provision of an answer to this question will furnish insight not only into the ways in which this group of practitioners' are conceiving of differing theories as they approach their practice, but also that it will help to illuminate their actual experiences of using theories during the course of clinical encounters.

In order outline the present state of knowledge for this area of enquiry, the theoretical and empirical literature that has most relevance will be reviewed. Although theory and investigation emanating from the discipline of counselling psychology will be considered, reflecting upon the literature from the field of psychotherapy more broadly will be able to provide more comprehensive insight into present levels of understanding of practitioners' relationships with the differing theories that inform their clinical practice.

In light of Hollanders and McLeod's (1999) critique of research into this topic in terms of how researchers often fail to specify what they mean by 'theory,' a clarification of terms is necessary. Although the body of theory that counselling psychologists - as *psychologists* - have available to them is wide and diverse, covering multiple domains of human development and change from biological, cognitive, social perspectives (Gross, 2010), the principle focus of this present enquiry is upon practitioners' recourse to *therapeutic* theories and models. McLeod (2013) also makes the distinction between therapeutic traditions, orientations, and approaches, on the one hand, and therapeutic theories and models, on the other. Whereas the former set of terms function primarily to signal broad, overarching 'meta-theoretical' orientations - such as the traditions of psychodynamic, cognitive-behavioural (CBT) and humanistic approaches - the latter terms refer to specific theories

and models situated within any of these traditions. Given that this present enquiry is exploring a relatively uncharted area of research, it will remain open to enquiry into counselling psychologists' drawing upon of therapeutic theory at the levels of theoretical orientations and models.

Situating Counselling Psychology as an Approach to Practice

In order to more fully appreciate the reasons why a study into this topic of investigation is warranted, it is illustrative to reflect upon the nature of the identity of counselling psychology as it has developed within the UK. Although opinion is not unanimous (Moller, 2011), the professional identity of counselling psychologist has been viewed as both distinctive and important to its holders (Shillito-Clarke, 2006; Woolfe, 2006). It has also been viewed as a professional identity that rests upon a humanistic value base (Cooper, 2009; Steffen, 2013), that prioritises the therapeutic alliance at the centre of clinical practice (James & Bellamy, 2010; The British Psychological society, 2014), and that is associated with a critically engaged epistemological positioning (Douglas 2010; Harrison, 2013). In societal contexts wherein discourses centring on the medical model are dominant, it has also been viewed as an identity that maintains a potent voice due to its links with critical social science (Lane & Corrie, 2006; Steffen & Hanley, 2013) and its ability to provide an alternative to the language of psychiatry (Golsworthy, 2004; James, 2009). In sum, compared with other approaches to understanding emotional distress, counselling psychology has been seen as carrying the ability to 'stand up for the human' (Hemsley, 2013a).

In their account of the genesis and development of the discipline of counselling psychology, Strawbridge and Woolfe (2010) associate these

valued features of the discipline with its unique intellectual heritage. Important to this heritage are the traditions of existentialism and phenomenology, as well as the theories of US-based humanist thinkers, such as Carl Rogers and Abraham Maslow, "who argued the need to ground the practice of psychology in humanistic values" (Strawbridge & Woolfe, 2010, p. 4). For Cooper (2007, 2009), not only is counselling psychology's humanistic value base its defining feature, but it is this value base that renders it a valuable approach to practice due to the way in which it centres upon the prioritisation of subjective and phenomenological, interpersonal experiencing.

In terms of what such a professional identity means for this group of practitioners' relationships with the theories that inform their practice, a crucial implication is that "the focus shifts away from the application of specific treatments - what we do *to* clients - to how we are *with* clients, to an emphasis upon *being-in-relation* rather than *doing*" (Strawbridge and Woolfe, 2010, p. 11, italics in original). Just what this means in actuality, the following comments provide an indication: "Counselling psychology takes as its starting point the co-construction of knowledge and as such places relational practice at its centre" (The British Psychological Society, 2014, p. 15). Although the notion of the co-construction of knowledge is not unique to counselling psychology (e.g., Malinen, Cooper, & Thomas, 2012; Spence, 1984), given that for this group of practitioners their experiences of being-with their clients should constitute the "starting point" of clinical endeavour, it follows that any recourse to theory needs to be informed by practitioners' experiences of interpersonal, relational being.

Counselling psychology's conception of knowledge and understanding as being borne out of, or 'co-constructed' from, practitioners' experiences of being in relation with their clients is also shared with the allied discipline of counselling. "Counsellors do not diagnose or label people, but instead do their best to work within whatever framework of understanding makes most sense for each client" (McLeod, 2013, p. 24). Although the two disciplines may differ due to counselling's very theoretically-open nature (e.g., the use of "whatever framework"), they share an emphasis upon the importance of subjective relational experiencing for the task of generating understanding.

It has been observed that counselling psychology was in large measure constructed and defined through processes of contrast with clinical psychology (Pugh & Coyle, 2000). However, in order to appreciate how counselling psychology's prioritisation of a humanistic and relational approach to practice differs from other forms of therapeutic endeavour, a brief comparison with this allied discipline is also illustrative. Smallwood (2002) observed that "[c]linical psychology has its origins in a science-based assumption that it is possible to speak with impersonal certainty and objectivity about realities based on measurable and repeatable observations" (p. 16). Consequently, clinical psychology can be aligned with the language and epistemology of the medical model, a positioning from which "detailed and skilled observations of the individual [client] are matched against research based knowledge; this comparison allows diagnosis, formulation and the development of a strategy, focusing on symptom reduction and problem resolution and movement towards patient well-being" (Smallwood,

2002, p. 16).

Starkly contrasting with counselling and counselling psychology's emphasis upon the interpersonal and subjective, clinical psychology's emphasis upon the impersonal and objective would seem to entail a very different relationship with theory. Whereas - following McLeod's (2013) observations about counselling - an emphasis upon interpersonal experiencing can be associated with a practitioner remaining open to differing theoretical perspectives and forms of understanding, these comments from Smallwood (2002) indicate that an emphasis upon diagnosis and symptom reduction entails a systematic and pre-determined practitioner-theory relationship. Although, given their observed differences in emphasis, counselling psychologists' relationships with theory are likely to differ from their clinical psychologist counterparts, a more positive - and empirically supported - definition of counselling psychologists' relationships with theory is not available at this present time. It is hoped that the results of this present enquiry will help to remedy this situation.

Counselling Psychology and the Role of Theory

As well as sharing with the profession of counselling an emphasis upon subjective relational experiencing, the discipline of counselling psychology also shares counselling's tendency to conceive of theory in an open, inclusive way. Strawbridge and Woolfe (2010) view this embrace of differing theories as one of counselling psychology's "strikingly postmodern characteristics" (p. 14) due to its "recognition of competing therapeutic theories … [its] refusal to align itself with a single model indicat[ing] a resistance to metanarrative" (p. 14). Such a positioning suggests that

counselling psychology's association with a postmodernist critique of language and theory - one that casts critical doubt upon the veracity of any given theory or 'metanarrative' (Polkinghorne, 1992) - may serve to dispose this group of practitioners to an open and inclusive relationship with the plurality of theories and frameworks of understanding that are available. In support of this suggestion it can be observed that, like its predecessors, the latest version of *Handbook of Counselling Psychology* (Woolfe, Strawbridge, Douglas, & Dryden, 2010) continues to evidence an embrace of theoretical diversity through its presentation of consecutive chapters that focus upon each of the primary meta-theoretical therapeutic orientations - including psychodynamic, cognitive-behavioural, humanistic, feminist, and cross-cultural - that inform counselling psychology. In their course accreditation guidelines, The British Psychological Society also highlight the importance of diversity of understanding for the discipline. Under the subtitle of "[a] philosophical basis for counselling psychology" (The British Psychological Society, 2014, p. 15), it is stated that "counselling psychology embraces a pluralistic and interdisciplinary attitude … At its centre lies an inquisitive, reflexive, and critical attitude that acknowledges the diversity of ontological and epistemological positions underlying all forms of therapeutic approaches and techniques" (pp. 15-16).

Although in the above extract counselling psychology's embrace of theoretical multiplicity is presented as one of its assets, this aspect of the discipline has also been appraised more critically. Some commentators have noted that it is due to the fact that the discipline rests upon a theoretically expansive and pluralistic knowledge base that the discipline holds the

potential for theoretical confusion or conflict (Clarkson, 1996; Draghi-Lorenz, 2010; Risq, 2006). Other commentators have brought attention to the discipline's inherent ambiguity and uncertainty (Cross & Watts, 2002; Spinelli, 2001). Moore and Rae (2009) argued that the frequent self-characterisation of counselling psychologists as 'maverick' or 'outsiders' constitutes a self-serving function due to the way in which it assists them to manage intra-disciplinary inconsistency.

Although the above reflections pertain to the characterisation of the discipline as a whole, it can be observed that a discipline that rests upon the embrace of theoretical diversity holds the potential for conceptual complexity and uncertainty at the level of practitioners' relationships with theory (Risq, 2006). Other aspects of the counselling psychology course accreditation guidelines that were cited above acknowledge this possibility. For instance, although counselling psychology is a discipline that "embraces a pluralistic and interdisciplinary attitude" (The British Psychological Society, 2014, p. 15), importance is also placed upon the need for theoretical consistency and clarity. The British Psychological Society (2014) state that in order to qualify, trainees need to:

> demonstrate in depth critical knowledge and supervised clinical experience of the particular theory and practice of at least one specific model of psychological therapy … [and] have a working knowledge and supervised clinical experience of at least one further model of psychological therapy. (p. 21)

Although the expectation is that trainees display the ability to draw upon the theory and practice of at least two models of therapy, here emphasis is placed

less upon diversity of approach and much more upon the demonstration of clinical coherence and competency when using any specific approach. The definition provided as to the meaning of 'a model of therapy' is also indicative of a similar priority: "[a model of therapy] offers an explanation with *internal consistency* about the nature of the person, of psychological difficulty, of the therapeutic relationship, and of the process of change" (The British Psychological Society, 2014, p. 21, emphasis added).

At this point in their course accreditation guidelines, with the emphasis being upon the trainee's active use of theory, notions of theoretical diversity or pluralism are much less apparent than the stress placed upon the need for the demonstration of theoretical mastery. What remains to be understood, however, is how trainees and accredited practitioners are coming to terms with or making sense of the differences that exist between the differing - i.e., the "at least" (The British Psychological Society (2014, p. 21) two or more - theories that inform their clinical practice. If counselling psychology is a discipline that values and embraces a plurality of perspectives for assisting practitioners' in their 'co-constructions of knowledge,' it may be questioned how these practitioners are going about making selections from contrasting theories whilst also maintaining theoretical coherence and consistency.

The Challenge of Drawing upon Differing Therapeutic Approaches

Therapeutic approaches can be seen to differ in significant and fundamental ways (Draghi-Lorenz, 2010; McLeod, 2013). One way of viewing therapeutic approaches is in terms of how they can be associated with differing visions of reality (Fear & Woolfe, 1996, 1999; Messer & Winokur, 1984). With their themes of attachment, loss, and unconscious

conflict, Messer and Winokur (1984; also Frye, 1965) aligned psychodynamic approaches with a tragic vision of reality; with their emphasis upon the irrationality and faulty thinking of human beings, they aligned CBT approaches with a comic vision; and with their emphasis upon personal growth, humanistic approaches with a romantic vision.

In line with this conceptualisation, Fear and Woolfe (1999) constructed a qualitative investigation designed to elicit the meta-theoretical assumptions underlying practitioners' assumptions about reality in order to see how these interacted with their preferred theoretical orientations. These authors based their study upon the categorisation of visions of reality provided by Frye (1965) which distinguishes between tragic, ironic, romantic, and comic visions. In order to elicit the visions of reality held by their 39 participants the researchers employed a Thematic Apperception Test in the form of analysing participants' narrative responses to pictures. In outcome they found positive relationships to exist between participants' visions of reality and their preferred theoretical orientation. In discussing their results, Fear and Woolfe (1999) contended that maintaining a fit between the meta-theoretical assumptions of a practitioner's vision of reality and their preferred approach to practice is crucial: "congruence between philosophy and theoretical orientation is a necessary condition for the counsellor's ongoing professional development, if he or she is to maximise his/her efficacy as a therapist, and indeed not to suffer burnout or career crisis" (p. 253).

Further support for this viewpoint comes from an allied body of quantitative investigations that has demonstrated reliably significant interactions to exist between practitioners' preferred theoretical orientation

and psychological makeup (Scandell, Wlazelek, & Scandell, 1997) or psychological 'type' (Varlami & Bayne, 2007); preferred theoretical orientation and practitioners' family of origin (Johnson, Campbell, & Masters, 1992); and preferred theoretical orientation and practitioners' experiences of family life (Rosin & Knudson, 1986). The outcomes of studies such as these suggest that a practitioner's background and psychological makeup functions to dispose them to identify with certain theoretical orientations more so than with others.

In reflecting upon this seeming necessity for a state of congruence to exist between variables pertaining to a practitioners and their preferred approach to practice, Fear and Woolfe (1999) also expressed concern about the increasing tendency for practitioners to adopt theoretically *integrative* approaches to practice. The cause of their concern is due to the way in which the bringing together of differing theories holds the potential to complicate the fit between a practitioner's outlook and the assumptions underlying the approaches that they are drawing upon.

McLeod (2013) also brings attention to the significance of the numerous differences that can be seen to exist between different theoretical approaches. As well as viewing an approach to practice as offering practitioners a set of organised and interrelated concepts, he argues that different approaches come with their own language, a set of therapeutic procedures, a knowledge community, a set of values, and a mythology. Draghi-Lorenz (2010) offers a detailed and nuanced analysis of theories that delineates a gradient of the differences existing between them, ranging from those that are low level to those that are incommensurable. For instance, at

the level of low level differences, theoretical terminology is characterised as being formal and explicit, and as often being redundant (in that it points to very similar phenomena being named differently in contrasting theories). At the other end of the spectrum, he sees the incommensurable differences as existing at the level of epistemology. Furthermore, whereas low level differences are seen to have implications in terms of language use and professional identity, at the level of epistemology the differences between theories are viewed as not only 'opening up' different realities, but as legitimising what passes for acceptable knowledge. To illustrate his model, Draghi-Lorenz (2010) observes that CBT's primary focus upon cognition and behaviour is complemented by an epistemological stance which advocates that knowledge is only valid when expressed rationally and evidenced quantitatively. In contrast to this, he argues that existential approaches rely upon a philosophical analysis of the human condition and advocate an epistemological position that values non-rational processes (such as emotion) as valid sources of information, whilst also placing questions of (existential) meaning at the centre of therapeutic endeavour.

Although they conceive of the discontinuities that exist between contrasting therapeutic approaches in differing ways, the authors that have been cited in this section all acknowledge that significant - even "incommensurable" (Draghi-Lorenz, 2010, p.116) - differences exist between different approaches to practice. Given that counselling psychology is a discipline that has been increasingly associated with a pluralistic stance (Draghi-Lorenz, 2010; Strawbridge & Woolfe, 2010, it may be asked how counselling psychologists are managing to navigate these differences. It

would seem that in order to navigate such differences whilst maintaining a sense of "internal [theoretical] consistency" (The British Psychological Society, 2014, p. 21), practitioners are likely to be drawing upon differing theories consecutively rather than simultaneously. Alternatively, it maybe that once they have gained accreditation, counselling psychologists rely upon only one of the theories that they have been trained in.

Pluralism

In his paper on theoretical differences, Draghi-Lorenz (2010) indicates that one of his aims is to bring about greater theoretical and epistemological openness on the part of counselling psychologists. He makes his position clear: "counselling psychology does not *and should not* call for uniformity in psychotherapy theory" (p.115, italics in original). He argues that "theoretical and epistemological variety is ultimately inherent to the human condition and in the impossibility of total knowledge many partial perspectives are better than one" (p.117). Draghi-Lorenz is not alone in positing an alignment between counselling psychology and the philosophical notion of pluralism (Cooper, 2009; McAteer, 2010; The British Psychological Society, 2014). Whereas earlier commentators highlighted the importance of a sense of congruence between the meta-theoretical assumptions underlying a practitioners' view of reality and their preferred approach to practice (Fear & Woolfe, 1999), an emphasis upon theoretical pluralism would seem to imply not only the need for some kind of post-modernist stance on the part of the practitioner (as indicated in the above quotation from Draghi-Lorenz), but also to require high levels of practitioner versatility and flexibility. However, as to whether or not practitioners do - or are able to - maintain such an

epistemological positioning, it is uncertain (Hemsley, 2013b).

Although it may be that a pluralist stance can be brought about in differing ways (Draghi-Lorenz, 2010), some commentators have brought attention to the relevance of Cooper and McLeod's (2011) pluralistic framework of practice for counselling psychology (Athanasiadou, 2012; Scott & Hanley, 2012). Based upon the aim of "making the most of the vast body of methods and theories that exist in the counselling and psychotherapy world" (Cooper & McLeod, 2011, p.vi), Cooper and McLeod's pluralistic framework is built around the postmodernist notion that given the nature of reality, any significant question can give rise to a multiplicity of valid answers. The fit between this framework and the discipline of counselling psychology can be appreciated through the observation that both are based upon a humanist approach that prioritises the therapeutic relationship. Cooper and McLeod's (2011) pluralistic framework is built around the importance ascribed to the therapist-patient relationship as it is through the interaction and dialogue that takes place between them that, out of the diverse ways of working that are available, specific ways of working are negotiated and agreed upon. The integration of a theoretically plural stance into a humanist conception of practice is corollary to the authors' viewpoint that "pluralism may essentially be synonymous with humanism" (Cooper & McLeod, 2011, p. 17; also McLellan, 1995).

It should be noted, however, that not all counselling psychologists share an unalloyed appreciation of pluralist conceptions of theory. McAteer (2010) notes that an over-identification of counselling psychology with pluralism could give rise to a restrictive meta-narrative - i.e., that 'pluralism

is right.' Rizq (2006) also argued that, due to the levels of uncertainty and ambiguity that it may generate for less experienced practitioners, counselling psychology's "professional identification with pluralism poses significant emotional problems for trainees" (p. 613). Scott and Hanley's (2012) case study of a trainee counselling psychologist's experiences of learning how to practice as a pluralistic therapist also indicates the personal and emotional complexities inherent in adopting a theoretically plural position.

In discussing the role of theory within counselling psychology it was argued that the discipline of counselling psychology can be seen to rest upon a tension that results from its embrace of a plurality of theoretical perspectives and the necessity for its practitioners to develop mastery in particular therapeutic approaches. It maybe that the discipline's recent identification with pluralistic conceptions of practice in general, and Cooper and McLeod's (2011) pluralistic framework in particular, are attempts to manage this tension. Given the lack of research into this area, whether or not counselling psychologists are turning to such frameworks in order to assist them in their navigation of the differing theories that inform their practice can only be speculated.

Integration and Eclecticism

Although Cooper and McLeod's (2011) pluralistic framework is a recent development within the field of counselling and psychotherapy, prior to this there existed differing conceptions of the means by which practitioners can draw from two or more theoretical orientations to inform their clinical practice. A basic and widely accepted distinction is 'integrative' versus 'eclectic' conceptions of practice (Norcross, 1990). Although these

concepts are often discussed side by side, the distinction between them is important as it centres upon the nature of how theory is to be conceived.

Theoretical integration refers to the incorporation of ideas and practises from multiple approaches into a novel integrated theory (Norcross & Goldfried, 2005). A variant of theoretical integration is 'assimilative integration' where techniques from differing theories are incorporated into a single pre-existing theory (Norcross, Karpiak, & Lister, 2005). What integrative approaches share in common is the aim of bringing about a "conceptual synthesis of diverse theoretical systems" (Norcross, 1990, p.297).

Theoretically eclectic approaches are comparatively a-theoretical in nature in that priority is placed upon the utilisation of interventions that have clinical utility, rather than upon considerations of theoretical consistency or integration (Lazarus, 1995, 2005; Norcross, 1990). Cooper and McLeod's (2011) pluralistic framework accord with an eclectic conception of practice.

Criticism has been levelled at both eclectic and integrative methods. Critics of theoretical integration argue that true integration is an impossibility given the epistemological differences underlying different approaches to counselling and psychotherapy (Lazarus, 1995; Patterson, 1989). As for the challenges involved in eclectic approaches, Lazarus, Beutler, and Norcross (1992) remarked that the term eclectic all too often refers to the blending of approaches "in an arbitrary, subjective, if not capricious manner" (p.11). Endorsing the observations of Dryden (1984), these authors also contend that the adoption of an eclectic approach all too often results in practitioners "wandering around in a daze of professional nihilism experimenting with

fads indiscriminately" (Lazarus et al., 1992, p.12).

In terms of this present study's attempt to gain insight into counselling psychologists' experiences of drawing from two or more theories to inform their practice, it may be asked whether the identity of counselling psychology as a discipline inclines its practitioners towards an eclectic or integrationist position. Although the limitations inherent in counselling psychology's knowledge base precludes an empirically informed answer to this question, reflection upon the literature presented in this review so far indicates a mixed message. Counselling psychology's prioritisation of the therapeutic relationship (The British Psychological Society, 2014), its refusal to align itself with any one theoretical approach (Strawbridge & Woolfe, 2010), and its contemporary associations with pluralism (Draghi-Lorenz, 2010; McAteer, 2010), may mean that its practitioners are inclined to adopt an eclectic position. On the other hand, counselling psychology's emphasis upon the importance of gaining "an understanding of the diverse philosophical bases which underpin […] psychological theories" (The British Psychological Society, 2012, p. 15), together with the discipline's positioning within the overarching discipline of psychology (Ward et al., 2011), may instil in its practitioners the need for a sense of theoretical or epistemological integration.

Regarding therapeutic practitioners as a generic class, survey studies indicate that it is common for them to report that their clinical practice is informed by two or more theoretical orientations (Hollanders & McLeod, 1999; Jensen et al., 1990; Norcross, Prochaska, & Gallagher, 1989). For instance, in reviewing typical survey outcomes focussing upon practitioners

based in the US, Lazarus et al. (1992) concluded that theoretical "eclecticism invariably emerges as the modal theoretical orientation, with between 30% and 70% of all psychotherapists identifying themselves as eclectics" (p. 11). As for surveys of practitioners based within the UK, two of these have focussed upon a sample of clinical psychologists. (Norcross, Dryden, & Brust, 1992; O'Sullivan & Dryden, 1990). O'Sullivan and Dryden's (1990) study reported that 31.6% of their sample described their practice as eclectic and the study by Norcross et al. (1992) found that 27% identified as eclectic. Both surveys reported that the most frequent way in which their respondents describe their practice was through reference to some form of eclecticism.

Investigations into UK based therapists have also indicated that high percentages of practitioners describe their practice as eclectic. A survey of its members conducted by British Association for Counselling (1993) found that whilst 32% of its respondent-members (i.e., counsellors) identified their practice as being explicitly eclectic in nature, only 26% reported that their practice was informed by a single, unitary approach to practice. The discrepancy between these two statistics indicates that the majority of respondents (i.e., the 74% who did not characterise their practice as being informed by a unitary approach to practice) are likely to be employing some form of mixing or blending of theories at an implicit level. Given the parallels between counselling and counselling psychology approaches to practice (Cooper, 2009; Strawbridge & Woolfe, 2010), the results of this study suggests that the percentage of counselling psychologists employing a mixing or blending of theories is also likely to be similarly high.

Hollanders and McLeod (1999) caution that data generated from

survey studies such as these should be interpreted with caution because researchers invariably omit to specify and delimit the meaning of eclecticism. In response to this methodological shortcoming, when constructing their own survey Hollanders and McLeod (1999) implemented a more nuanced conceptual apparatus. They administered two questionnaires which aimed at distinguishing between practitioners who used either an 'implicit' or 'explicit' form of eclecticism and also those that used a 'narrow band' or 'broad band' form. Whereas their conceptual distinction between explicit and implicit eclecticism rests upon the significance, or degree, of the incorporation of differing theories in one's practice, the distinction between narrow band and broad band eclecticism rests upon the breadth of diversity involved. Their concept of narrow band eclecticism refers to when practitioners draw upon concepts and techniques from *within* a broadly delimited, or 'meta-theoretical,' orientation - such as psychodynamic, cognitive behavioural, or humanistic/existential approaches to practice. Broad band eclecticism is where practitioners draw from concepts and techniques from *across* different meta-theoretical orientations. For instance, a practitioner who draws upon both Freudian and Kleinian concepts and techniques within their practice would be classified as using a (psychodynamic) narrow band form of eclecticism, whereas a practitioner who draws upon both Freudian and Rogerian (humanistic) concepts would be using a broad band form of eclecticism.

The results of Hollanders and McLeod's (1999) initial questionnaire - which was completed by 309 respondents comprising a mixture of counsellors, counselling psychologists and psychotherapists - showed that at

the level of broad band approaches to practice, 42% of participants characterised their approach to practice as explicitly eclectic. At the level of narrow band approaches to practice, 43% characterised their approach as explicitly eclectic. However, analysis at the level of the therapeutic techniques that respondents reported to draw upon suggests that 94.8% of respondents drew upon techniques emanating from a different broad band approach from the one with which they otherwise identified their practice. The researchers' illumination of this discrepancy validates the significance of the notion of 'implicit eclecticism' in understanding practitioners' relationships with theory.

Following on from the results generated from Hollanders and McLeod's (1999) initial questionnaire, of the respondents that had characterised their practice as explicitly eclectic, 67 of these completed a second questionnaire. Of these respondents, 53.7% reported that their present approach to practice represented a significant shift away from their original training. As for the reasons given for this shift, 55% of respondents indicated that it resulted from client needs, 53% due to the opportunity to use more innovative approaches, 48% due to therapist satisfaction, and 8% due to organisational requirements.

In terms of the relevance of these findings for the research question underpinning this present investigation, several points can be observed. First, it seems that the large majority of therapeutic practitioners engage in some form of mixing of theories to inform their practice. Second, understanding how practitioners go about drawing upon different approaches is complicated by the fact that this is often done at an implicit level. Third, the drawing upon

of differing approaches takes place at both narrow and broad band levels of theory. Fourth, the way in which practitioners mix concepts and techniques from differing theories can be seen to evolve with time and due to a variety of reasons.

Although in outcome to their enquiry Hollanders and McLeod (1999) were able to bring attention to the variety of ways and differing degrees to which practitioners incorporate contrasting theories into their practice, the methodological apparatus that they employed was unable to delineate with more specificity the idiosyncratic or experiential processes involved. They observed that although "[e]clecticism/integration (including, very broadly, pluralism) is reported as the preferred mode of approach […] the form this is likely to take depends very much on personal choice" (p. 413). The results of their enquiry support the notion that practitioners' means of bringing different orientations and models into their clinical practice often rests upon the development of a personal approach to practice (Lapworth, Sills, & Fish, 2001; Spurling & Dryden, 1989). In discussing their insight into the personal nature of drawing from differing theories, Hollanders and McLeod (1999) suggest that one way of advancing empirical knowledge in this domain would be for future researchers to adopt the use of qualitative research methods, such as the use of in-depth interviewing or some form of observation (e.g., Smith, 2008).

It may be that the complexity of the findings detailed by Hollanders and McLeod (1999) is in part consequent upon the fact that their participant sample consisted of practitioners from a variety of training and professional backgrounds. Focussing upon a specific sub-grouping of therapeutic

professionals can display a more consistent and uniform picture. For example, compared to US based practitioners, UK based clinical psychologists show a much stronger preference for cognitive and behaviour approaches in favour of psychodynamic and humanistic ones (Norcross et al. 1989; Norcross et al., 1992; O'Sullivan & Dryden, 1990). In relation to the group of professionals that forms the focus of this present investigation, however, given that some accounts pertaining to the characteristics of counselling psychologists seem to dwell upon what distinguishes practitioners from one another as often as upon what unites them as a group of professionals (Cross & Watts, 2002; Moore & Rae, 2009), it maybe that the ways in which counselling psychologists' are drawing upon the theories that inform their practice is also varied and diverse.

In line with the aim of gaining greater clarification as to how UK based counselling psychologists are going about navigating and drawing from the theories that inform their practice, Hollanders and McLeod's (1999) insights, as well as the conceptual framework that they used to gain these insights, constitute useful resources. In this present enquiry, attention will be devoted to practitioners' use of theories at both broad and narrow band levels, as well to explicit and implicit ways of drawing from differing theories.

Empirically Supported Treatment Methods and Common Factors

In one of his more recent papers on theoretical integration, Lazarus (2005) observed that debates concerning the merits of eclecticism versus integration were "*passé*" (p. 151). He further observed that "the current emphasis in enlightened circles has turned to empirically supported methods

and the use of manuals in psychotherapy research and practice" (p. 151). One of the defining features of the empirically support methods movement is the way in which these interventions are required to be based upon and endorsed by the outcomes of "[r]andomised controlled trials [that serve to] identify overlapping and sequential elements of therapy. They point to what is really necessary and sufficient to promote successful therapy outcomes" (p. 151).

Reviewing the debate that has been triggered by the empirically supported treatments movement (e.g., Salkovskis, 2002), Hanley (2012) observes that it signals "something of a divide in the profession" (p. 4) that centres upon the proper role of empirically supported treatment methods and research for informing the provision of psychological therapies. Within the UK, not only has the National Health Service (NHS) increasingly endorsed the use of empirically supported treatment methods (e.g., Layard et al., 2006), but its endorsement of this movement can be associated with an institutional prioritisation of CBT as 'treatment of choice' for common presenting problems (NICE, 2011a, 2011b; Turpin, 2009). An institutional prioritisation of empirically supported methods together with a preference for CBT has been criticised on grounds that it shifts the focus of attention away from counselling psychology's concern with interpersonal processes/'being with' to matters of technique/'doing to' (Strawbridge & Woolfe, 2010). The empirically supported treatments movement has been objected to by many counselling psychologists (Guy, Loewenthal, Thomas, & Stephenson, 2012; Larsson, Brooks, & Loewenthal, 2012; Lewis, 2012; Mollon, 2009). Thus, the extent to which this movement may be serving to inform counselling psychologists' selections from theory would seem to be limited. However,

given the lack of research into this group of practitioners' ways and means of drawing from the theories and models that inform their practice, this proposition remains speculative.

Differing in emphasis from the literature on empirically supported treatment methods, the body of knowledge that focuses upon theoretically 'common' or 'non-specific' factors suggests that, rather than it being the theoretical approach or model adopted that is the most significant factor for mediating a successful therapeutic outcome, this can be more strongly predicted by the presence of conditions and qualities that are shared by all the main approaches to practice (Lambert & Bergin, 1994; Wampold et al., 1997; Wampold, Minami, Baskin, & Tierney, 2002). Common factors research has repeatedly drawn attention to the observation that more than anything else it is the quality of the therapeutic alliance between a practitioner and a patient that is the most likely predictor of a successful therapeutic outcome (Beutler, Forrester, Gallagher-Thompson, Thompson, & Tomlins, 2012; Fife, Whiting, Bradford, & Davis, 2014; Laska, Gurman, & Wampold, 2013; Orlinsky, Grawe, & Parks, 1994). A large number of common factors have been posited and investigated - Tschacher, Junghan, and Pfammatter's (2012) 'taxonomy' classifies twenty two common/non-specific factors. Alongside the perceived primacy of the therapeutic alliance, other factors that have been central to debate and investigation are levels of client and therapist hope, motivation, and confidence (Fife et al., 2014; O'Hara & O'Hara, 2012), the opportunity for affective experiencing (Tschacher et al., 2012), and patient-therapy fit (Beutler et al., 2012).

Reflecting upon the nature of the common factors that have been

central to debate, it would seem that it constitutes a body of literature that maintains striking parallels with the tenets of a counselling psychology approach to practice. Both counselling psychology and the common factors movement can be seen to share a humanist emphasis upon the importance of the therapeutic relationship and emotional experiencing (Cooper, 2007, 2009), as well as exhibiting an inclusive openness to differing theoretical perspectives (Strawbridge & Woolfe, 2010; The British Psychological Society, 2014). It may be that the literature on common factors constitutes a resource for the 'common psychological language' that Ward et al. (2011) observes counselling psychology trainees' to be adopting in order to help them to manage the discrepancies that exist between the differing theories they are exposed to during training.

Although empirical data is not available to back up this observed parallel between the common factors approach and counselling psychology, the overlap between these two spheres is suggestive. In caveat to this proposition, however, Grencavage and Norcross (1990) caution that having a list of common/non-specific factors is one thing, but it remains unclear as to how such knowledge translates into functioning "non-specifically" (p. 377) as a therapist. It thus remains uncertain as to what any observed parallels between these two spheres of literature imply in terms of the common factors literature informing counselling psychologists in their selections from theory.

Researching Practitioners' Experiences of Drawing upon Theories

Given the common tendency for practitioners to adopt a blending of theories in their practice, together with the complexity that has been observed to be involved in this, it has been suggested that more qualitative forms of

enquiry are called for (Hollanders & McLeod, 1999). However, the historical prioritisation of the use of quantitative research methodologies within the human and social sciences - a bias that has been noted to betray a "resistance" (Denzin & Lincoln, 2005, p. 8; also Corrie, 2010) to other forms of enquiry - limits the amount of qualitative research that has been conducted into the topic of practitioners' experiences of drawing from differing theories. For instance, it can be observed that, when desiring to delineate their own experiences of integrating concepts and techniques emanating from differing theories into their clinical practice, many writers adopt a non-research-based, personally-reflective stance (Castonguay, 2006; Giovazolias, 2005; Norcross, 2006). Nevertheless, there does exist a small body of qualitative studies that hold relevance to the task of gaining greater insight into practitioners' experiences of drawing from differing theories. In order to further ascertain the present state of knowledge, these studies will be reviewed.

Although Skovholt and Ronnestad's (1992) qualitative enquiry had a broad remit in that it was designed to gain insight into the 'stages' of therapists' personal development across the course of their careers, in terms of outcome it generated results that brought attention to the significance of the idiosyncrasy of the person of the practitioner for their dealings with theoretical diversity. They interviewed 100 "therapists and counsellors" (p. 506) and analysed the resulting data using grounded theory. In the thematic presentation of their results, the title of their first theme prioritised the development of the person of the practitioner: "Professional development is growth toward professional individuation" (p.507). Themes 3 and 4 highlighted the nature of the key developmental process involved:

"Beginning practitioners rely on external expertise" (p. 509); "Senior

practitioners rely on internal expertise," (p. 510). Theme 5 indicated what this

meant for clinical practice: "Conceptual system and role, and working style

become increasingly congruent with one's personality and cognitive schema"

(p. 510). In presenting Theme 5, the authors observed that, for their most

senior practitioner-participants, any particular participant's conceptual system

- that is, their means of interpreting their patients' presentation - was always

congruent with that practitioner's personality. Furthermore, many participants

reported "displacing a theoretical approach mastered earlier because it just

was not compatible with oneself" (p. 510).

In their subsequent clarification of their earlier analysis, Ronnestad

and Skovholt (2003) focussed attention upon another aspect of their results

that served to elucidate and elaborate their original findings. This is captured

in the thematic title "Continuous Reflection Is a Prerequisite for Optimal

Learning and Professional Development at All Levels of Experience" (p. 29).

Importantly, "[r]eflection is understood as a continuous and focussed search

for a more comprehensive, nuanced and in-depth understanding of oneself

and others" (p. 29). Just why this is relevant to practitioners' changing

relationships with theory is due to how, in the maturing practitioner,

processes of reflection result in a 'loosening' of allegiance to any particular

approach to practice. Successfully navigated, the attachment to theory is

replaced by the respect for uncertainty: "awareness of complexity … is a

precondition for maintaining constructive professional development.

Simplistic and reductionistic conceptions of the human condition in general

and of the counselling/therapeutic endeavour in particular … are the

antithesis of this position" (p. 39).

Although the subject matter of their qualitative enquiry was not practitioners' experiences of drawing upon two or more approaches to inform their practice, Ronnestad and Skovholt's (2003) findings have relevance for this area of investigation. Their results and conclusions suggest the presence of two complimentary processes. First, as the practitioner develops, there takes place a streamlining between their choices from theory and their sense of self. Second, there occurs a progressive attenuation of theoretical certitude that engenders an openness to conceptual uncertainty and indeterminacy.

Adopting a different qualitative method, Nuttall's (2006) enquiry focussed specifically upon the topic of drawing from two or more theories to inform clinical practice. His investigative focus was a sustained analysis of his own experiences as a developing psychotherapist striving to arrive at a theoretically integrated conception of practice. He employed a complex amalgam of research methods including interpretive phenomenological analysis of key texts from the major theoretical traditions, case studies from his own clinical practice, reflexive action (primarily based on dialogue with other professionals), and writing (for multiple publication). In line with Moustakas's (1990) recommendations for heuristic enquiry, Nuttall's investigation consisted of six stages: initial engagement, immersion, incubation, illumination, explication, and creative synthesis. Despite this complexity, given the author's concern for credibility, transferability, dependability, and confirmability (Nuttall, 2006), his study managed to retain many of the features commonly acknowledged as hallmarks of good qualitative research (e.g., Elliott, Fischer, & Rennie, 1999; Tracy, 2010;

Yardley, 2000).

In terms of the outcomes (i.e., the 'creative synthesis') of these longitudinal and multifaceted processes of analysis, Nuttall (2006) gave priority to the transformation of his understanding of the nature of theoretical integration. He observed:

> I began by making specific integrative links which I hoped would form the basis of an "ideal" integrative system … [but] as my experience and learning increased I started to experience psychotherapy as something co-created in the relationship between therapist and client, and I often found the theories of the various psychotherapy systems unsuitable or even irrelevant. I decided it was unnecessary and inappropriate to build an integrative approach with an external locus, and began to consider integration a personal endeavour that needed to be flexible and contextual. (p. 441)

These observations can be seen to echo those of previous authors. In the initial part of this extract, the author's emphasis upon the lesser experienced practitioner's tendency to embrace psychological theories and systems whilst navigating the links, differences, and parallels between them, is reminiscent of the findings of Skovholt and Ronnestad (1992). Then, with the emphasis shifting from an 'integrative system' to a theoretically flexible and contextually responsive approach, his observations endorse Ronnestad and Skovholt's (2003) reflections pertaining to more mature therapists' abilities to tolerate higher levels of uncertainty and complexity.

O'Hara and Schofield's (2008) conception of theoretical integration as either a *product* or a *process* adds clarity to the distinction that is being

made here. In the quotation from Nuttall (2006) it can be seen how he moved from an interest in integration as ('ideal') product to integration as (interpersonal) process.

Nuttall's (2006) description of "psychotherapy as something co-created in the relationship between therapist and client" (p. 441) can also be observed to parallel the ethos of a counselling psychology approach to practice as described by The British Psychological Society (2014). Given the lack of research undertaken into this area, however, whether or not counselling psychologists also conceive of theoretical integration as more akin to an interpersonal process rather than as a product can only be speculated.

O'Hara and Schofield's (2008) qualitative investigation aimed at more fully understanding practitioners' experiences of drawing from differing theories in terms of a process. Using participants - from "different training backgrounds" (p. 55) - these authors investigated five senior therapists' experiences by utilising a combination of serial interviewing (three per participant), Kagan's (1975) interpersonal process recall, as well as creative means of expression in order to enable participants to produce an idiosyncratic symbolic representation of their experiences of drawing from theoretical diversity. The primary means of data analysis employed was grounded theory in line with Glaser and Strauss (1967).

The reason why O'Hara and Schofield (2008) sought to incorporate such a methodologically complex design into their study was due to their concern that participants' *statements* concerning how they went about integrating differing theories may diverge from how they *actually* did this in

any given therapeutic situation. This observation can be associated with the researchers' appreciation of the work of Argyris and Schon (1992) pertaining to 'theories in action' which see the *praxis* in any given sphere as arising more from action that is responsive to the specifics of local contexts than from the dictates of any preconceived abstract conceptualisations or 'grand theory.' In discussing and analysing their participants' practice in a variety of ways, O'Hara and Schofield (2008) hoped to gain insight into their participants' 'theories-in-use' during the course of their clinical encounters. Given that their study was focussing on participants' utilisation of multiple theories, the researchers hoped to gain insight into 'integration-theories-in-use.'

In terms of their findings, O'Hara and Schofield (2008) distinguished their participant-practitioners to be using four ways of drawing from differing theories: pluralism, assimilative integration, integration as dynamic tension, and personal and professional integration. Whereas the first two approaches - pluralism and assimilative integration - are recognised means of working with differing theories, the latter two approaches are novel concepts resulting from their analysis. 'Integration as dynamic tension' refers to participants' ability to tolerate and benefit from the insights provided by two or more theoretical approaches simultaneously. In discussing this aspect of drawing from differing theories as evidenced in their investigation, O'Hara and Schofield (2008) observed that their senior therapist-participants were "able to stay engaged with the tension created by different therapeutic paradigms" (p. 61). As for the benefits of this approach to integration, the authors' suggest that "[h]olding many variables in dynamic tension without

the need for premature closure or for reconciliation of differences may enable a greater range of integrative possibilities" (p. 61).

Their concept of 'personal and professional integration' similarly pivots upon practitioners' ability to tolerate complexity. They observed that this approach "moves the focus of integration away from conceptual debate and situates it within the therapist" (O'Hara & Schofield, 2008, p. 61). More specifically:

> The experienced therapist has the confidence to allow himself or herself to be the integrating device, the filter through which client change is facilitated and encouraged. It seems that only when therapists are able to manage complexity in all its forms (cognitive, emotional, behavioural, and spiritual) are they able to be themselves the point of integration. (p. 61)

Although these observations pertaining to integration as dynamic tension and personal and professional integration echo some of the previous insights that have been cited, it should be noted that the point O'Hara and Schofield are making is a more radical one. For instance, making reference to Carere-Comes (2001), they argue that not only is integration "less about theory and more about the person of the therapist" (O'Hara & Schofield, 2008, p. 61), but they also foreground the notion that "'[g]enuine therapy does not depend on the theory of the therapist but, on the contrary, on his or her freedom from any theory - that is, the freedom to use or not use any theory'" (p. 61).

Counselling psychology's disciplinary prioritisation of the therapeutic alliance at the centre of clinical practice (The British Psychological Society, 2014), together with counselling psychologists' habitual resistance to

theoretical meta-narrative (McAteer, 2010; Strawbridge & Woolfe, 2010), suggests that the results of O'Hara and Schofield's (2008) qualitative enquiry hold relevance for this group of practitioners. Out of the four approaches to integration that these researchers found their participants to be using, pluralism stands out as it is elsewhere associated with counselling psychology (Athanasiadou, 2012; Draghi-Lorenz, 2010; Scott & Hanley, 2012). As for the other approaches to integration that they highlight, given the lack of research into counselling psychologists' relationships with theory, their significance can only be speculated.

In line with the prediction of Hollanders and McLeod (1999), the outcomes of the studies that have been reviewed illustrate that the use of qualitative research methods is able to furnish a much richer or 'thick' description (Geertz, 1973; also Ashworth, 2008) of practitioners' experiences of drawing from two or more theories than the use of quantitative methods alone have been able to provide. The qualitative studies that have been cited indicate that with increasing levels of experience practitioners are able to adopt highly sophisticated approaches to practice that are informed by a multiplicity of theories. They also suggest that, with increasing levels of experience, the need for theoretical certitude and coherence reduces in importance whereas practitioners' ability to tolerate and withstand complexity and uncertainty increases.

To view the outcomes of these prior studies from the point of view of critical approaches to psychological research - for instance, those emanating from discourse analysis (Parker, 2013), social constructionism (Burr, 2003), and critical theory (Fox, Prilleltensky, & Austin, 2009) - it may be argued

that, having prioritised the person of the practitioner, they have each instantiated psychological researchers' biases towards a neo-liberalist ideology (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1998; Thatcher & Manktelow, 2007). For instance, although the qualitative investigations of Nuttall (2006) and O'Hara and Schofield (2008) included within their remit of analysis the 'local' contexts of practice (i.e., participants' experiences of the therapeutic relationship) considerations pertaining to how broader institutional contexts may have been impacting upon their participants' choices from theory are absent. An emphasis upon the persons of the therapeutic dyad that excludes considerations of context suggests that these authors may be approaching their subject matter from an epistemologically 'naïve' position (Denzin & Lincoln, 2005; Breen & Darlaston-Jones, 2010). In order illustrate the point that is being made here, the implications of the changing contexts of practice within which UK based counselling psychologists are situated will be considered next.

The Changing Contexts of Clinical Practice

Given the extent of the institutional changes - the "winds of change" (James, 2011, p. 374; also Layard et al., 2006) - that have taken place within NHS over the past ten years and that have led to substantial modification of the provision of psychological therapies (James, 2009, 2011, 2013), some commentators have observed that the humanistic ethos of a counselling psychology approach to practice is confronting increasingly significant pressure (Guy et al., 2012; Larsson et al., 2012; Lewis, 2012; Mollon, 2009; Strawbridge & Woolfe, 2010; Turpin, 2009). The extent to which the philosophical outlook of counselling psychologists is being modified by

these changes remains uncertain (Hemsley 2013b). However, given the importance of its underlying humanistic values base for the conception of the role of theories within clinical practice (Cooper, 2007, 2009; The British Psychological Society, 2014), it may be asked whether practitioners' relationships with the theories that inform their practice are also being affected by the changes to context that have taken place.

One of the most important of these institutional changes is the 2008 nationwide launch of the NHS's Increasing Access to Psychological Therapies program (IAPT) (Department of Health, 2007). A primary tenet of IAPT is that practitioners working within this program are positioned as delivering a range of evidence based "treatments" to people experiencing "mental health disorders" (NICE, 2011a, p. 7). In a manner akin to the matching of medications to physical ailments, the recommended treatments for emotional difficulties are listed in National Institute of Health and Clinical Excellence (NICE) guidelines (e.g., NICE, 2011a, 2011b). Such a formulation not only foregrounds the emphasis upon 'doing to' (i.e., delivering treatments) as opposed to 'being with' (Strawbridge & Woolfe, 2010; also, Risq, 2012), but it also obliges practitioners to adopt systematised and predetermined patterns of relating to theory - i.e., delivering recommended treatment protocols for a range specified diagnoses (Lazarus, 2005, Salkovskis, 2002) - in line with the medical model approach to practice that has historically been associated with clinical psychologists (Smallwood, 2002).

One of the significant consequences of the NHS embrace of an empirically supported treatments approach is the ascendancy of CBT as the

'treatment of choice' within contemporary NICE guidelines on the care and treatment of most 'mental health disorders' (Guy et al. 2012; NICE, 2011a, 2011b; Sanders, 2010). For instance, in their list of treatment options for clinical presentations of common mental health problems of a mild to moderate intensity, *NICE Clinical Guideline 123* recommends CBT for depression (initial episodes, ongoing, and persistent/recurrent presentations), generalised anxiety disorder, panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder (see NICE, 2011b, pp. 26-27). Furthermore, although NICE guidelines are primarily aimed at practitioners based in the NHS, due to the reliance of private health insurers upon the guidance issued by NICE, these recommendations can be seen to have infiltrated private practice (Turpin, 2009).

In terms of how this emphasis upon CBT may be impacting upon practitioners' relationships with the differing theories that inform their practice, it can be observed that the launch of IAPT and the related modifications of NICE guidelines brings in a significant element of theoretical obligation: in order to conform with NICE recommendations, practitioners must now adopt *specific* approaches (i.e., 'treatments') in their practice. How such an obligation fits with practitioners' needs to adopt approaches to practice that accord with their psychological make up or personal philosophy (Fear & Woolfe, 1999), to respond in line with their experiencing from within the therapeutic relationship (e.g., Nuttall, 2006), as well as in accord with counselling psychology's emphasis upon a 'co-construction of knowledge' (The British Psychological Society, 2014), remains to be understood.

In order to gain insight into how counselling psychologists' are responding to this situation, Hemsley (2013b) focussed her study upon how a sample of these practitioners are experiencing and positioning themselves in relation to NICE guidelines. She conducted a thematic analysis of data generated from semi-structured interviews with nine counselling psychologists based in the UK. The central theme resulting from Hemsley's (2013b) analysis is titled "Counselling psychologists declaring a pluralistic identity in relation to NICE guidelines which were experienced as a product of and exponent of the medical model" (p. 95). Her analysis indicates that the declaration of a pluralistic identity is strategic in that it enables practitioners to maintain a positioning that allows them to countenance and work with NICE guidelines, yet also simultaneously provides them with a stance from which it is possible to claim an area of expertise and from which it is possible to engage in critical dialogue with NICE. Not only does Hemsley's analysis evidence the movement of counselling psychology practitioners towards a pluralistic stance, but it also delineates how this movement is being intensified by the way in which this group of practitioners are responding to the institutional changes that have taken place.

Hemsley's (2013b) analysis suggests that counselling psychology's deepening embrace of a pluralistic stance is enabling its practitioners to both accommodate yet maintain a critical distance from NICE guidelines, together with the CBT approach to practice that these guidelines invariably endorse. However, in caveat to this proposition, in discussing other thematic meanings within her data set Hemsley (2013b) strikes a note of caution: "[e]ach participant offered an academic and almost detached sense of what pluralism

meant for them" (p. 99). Just what the notion of pluralism meant for her participants - in terms of how they were navigating the theories that inform their practice - is left uncertain. Given that Hemsley's enquiry was primarily concerned with issues of professional identity in relation to NICE, this observation is not a critique of her study. However, given that her enquiry evidences that changes to context are impacting upon counselling psychologists' sense of identity in terms that maintain relevance for a practitioners' relationship with theory, her findings suggest that the nature of practitioners' relationships with the theories that inform their practice may also be changing.

The Aim of This Study

This review has made reference to the theoretical and empirical literature judged to have most relevance to the task of gaining insight into counselling psychologists' relationships with the differing theories that inform their practice. Much of this literature has emanated from outside of the discipline of counselling psychology. In order to ascertain the extent to which this knowledge is relevant to contemporary counselling psychologists working within the UK, this present enquiry is designed to gain insight into, and clarification of, this group of practitioners' experiences of drawing from two or more theories to inform their practice.

In line with accounts of the pluralistic nature of the discipline of counselling psychology (Strawbridge & Woolfe, 2010; The British Psychological Society, 2014), as well as research into therapeutic practitioners' tendencies to blend approaches within their practice (Hollander & McLeod, 1999, Nuttall, 2006), this study rests upon the assumption that

contemporary counselling psychologists do draw from two or more theories to inform their clinical practice. Gaining insight into this group of practitioners' *experiences* of navigating and drawing from differing theories is the aim that informs the conduct and rationale and this enquiry. Through the adoption of an exploratory, qualitative approach to research it is hoped that illumination will be provided as to whether counselling psychologists are using differing approaches consecutively, eclectically, or by striving to maintain some form of integration; that insight will be gained into practitioners' experiences of the processes and shifts of perspective that may be involved in moving between theoretical perspectives - at both 'narrow' and 'broad' band levels (Hollanders & McLeod, 1999); and that its results will illustrate how contexts of practice are impacting upon practitioners' experiences of navigating and drawing from differing theories.

Method

Research Design

The research design employed for this investigation was the thematic analysis (Braun & Clarke, 2006, 2012) of data generated through the use of one-to-one interviews. The semi-structured interview was adopted as the primary means of data generation given its ability to enable researchers to gain "understanding [of] the meaning of respondents' experiences and life worlds" (Warren, 2002, p. 83). Although both quantitative and survey methods have proved helpful in providing an overall picture of practitioners' relationships with theory (Norcross, Dryden, & Brust, 1992; O'Sullivan & Dryden, 1990), it has been observed that they have been limited to the extent that they are able to capture an in-depth sense of practitioners' experiences (Hollanders & McLeod, 1999). Although the adoption of other qualitative methods - such as the use of focus groups (Kamberelis & Dimitriadis, 2005) or ethnography (Angrosino, 2005) - may also have been able to provide data relevant to the research question guiding this study, it was judged that gaining insight into relevant personal experiences was best served by the furnishing of the intimate - albeit not 'neutral' (Fontana & Frey, 2005) - exploratory discussion that can be generated through the use of one-to-one qualitative interviews (Kvale, 1996; Kvale & Brinkmann 2009; Warren, 2002;). Because the topic of psychological theory can generate strong opinions and disagreement (Risq, 2010), the fostering of a private and intimate discussion environment that would enable the safe disclosure of information was another reason for choosing this particular design.

Whilst Braun and Clarke's version of thematic analysis provides

researchers with a set of procedures for "systematically identifying, organising, and offering insights into patterns of meaning (themes) across a data set" (Braun & Clarke, 2012, p.57), it is at the same time a method that is not wedded to any particular theoretical or epistemological framework (Braun & Clarke, 2006). In consequence, Braun and Clarke's method for data analysis provided this piece of research with a comparatively theoretical and epistemological independent research procedure. Other research methods, such as grounded theory (for instance, the permutations provided by Charmaz, 2006, 2008; Clarke, 2005; Glaser & Strauss, 1967) or interpretative phenomenological analysis (Smith & Osborn, 2008), constitute approaches to research that come with their own set of historical associations with an epistemological positioning (Madill, Jordan, & Shirley, 2000).

However, in order to ensure that the use of Braun and Clarke's theoretically-flexible approach to qualitative research does not give way to a haphazard analysis, these authors suggest that in preparation for a thematic analysis researchers should ask themselves several key questions (Braun & Clarke, 2006). These include: Do you want to analyse the whole data set or focus upon one aspect? Will the analysis be inductive or theoretically driven? Will the focus be on semantic or latent themes? Which epistemology will be employed?

With the aim of gaining insight into a topic for which there exists a deficit of prior investigations (Schottenbauer et al, 2005) and in order to maximise this study's potential to generate new knowledge, my intention was to analyse the data set as a whole. However, although it would be desirable for data pertaining to analytical themes to be shared by the all the data items,

this desire was balanced by the incorporation of data extracts that were less representative of the data set as a whole but that were judged to have significant bearing upon the study's guiding research question. Although there exists research findings (Skovholt & Ronnestad, 1992; Nuttall, 2006) and theoretical constructs (Hollanders & McLeod, 1999; O'Hara & Schofield, 2008) that highlight the presence of certain processes to be involved in practitioners' experiences of drawing from differing theories, given the fact that previous studies have not been based upon a sample of counselling psychologists, the extent to which this analysis was *guided by* these previous insights was curtailed. Thus, in order to remain open to the possibility of the creation of new knowledge and understanding, the focus of analysis was predominantly of an inductive nature, rather than being theoretically driven. It is for the same reason that the focus of analysis was predominantly upon semantic content rather than upon latent themes.

Philosophical assumptions. In its openness to different epistemological frameworks, Braun and Clarke's method for data analysis enabled this enquiry to be grounded within a contextualist philosophical framework (Jaegar & Rosnow, 1988; Madill et al., 2000). Given that one of the premises of the rationale behind this study is that the changes that have taken place within NHS and allied institutional contexts are impacting upon counselling psychologists' sense of professional identity (e.g., Hemsley, 2013b), an epistemological positioning that foregrounds the importance of considerations of context for gaining an understanding of this group of practitioners' relationships with theory is appropriate. A central premise of the contextualist perspective that underpins this enquiry highlights "the unity,

plurality, spontaneity and ecological dependency of human activity" (Jaegar & Rosnow, 1988, p. 63). Although contextualism's root metaphor is the historic act, "[c]ontextualism emphasizes that human activity does not develop in a social vacuum but is rigorously situated within a sociohistorical and cultural milieu of meanings and relationships" (p. 66); and rather than context being an adjunct or 'setting' for an occurrence, from the perspective of contextualism "an act or event cannot be said to have an identity apart from the context that constitutes it" (p. 66). This study's endeavour to take account of considerations of context in its attempt to gain insight into counselling psychologists' experiences of navigating and drawing from differing theories accords with these principles.

The discipline of counselling psychology has been associated with "a critical attitude that acknowledges the diversity of ontological and epistemological positions underlying all forms of therapeutic approaches and techniques" (The British Psychological Society, 2014, pp. 15-16). The way in which Braun and Clarke's (2006, 2012) version of thematic analysis allows for the adoption of differing epistemological viewpoints suggests that the acknowledgement of the validity of differing viewpoints is also inherent to their method. The contextualist perspective underlying this present enquiry can be seen to accord with both counselling psychology and Braun and Clarke's openness to diversity of perspective. Indeed, implicit within contextualism resides a pluralist appreciation of diversity of perspective that acknowledges that "the essential questions of human nature [epistemology] and human experience [ontology] are too complex to be the exclusive province of any single theoretical or methodological position" (Jaegar &

Rosnow, 1988, p. 67). From this point of view, all knowledge is seen as "local, provisional, and situation dependent" (Madill et al., 2000, p. 9). Given these parallels, the adoption of a contextualist perspective serves to enhance this enquiry's levels of meaningful coherence (Tracey, 2010).

The approach to interviewing adopted in this study was informed by that of Kvale and Brinkmann (2009). Although these authors provided an approach to interview research that is inspired by many of the ideas that have emanated from the developments in postmodernist/poststructuralist philosophical thought that have taken place over the past forty years, the adoption of Jaegar and Rosnow's contextualist epistemology not only enabled for the accommodation of Kvale and Brinkmann's approach to interviewing, but the two perspectives can be seen to overlap. For instance, Kvale and Brinkmann's (2009) conceptualisation of interview knowledge as produced, relational, conversational, contextual, linguistic, narrative, and pragmatic can be accommodated by contextualism's emphasis upon the situated historical act. Incorporating Kvale and Brinkmann's approach to interview research into this study's research design served to enhance focus upon the dialogical, co-created nature of the data generated; such an emphasis also accords with the principles of counselling psychology (The British Psychological Society, 2014).

Researcher-as-instrument statement. Etherington (2004) observed that doctoral students of counselling and psychotherapy often "choose to focus on a topic that has some personal meaning for them" (p.179) thus forming a "connection [between researcher and researched that] will develop and grow over time and keep them engaged in what can sometimes be a

difficult and lonely process" (p. 179). In line with the observations of

Charmaz (2006), however, it can be noted that the negative counterpart of

this personal engagement is that researchers are more likely to have

significant conscious and unconscious personal investment in certain

responses to, and interpretations of, their subject matter. With reference to

such biases, Etherington (2004) suggested that the adoption of an attitude of

reflexivity can provide researchers with a route towards both enhanced

personal understanding as well as enabling for an increase in the integrity of

the products of their research. Although these observations indicate the

appropriateness of researchers reflecting upon the personal interests and

biases that they bring to their investigations, the contextualist framework

underpinning this study also foregrounds the importance of researchers

providing readers with insight into the person of the researcher (Madill et al.,

2000).

In terms of my personal theoretical affiliations, I can see that with

increasing levels of clinical experience my own approach to clinical practice

has taken on more focus and gathered solidity. I seem to be undergoing the

developing practitioner's tendency of movement towards a personally apt

integration of ideas (Hollanders & McLeod, 1999; Skovholt & Ronnestad,

1992). I find particular resonance with the epistemological and ontological

perspectives underpinning an existentialist approach to practice as delineated

by van Deurzen (2002, 2010) and Spinelli (2007). My understanding of

existentialist thought has also undergone integration with my knowledge of

CBT as delineated by Westbrook, Kennerley, and Kirk (2011) and Wills and

Sanders (2013). In line with the observations of Milton et al. (2002), I have

found the existential-phenomenological paradigm to provide a meaningful and accommodating basis for integration: whereas existentialism provides me with an overall clinical orientation, CBT furnishes a highly pragmatic, solution-focussed tool-kit.

In terms of how these theoretical perspectives may have influenced my approach to this study and analysis of the data, I think that the ideas from existentialism are the more important. For instance, in its aim to gain a comprehensive understanding of persons, a basic premise of the existentialist approach is that significance is to be placed upon accounting for person's precise location within the social-historical contexts into which they have been 'thrown' (Wrathall, 2005; also van Deurzen, 2010). Indeed, the focus of enquiry in this approach is often less upon processes that are 'internal' to the person, but instead upon ones that are situated at the 'in between' – i.e., between a person and their environment. This level of analysis constitutes the application of the philosophies of Heidegger (1962) and Merleau-Ponty (2002), philosophers who elaborated a non-Cartesian conception of human life that is exemplified by Heidegger's (1962) concept of 'being-in-the-world.'

Given that CBT is invariably endorsed by the NHS as treatment of choice (NICE, 2011b), my knowledge and experience of CBT has enabled me gain employment within an NHS IAPT setting. Alongside the advantages of being able to access employment, working in an NHS setting has also made me acutely aware of the increasing limitations placed upon practitioners in terms of their choices from theory (e.g., Mollon, 2009). It is also from this personal uncertainty about just how my theoretically diverse

counselling psychology training fits within contemporary NHS institutional settings that this present study has been inspired. Consequently, aspects of the data set that foreground such complexities held personal interest.

       Ethical considerations. Ethical approval for this study was gained in 2009 through successful application to the University of the West of England's Department of Health and Life Sciences ethics committee (application reference number: HLS09-1076). Data collection was accomplished between September 2010 and May 2012. The ethical conduct of this study was informed by the guidelines provided by both the Health Professions Council (HPC) (2008) and The British Psychological Society (2008, 2009). Decisions pertaining to participant confidentiality were guided by The British Psychological Society (2002). In line with The British Psychological Society's (2009) guidelines, the project was conducted in accordance with the ethical principles of respect, competence, responsibility, and integrity.

Participants

       Following on from the priorities of the above discussion concerning the ethical dimensions of this investigation, the presentation of this subsection involved decisions that centred upon ethical dilemma. Whereas researcher practice guidelines emphasise the ethical importance of "situating the sample" (Elliott et al., 1999, p. 221), this needed to be balanced by my obligation to protect participant confidentiality and anonymity (The British Psychological Society, 2002). Given the limited size of the counselling psychology community within the UK, the likelihood of readers recognising participants is significant.

It was for this reason that during presentation of data care was taken to remove aspects of it that may have enabled participant identification. Similarly, care has been taken in the presentation of participant demographic and situational details. The limited participant information provided has been aimed at situating the participant sample in terms of the factors that I have judged to be most relevant to the question underpinning this study. The downside of this decision - one that excluded the detailed presentation of other demographics, such as those pertaining to ethnicity, social economic class, and sexuality - is the risk that this study inadvertently endorses the view that these factors are not important (Elliott et al., 1999).

The single inclusion criterion was that participants were accredited counselling psychologists. Fifteen participants took part, 11 women and four men. Ages ranged from 30 to 73 (mean 50.4, SD 12.7). Following the broad categories of ethnicity provided by the Office for National Statistics (2014), the sample was composed of ten persons of 'white British' ethnicity, three of 'other white background,' and one of 'other ethnic groupings.' One participant declined to respond to this question. Levels of clinical experience ranged from a participant with six years' experience to another with 37 years (mean 16; SD 9.3). In terms of practice setting, eight participants were based in independent private practice only, five in NHS settings only, and two participants worked across both settings. *Table 1* provides an overview of participant details. In order to situate the sample in a way that is most helpful to the focus of investigation, data pertaining to the theories that habitually inform participants' clinical practice were also collected. All participants reported that they habitually drew upon two or more theoretical perspectives

during the course of their clinical practice.

Table 1: Participant Details: Levels of Clinical Experience, Practice

Settings, and Theoretical Orientations used

Name	Clinical experience	NHS setting	Ind. [1] setting	Theoretical orientations and models cited as drawn upon
Sally [2]		P [3]		**PD** [4,5], CBT, existential, TA [6]
Stan		P		**CBT**, personal construct theory
Ellie	1 to 10 years	S		**CBT**, PD
Kate		P	✓	**EMDR** [7], CBT
Lizzy		P,S	✓	**PD**, CBT
Sharon		P		**PD**, CBT, TA
Jodie		S		**Mindfulness**, CBT, systemic
Suzy	11 to 20 years		✓	**Rogerian**, CBT, systemic
Rupert			✓	**NLP** [8], TA, systemic, CBT
Jess			✓	**CBT**, PD, Gestalt, TA
Frank			✓	**Jungian**, CBT
Tom			✓	**PD**; behavioural analysis
Linda	21 years and more		✓	**PD**, existential, narrative
Doris			✓	**Existential**, PD, EMDR
Vivian			✓	**PD**; behavioural analysis

Note: [1] independent private practice setting; [2] names are pseudonyms; [3] P =

primary care; S = secondary care; [4] primary theoretical approach in bold font;

[5] PD = psychodynamic; [6] TA = transactional analysis; [7] EMDR = eye-

movement desensitisation therapy; [8] NLP = neural linguistic programming.

Procedure

Sampling strategy. Ten participants were recruited via The British Psychological Society's website (http://www.bps.org.uk/bpslegacy/dcp). This website contains a national directory of chartered psychologists that includes individual psychologist's names, qualifications, specialist interests, location, and contact details. Members are able to join this directory for an annual subscription of £25. Using the 'Find a Psychologist' facility it was possible to conduct searches in terms of membership classification and location throughout the directory in order to identify potential participants. Through these means I devised a list of chartered psychologists identifying as counselling psychologists that it would have been feasible for me to travel to. I initially contacted all of these potential participants via email. A copy of this initial email is provided in Appendix A. I emailed approximately 90 practitioners. Ten participants were recruited in this way.

Given the limited response from persons contacted via this means, other participants were recruited via 'snowballing' - i.e., asking the participants that I had successfully recruited if they had any suggestions as to other counselling psychologists that may also be willing to be research participants. Five more were recruited in this way. The participants that I had recruited provided a relatively balanced sampling of practitioners in terms of levels of clinical experience, type of practice setting, and theories used (see *Table 1*). Given this balancing together with the amount of data accumulated, recruiting was ended at this point.

Informed consent. All relevant processes pertaining to participants' involvement in my study were negotiated and agreed upon either prior to or

during the course of my meetings with them. Each participant was met with once only, on a one to one basis. Fourteen of the meetings took place face to face in a location chosen by the respective participant (two took place in participants' homes, two in NHS settings, nine in participants' independent practice settings, and one in a café). One meeting took place via the telephone, in line with this participant's preference.

At the start of each conversation, after introducing myself I provided each participant with an initial information sheet (see Appendix B). Once the participant had had time to read through this and been given the opportunity to ask me any questions, I then sought their formal consent to participate (see Appendix C). Further participant information - including participants' clinical backgrounds, practice settings, years of clinical experience, and theoretical preferences - was sought on a discussion/ice-breaker basis during the initial stage of the interview. Upon interview completion participants were provided with a de-briefing sheet (see Appendix D).

Data generation. The 'phenomenological life world interview' as delineated by Kvale and Brinkmann (2009; also Kvale, 1996) informed my approach to the interview conversations by encouraging me to place emphasis upon the generation of high levels of empathy through the use of empathic statements of acknowledgement in response to participants' utterances, to use sensitive probe questions for clarification as well as to encourage interviewees' towards further reflection and thought, and to employ a judicious balancing of structure with offering the interviewee space for idiosyncratic reflection and comment.

Each interview lasted approximately 45 minutes. A copy of the

provisional schedule used for the interviews is provided in Appendix E. The questions posed were a combination of open-ended questions and probes, aimed at bringing participants' attention to their experiences of navigating and drawing from differing theories. Additionally, space was allowed for participants to add other information that they deemed relevant and that I had not considered, by me asking 'is there anything else that you feel is relevant to this topic and that I may not have thought of?'

Whereas the audio recordings generated from the interviews along with the interview transcriptions constituted this study's data corpus, the collected interview transcripts constituted this study's data set. Individual transcripts constituted data items.

System of transcription. All audio recordings were transcribed by me. This was achieved through the use of a personal computer and data transcription software that enabled me to slow down recordings and start and stop the flow of sound through the use of a foot pedal.

As transcription is not a neutral process - errors are commonly made, and it involves processes of interpretation/representation (Poland, 2002) - several decisions were made pertaining to the level of detail needed for this analysis. Given that this investigation employed a thematic analysis in order to generate a thematic patterning of the data, it was judged that the level of transcription detail required was less stringent then that required for other forms of analysis, such as in discourse or conversational analysis (Silverman, 1993). For this present analysis, transcription focussed more upon accuracy of language used rather than issues such as changes in body language or facial expression, precise tracking of length of pauses and gaps in dialogue,

changes in intonation, or the monitoring of flow of breath (Silverman, 1993).

Based upon the guidelines provided by Poland (2002), I developed a transcription notation system appropriate to the level of detail needed for this analysis and used it consistently throughout the transcription procedure. The system used is delineated in Appendix F. A page of transcribed speech from each interview is provided in Appendix G.

Data analysis. Analysis of the 15 interview transcripts that constituted the data set of this investigation followed the procedural guidelines for thematic analysis provided by Braun and Clarke (2006, 2012). For Phase 1 of Braun and Clarke's method, "Familiarizing Yourself with the Data" (2012, p. 60), the fact that I transcribed all interview data myself meant that I became familiar with both its details as well as its overarching themes and trends. This phase was further reinforced through the checking of transcriptions against the audio-recordings and then by reading all of the transcripts and simultaneously jotting down of observations, thoughts, and ideas. Appendix H contains three examples of transcribed data along with the accompanying comments and observations that I made during Phase 1 of analysis. In order to keep track of all stages of analysis, procedures were made uniform and consistent; my use of the spreadsheet facilities of Microsoft Excel facilitated this process. The comments and observations relevant to Phase 1 of analysis were located under the heading 'Why interesting?' (See Appendix H.)

Appendix H also illustrates my procedure for Phase 2 of analysis, "Generating Initial Codes" (Braun & Clarke, 2012, p. 61). These were generated from reflection upon and development of the comments and

observations produced during Phase 1. Initial codes were produced from a combination of focusing upon features of data that were most pertinent to the research question in combination with an initial sense of the tentative patterning of the data set as a whole. Initial codes were created for all aspects of data holding relevance to the research question.

In Phase 3, "Searching for Themes" (Braun & Clarke, 2012, p. 63), the focus of analysis was more consciously shifted from individual data items to the data set - to the collating of initial codes into themes that could serve to pattern the meanings that I was beginning to ascribe to the data. In terms of procedure, I found it helpful in this phase to move data around. Using a new spreadsheet, in order to start collating extracts of data under thematic headings I grouped together the initial codes generated during Phase 2 of analysis. Appendix I contains three examples of grouped extracts. It should be noted that whereas the examples in Appendix I contain only the collation of three codes under each thematic heading, in actuality the number of extracts gathered together often exceeded 20 extracts.

Braun and Clarke (2012) observe that another important element of Phase 3 of analysis is to "explore the relationship between themes and to consider how themes will work together in telling an overall story about the data" (p. 65). The use of thematic networks as described by Attride-Stirling (2001) also facilitated the mapping of how themes and their various parts fitted together.

Phase 4, "Reviewing Potential Themes" (Braun & Clarke, 2012, p. 65), is primarily about "quality checking" (p. 65) through the process of comparing themes against extracts and then themes against the data set as a

whole. During this stage of analysis the developing themes were refined, some were collapsed together, and some codes were jettisoned. My interpretation of the data changed considerably during Phases 3 and 4 of analysis due to recognition that my interpretation of some data extracts contradicted their meanings within the context of the data items from which they were taken. This returning to the data set also suggested that variations of meaning rendered some themes as weak themes that needed reformulating.

Phases 5 and 6 of analysis - "Defining and Naming Themes" and "Producing the Report" (Braun & Clarke, 2012, p. 66 & 69) - involved the writing and rewriting of the individual analytic themes. Although the earlier phases of analysis had by now provided me with a strong sense of the primary meanings of each theme - as well as the connections, contrasts, and even contradictions between them - this phase involved the detailed refinement of both my understanding of the data as well as its presentation. In striving to offer both an evidenced based interpretation of each meaning, as well as a clarification of the meanings of themes that made sense within the thematic narrative as a whole, Phases 5 and 6 demanded a coordination of differing levels of analysis.

Another important aspect of these final phases of analysis, particularly in Phase 6, was the realization that aspects of data had to be left out of the thematic account due to the limitations of word space. Not only did I realize the limitations to my ability of saying all I wanted - i.e., to represent *all* of the meanings that the data afforded - but as a consequence I had to decide which aspects of data were *most* relevant to the research question. Throughout these and preceding phases, consultation with my supervisor

provided a forum for reviewing my thematic analysis as well as constituted a means of triangulation. With "the goal of triangulation within a contextualist epistemology [being] completeness not convergence" (Madill et al., 2000, p. 10), these consultations served primarily to augment, elaborate and focus my analysis, rather than to discount and replace it with the perspective and priorities of another.

Results

In this section the presentation of the thematic categories generated during analysis will be accompanied by evidence drawn from across the data set. The presentation of individual themes follows an order that aims to gradually augment the sense and significance of the analytical narrative - or "argument" (Braun & Clarke, 2012, p. 69) - of the results of this investigation. It should also be observed that individual themes are not only able to 'stand-alone' and thereby each furnish a partial answer to the research question, but in some respects they offer contrasting responses to the research question. The hope is that, viewed as an aggregate, the themes offer the reader a multi-faceted and comprehensive answer to the question underpinning this enquiry.

Analytic Themes

The question guiding this enquiry was: *What are UK based counselling psychologists' experiences of navigating between and drawing from the differing theories that inform their clinical practice?* Analysis of the data set generated four primary analytical themes. *Table 2* contains a list of the themes and subthemes generated during analysis. In order to orientate the reader, it can be noted that Theme 1 delineates how participants conceive of the differing theories that they have available to them to inform their practice. Theme 2 focuses upon how participants conceptualise the differences and discontinuities between theories in order to arrive at a structured integration of theories that enables them to make sense of clinical practice and clinical presentations. Theme 3 focuses upon participants' accounts of their experiences of drawing from differing theories whilst

situated within the context of clinical encounters. Theme 4 highlights participants' experiences of drawing upon theories in light of their perceptions of the pressures emanating from NHS and allied institutional contexts of practice.

Table 2: Themes and Subthemes generated during Analysis

List of Themes with respective Subthemes
1. A professional embrace of diversity: *"Everything that we have in terms of our psychological knowledge helps inform us about the individual"*
1. The need for broad knowledge of differing theories
2. An approach based upon one orientation is to be eschewed
3. Keeping persons and not theory at the centre of practice
2. Nurturing and maintaining a personal conception: *"The overriding arch and the overarching models that you're working with"*
1. Maintaining a philosophy of persons
2. An idiosyncratic means of integration
3. The ownership of approaches and models
4. Managing difference through selective (re-)interpretations of theory
3. Responding to relational experiencing: *"The central component is always the relationship and everything I do is kind of extra to that"*
1. The displacement of theory
2. Sub-conscious, fluid and seamless responding
4. Responding to the challenge facing a counselling psychology approach: *"At the moment we live in a CBT world"*
1. Adapting to contexts
2. Challenging contexts

1. A professional embrace of diversity: *"Everything that we have in terms of our psychological knowledge helps inform us about the individual"*

This initial theme focuses upon meaning patterns within the data set that illustrate participants' conceptions pertaining to the nature of the theoretical diversity that can serve to inform their clinical practice. As the quotation from Jess within the title of this theme indicates, the priority is placed upon knowledge and persons rather than upon participants' attachment to any particular theory or theories. Significant to the meanings of this initial theme is the corollary that *all theory* is important.

In line with the research question guiding this enquiry, during data collection my priority was to gain insight into participants' ways and means of navigating between the differing theories that serve to inform their clinical practice. However, for some participants the whole notion of my interest in how they relate to *differing* theories was aversive. At the beginning of my interview with Jess, she promptly declared "right from the beginning I am not of the school that separates therapies out." Later in our conversation, Jess elaborated: "I just find it nonsense to talk about different schools because everything that we have in terms of our psychological knowledge helps inform us about the individual." In the context of this part of our discussion, the "schools" being alluded to were the orientations and models that this participant referred to as informing her practice. Jess's use of the word "nonsense" carries with it an emotional force. My premise that differing theories constitute contrasting sources of knowledge conflicted with her basic conception of the nature of theories.

Jess's statements indicate that for her the notion of separate schools of

thought is an error due to the idea that all theory is united in the name of "psychological knowledge" (Jess). Although in the following quotation Tom acknowledges the existence of different schools or frames of reference, he can be seen to perform a similar conceptual manoeuvre to Jess: "I really don't get stuck into one [theoretical] frame of reference I really and do try to use as much of all my psychology as I can." As in the case of Jess, Tom subsumes different theories within his knowledge of psychology. In terms of the question underpinning this analysis, this merging of theories with psychological knowledge is important. Such a conceptual manoeuvre constitutes differing theoretical approaches as inherent to the knowledge base of counselling psychology.

Reflecting upon the conceptual manoeuvre that has been identified, it may be asked what the value is for participants in the bringing together of different theoretical approaches under the rubric of psychological knowledge. Analysis suggests that one significant implication is that it serves to foreground participants' shared identity as psychology practitioners. By this means it also positions participants as part of a class of practitioners that hold important insight into the human condition:

> The parent discipline of psychology and psychobiology neural psychology physiology whatever you want to call it [*Int.:* mm] where actually we do take a rather different approach from the medical model it's not necessary for what goes wrong but for how do we actually function. (Frank)

> I come at it as very much a psychologist and I mean that's what I am you know cut me and that's what I bleed it's that sort of feeling that I

actually kind of try to understand the whole picture. (Sharon)

Frank's wavering between different choices for the title of the parent discipline is interesting. Although it may signal an identity diffusion or uncertainty, it serves to link counselling psychology up with a very broad range of knowledge. The quotation from him suggests that it is due to its relationship with the "parent discipline" that counselling psychology can provide its practitioners with insight into human "function[ing]." Also important to this quotation is its reference to the positioning of psychology within the wider field of therapeutic practice: a psychological approach to practice is to be contrasted with a "medical model" emphasis upon "what goes wrong" (i.e., a disease model).

Similar to Frank's characterisation of psychology as providing illumination of human functioning, Sharon sees psychology as enabling her to "understand the whole picture" (Sharon). This participant's use of the word "understand" parallels Frank's use of "actually" in the extract from him. It can be noted that the use of such words are more connotative of the notion of gaining *insight* into human 'reality' rather than the furnishing of differing theoretical accounts.

A quotation from Vivian brings attention to how the differing facets of this multifaceted psychological knowledge base fits together: "you know erm various models emphasize cognitive or affective or behavioural elements but erm really we all know they're connected up don't we they're not separate things they're just a difference of emphasis" (Vivian). Here, the "various models" are posited as continuous and "[inter-]connected"; they are "not separate things." This participant's notion of a "difference of emphasis"

functions to unite models as a continuous body of knowledge. Reflecting upon this extract it may also be observed that, with me being positioned as a trainee counselling psychologist, Vivian's implicit invitation to me (i.e., "we") suggests that if I embrace this conception, then I too can participate in this body of knowledge.

Although in my interviews my primary aim was to gain insight into participants' experiences of navigating and drawing from differing theories, as the extracts that have been presented indicate, my task was complicated to the extent that participants often talked less about theories and more about a broad and uniform psychological knowledge base. The meanings offered by the extracts that have been presented, however, are significant to the question guiding this enquiry. They convey participants' shared conceptions as to how their knowledge of differing theories is construed. Analysis suggests that participants' see themselves as not so much as navigating *between* and drawing from differing theories, but instead as navigating *across* differing aspects of a multifaceted yet continuous psychological knowledge base.

1:1. The need for broad knowledge of differing theories

Given the importance ascribed to psychological knowledge as the rubric under which participants subsume differing theories, it follows that in order for participants to be able to "understand the whole picture" (Sharon) the development and accumulation of knowledge is important. This subtheme illustrates how participants exhibit an obligation to be broadly informed as well as offering insight into how this is achieved.

In line with an approach to practice that rests upon a rich knowledge base, participants' view persons as multifaceted and complex: "at any one

time the person's variously running some psychodynamic defences cognitive you now rational challenges need to be done and also some kind of systemic you know reaction with some other person they're running it all simultaneously" (Rupert). This participant's references to psychodynamic, CBT, and systems perspectives illustrates his understanding of persons as both complex and multifaceted. Important to the meanings of this overarching theme is Rupert's view of these differing processes as occurring "simultaneously." Such a conception suggests that it is important for a practitioner to be well informed about these differing processes. It can also be noted that the understanding of these differing processes is to be gained through accessing differing theoretical frameworks. Tom says something similar: "rather than saying I just believe in Freud or I just believe in Melanie Klein or just behaviour therapy no that's not true I believe in all those different things." Tom's references to truth and belief in this extract indicate his faith in these theoretical frameworks as providing him with differing components of his broad knowledge of persons.

Given that participants equate theories with psychological knowledge, they can be seen to be eager to accumulate a knowledge of differing theories: "I have really exposed myself to so many different models and languages" (Suzy). The use of "really" in this extract emphasises an intensity; the phrase "exposed myself" denotes a sense of autonomy and intentionality. In discussing how she would like to develop her practice in the future, Ellie made a similar point: "my speciality is around anxiety and depression bi-polar personality disorder and trauma erm yes so I think with everything it's just learning more and more to draw upon." In the final phrase of this extract

Ellie indicates that, like Suzy, she would like to gain more knowledge; her repetition of "more" conveys the importance of this task. It can also be observed that Ellie's enthusiasm for gaining greater knowledge is also paralleled by the striking diversity of her "speciality," which is constituted by no less than five differently-named problem areas. Such a conception of speciality suggests that the expertise Ellie is making claim to is both broad and widely informed.

Two factors are important to participants in their pursuit of knowledge, training and work-setting experience:

> once I had got that Masters and was called a chartered counselling
>
> psychologist I went on to do a Gestalt training and a TA training and
>
> variously other erm erm I was very lucky on the course I did the MA
>
> we had placements with very different orientations. (Doris)

Doris's "very different" placement experiences are valued by her. Although it has been observed that experiencing different ways of working can generate conceptual uncertainty and confusion (Risq, 2006; Ward et al., 2011), in place of uncertainty Doris refers to herself as "very lucky." Her access to and understanding of theoretical diversity is celebrated. The use of "very lucky" may also indicate that such experiences are not the norm but instead are unusual. Interestingly, Doris differentiates these experiences on the grounds of theoretical orientation: although participants may conceive of their theoretical knowledge as interrelated in the name of psychology, the vocabulary of difference is nevertheless required.

1:2. An approach based upon one orientation is to be eschewed

In terms of what this celebration of theoretical diversity in the name of

psychological knowledge means for practice, Doris comments "we have a richness that we don't have to stick down one narrow lane you know." Whereas the use of "richness" indicates the positive valence Doris bestows upon her having recourse to different approaches, her invocation of "narrow[ness]" brings attention to the limitations inherent in having a restricted theoretical knowledge. In order to more fully appreciate participants' shared conceptions of the nature of differing theories for informing their clinical practice, this subtheme foregrounds meanings within the data set that constitute a censuring of the notion that your practice be informed by only one theoretical approach. Analysis also brings attention to how this view is associated with participants' sense of professional identity.

Reflecting upon her psychological approach to practice, Sharon observes "it is a more holistic approach erm which means that I'm willing to accept that there are different ways of explaining things." What is interesting about this extract is that Sharon's interpretation of what she sees as psychology's "holistic approach" invokes the notion of diversity - i.e., different ways of conceiving or "explaining" clinical presentations. Considered in light of other participants' conceptions of psychological knowledge as continuous and interrelated, Sharon seems to be raising the notion of discontinuity and difference. In order to make sense of this thematic anomaly, a further extract from Sharon is indicative: "there are a few out there who believe that there is only one right way of doing things well I think that's quite a naïve." Although Sharon's use of the phrase "some out there" prevents the identification of those that she is referring to, examining the conversational context of this part of the interview suggests

that for Sharon the 'others' being referred to are those who see themselves as "the expert" - believing that they can offer their clients a "cure" in the context of a "medical model approach." The notion of a medical model 'other' that professes to know the "one right way of doing things" (Sharon) constitutes a recurring motif within the data set.

Whereas Sharon associates the emphasis upon one right approach with naivety, Stan associates it with dogmatism: "if we believe NICE guidelines and all this sort of thing then CBT is the way to treat them at the moment I just I have a hesitation about being too dogmatic about any therapeutic approach." He also cautions against "exclusive-ism in the therapeutic world where people occupy it's a bit like sort of people occupying people go to different denominations of effectively the same church and all rejecting each other because this one's a true believer." Examination of these extracts from Stan indicate the concerns he has about the overemphasis upon any particular theoretical orientation: in the first extract NICE's prioritisation of CBT is associated with dogmatism; the second extract brings attention to the broader sense of parochialism that he sees as inhering in the prioritisation of *any* particular approach to practice.

Stan's invocation of religion as a metaphor to highlight the exclusive-ism that he associates with an over-emphasis upon any particular approach to practice is shared by other participants. Linda made reference to "The Institute of Psychoanalysis which is you know that high church of psychoanalysis." Also, referring to her psychoanalytic training institute Lizzy observed:

it almost has a religious quality to their teaching you know there is

something not so much about rules but it's about the belief system and

you don't challenge the belief system if you challenge the belief system

it's your pathology. (Lizzy)

Similar to references pertaining to the limitations inherent in NICE's

prioritisation of CBT, these extracts suggest that a complementary critique is

also aimed at an institutional prioritisation of psychoanalytic approaches.

Interestingly, in her critique of psychoanalytic "belief systems," Lizzy even

brings attention to a complementary medical/disease model - but with this

one being addressed to practitioners rather than to patients.

In contrast to a "naïve" (Sharon) or "dogmatic" (Stan) emphasis upon

any particular approach to practice, the thrust of the meanings of this

overarching theme suggest that an approach to practice that draws upon

"rich" (Doris) theoretical diversity offers an enlightened alternative. The

oscillation between the levels of theory and professional identity within

many of the extracts that have been presented illustrates how these two levels

of experiencing are conceptually intertwined and mutually informative.

Viewing the meanings of this subtheme within the context of this theme as a

whole, it can be observed how participants' censuring of approaches that rely

upon only one theoretical orientation both follows on from, as well as serves

to reinforce, the value of their professional identity as counselling

psychologists.

1:3. Keeping persons and not theory at the centre of practice

Whereas the above analysis has suggested that participants hold

negative conceptions of the theoretically-delimited knowledge base

associated with either NICE/CBT or psychoanalytic

institutions/psychodynamic theory, having a knowledge of a multiplicity of theoretical approaches and models carries a much more positive set of connotations:

> [*Int.:* the sort of big picture is the more the ideas around psychodynamic] probably yes and the overarching aim is that people are going to live erm erm more contented lives more at peace with other people in the world I mean that's erm whatever language you put it into [*Int.:* mm] whichever the models you're that's essentially the aim isn't it. (Vivian)

In this extract an emphasis upon theoretical diversity is quietly insisted upon: in response to my observation about her leaning towards psychodynamic ways of thinking, Vivian offers a tentative "probably" and then promptly returns to matters of a more trans-theoretical nature - to "whichever the models." Also, in place of CBT and psychoanalytical associations with a medical/disease model, it can be observed that Vivian's focus is upon human well-being, as evidenced in her reference to contentment and peace.

Vivian's emphasis upon human well-being forms part of a set of meanings that serve to justify participants' abilities to navigate and draw from broad and varied theoretical knowledge due to the fact that this relationship with theory offers practitioners the optimal means of assisting their clients. Analysis suggests that the knowledge of people that participants have at their disposal through recourse to theoretical diversity is viewed as making them well equipped to help people:

> in the end it's all about the human condition and human emotion and if you can try to work out something that seems appropriate for an

> individual and something that somebody understands more clearly then
>
> to me we go with what is most helpful for the client. (Sharon)

This extract indicates that the accumulation of a generic theoretical knowledge (i.e., "*it's all* about") underpins an approach to practice that is both deeply informed and can be tailored to the needs of any *particular* client. Sharon's use of the term "something" to refer to an aspect of her knowledge is also interesting: in place of importance being placed upon any particular theory or model, the priority is instead placed upon the recipient of therapy ("*the* individual … *the* client"). An extract from Tom indicates a similar conception: "if *anything* can help *the* patient that's the important thing" (Tom). In both quotations, broad and undifferentiated knowledge is viewed as there to be used in the service of helping the idiosyncratic client.

In response to my questioning as to how they navigate and draw from differing theories, participants repeatedly brought attention to the notion of clinical practice as being less about their relationships with theory and more about the pre-eminence of their clients and their needs. Analysis suggests that such a prioritisation serves to render theories and models as akin to tools. The imagery employed by participants illustrates this point:

> my favourite thing for a psychotherapist or psychological therapist is to
>
> see yourself as the squire you know when they used to have
>
> tournaments erm and there would be the knight and he has to get onto
>
> his horse and someone has to adjust his strap and things like that be
>
> there besides him. (Doris)

This imagery is interesting in how it both valorises the knight/client - imbuing them with connotations of strength and skill - and renders the

squire/practitioner as a loyal and, to a significant extent, a practical helper. In line with this notion of the therapist as helper, Suzy sees approaches and models as practical resources: "I just view them as tools [*Int.:* tools] for me they become less and less philosophies or less pure." Interestingly, not only does Suzy view different approaches more as tools rather than philosophies, but this view has increased (i.e., "they become") with experience.

Sally provides insight into what this conception of theoretical approaches and models as aids or tools means in practice:

> at the beginning of all my therapies I ask people what they'd like to get out of the therapy and I will use whatever ways I know of [laughs] doing whatever techniques doesn't matter which model it's from or it doesn't matter how to get there to help to achieve that. (Sally)

In line with Doris's image of the helpful squire and Suzy's emphasis upon tools, Sally draws upon "whatever" will assist her client. Sally's laugh, together with her repetition of "doesn't matter" are also interesting in this extract - perhaps indicating an awareness on her part that she is going against, or transgressing, some theoretical or philosophical norm. Importantly, however, in line with the meanings of this subtheme, this conception is justified on the grounds that she is "helping" her client.

At the beginning of this theme I suggested that my task of investigating participants' experiences of navigating and drawing from two or more theories was complicated due to interviewees' insistence upon all theories as related and interconnected in the name of psychological knowledge. A second challenge to my attempts at gaining insight into participants' experiences of navigating and drawing from differing theories was their

emphasis upon and foregrounding of their clients, rather than upon their relationships with theory. The meanings of this subtheme indicate how these two aspects of the data set are interrelated: broad psychological knowledge is viewed as there to be drawn upon in the name of assisting or serving the client. All of the meanings that have been presented within this overarching theme point to the fact that, for this group pf participants, it is this conception of theory that distinguishes a counselling psychology approach to clinical practice.

2. Nurturing and maintaining a personal conception: *"The overriding arch and the overarching models that you're working with"*

Despite participants' tendencies to foreground broad psychological knowledge and the centrality of their clients, analysis of the data set generated a set of meanings that illustrate how participants' maintain theoretically structured and integrated conceptions of clinical practice. In response to the research question guiding this enquiry, the meanings within this theme highlight the processes involved in participants' development and maintenance of idiosyncratic and structured integrations of theory that enable them to make sense of their clinical experiences.

Within this theme the particularity of both individual theories as well as individual practitioners comes to the fore:

> I think theory actually is fundamental erm because otherwise you're just fishing about and you're working to an implicit theory that you don't know about which is almost worse so yeah I do have strong theoretical guidelines when I'm talking with people. (Frank)

As to why having "strong theoretical guidelines" is important, later in the

interview Frank elaborates: "why does somebody want to work in a Jungian way as distinct from a Freudian or Kleinian way [*Int.:* mm] it's something to do with their implicit or explicit philosophical stance in the world" (Frank). (Frank). For this participant not only is the need for theoretical clarity "fundamental" to clinical practice, but it is viewed as following on from the idiosyncrasy of a practitioner.

In place of an emphasis upon the continuity of psychological knowledge, the meanings within this theme illustrate participants' acknowledgement of the differences and discontinuities that exist between differing theories and the consequent need for the establishment of theoretical consistency. One participant viewed this task as one of finding their place within theory: "they [theories] are very much separate although you can use them in an integrative way the basic assumptions are very different and if you study them properly every single approach has a basic assumption" (Lizzy). Furthermore, "there is something fundamentally different in all of them and I think you need to understand that first of all and position yourself" (Lizzy). Similar to Frank, Lizzy also brings attention to the importance of the philosophy ("basic assumptions") underlying different approaches to practice. These need to be understood "first of all" before you "position yourself" amongst them.

As for the reasons why it is important that practitioners carefully consider the differing philosophies that underpin contrasting approaches to practice, Doris elaborates:

the danger is that one signs up to something without fully questioning the philosophy [*Int.:* mm] so there's a great tendency in our profession

because it feels a lonely profession because it's quite scary the work we

do to join up with a group and then take on the theoretical ideas and

ideals and the methodologies of that group without really thinking does

this actually fit my understanding of the world. (Doris)

The risk is that practitioners "sign up" to an approach to practice

unthinkingly or defensively, due to the stress generated by the clinical work

that they do. And not only is this a professional risk, but Doris sees it as an

actual "tendency." Furthermore, that this risk is an important one is indicated

by Doris's comment that not only does theory involve "ideas," but "ideals"

also - ideals that pertain to one's "understanding of the world." Doris's use of

"my" once again foregrounds the importance of the individual practitioner.

Although, on the face of it, therapeutic interventions would seem to be

about practitioners helping their clients to overcome emotional difficulties,

the tone and content of this quotation from Doris, as well as those from Lizzy

and Frank, are indicative that more is at stake. Practice is envisioned as being

about helping others to make sense of themselves and their experiences

through the use of distinct theoretical frameworks of meaningful

understanding. As to how a practitioner navigates between and draws from

these differing frameworks, the idiosyncrasy of the person of the practitioner

is viewed as a crucial site of mediation.

2:1. Maintaining a philosophy of persons

Analysis indicates that what is at stake in relation to participants'

affiliations with differing theoretical approaches concerns profound questions

that centre upon what it means to live or to be a person. In line with this

proposition it can be observed that all participants endorsed a particular

overarching theoretical orientation. (*Table 1* specifies the main orientations that participants' affiliate with.) Doris stated, "I'm interested in time and working with time but that's a very general overarching umbrella of a theory"; and more specifically, "if there's any big influence on me it is existential I would say that I work like an existentialist" (Doris). For Rupert:

> it's the same kind of humanistic type of overall overreaching framework that I will follow that kind of idea that we are sort of facilitators guides that the body has erm healing resources that it sort of self corrects it just needs to be guided.

Jodie also observed of the approaches that she draws upon, "they all kind of come under that sort of umbrella of that kind of erm a compassionate kind of mindfulness sort of type of approach." The imagery here is striking: participants are using some form of "overarching umbrella" (Doris), "overall overarching framework" (Rupert), or "umbrella" (Jodie) to contain their drawing from different approaches and models.

It can also be noted that whereas Rupert and Doris's overarching frameworks are quite clearly stated as humanism and existentialism respectively, Jodie's is articulated with hesitation. Given the recent ascendancy of mindfulness approaches across the therapeutic world (Germer, Siegel, & Fulton, 2005; Gilbert, 2013; Segal, Williams, & Teasdale, 2013), it maybe that Jodie's wavering use of words - "sort of type of approach" (Jodie) - indicates the uncertainty as to the place that this set of ideas occupies among the more firmly established theoretical approaches.

That participants' sense of attachment to a meta-theoretical orientations is important, their tendency to defend their preferred approach is

testament:

> you say very sweetly "I don't want you to think your therapy is old
>
> fashioned" but I was interested in the word old fashioned erm
>
> psychoanalytic psychotherapy is the only therapy I know so far that has
>
> carried on for 117 years and has not collapsed I have seen so many
>
> therapies in the past 40 years that were absolutely amazing 40 years
>
> ago and everyone's shouted and screamed said "oh we've found the
>
> therapy that's going to help everyone very quickly" and they've all
>
> died. (Tom)

In response to my characterisation of 'his therapy' - i.e., his primary orientation - as old fashioned, Tom's retort is robust, precise and elaborate. And not only does it convey the extent of his experience, but it also portrays the therapeutic world as uncertain and changeable. Against this backdrop, Tom defends psychoanalytic psychotherapy upon grounds of its durability. Given the strength of his response, together with the extract's movement from the personal to the theoretical, it would seem that not only is a theoretical approach being defended here, but also a world view.

In response to the question guiding this enquiry, the meanings of this subtheme highlight how participants' identifications with primary theoretical orientations - together with their underlying philosophies - not only enable them to "position" (Lizzy) themselves within the field of psychotherapeutic theory, but also constitutes the site of an emotionally salient union of personal, theoretical, and philosophical outlook. It is from this union that participants are then able to navigate the theories that inform their clinical practice.

To briefly consider the extent and significance of the meanings of this subtheme, it can be observed that participants' theoretically informed conceptions as to what it means to be human hold relevance to their reflections upon matters that extend beyond the consulting room: "I see the role of psychotherapy in the world as somewhat disturbing" (Doris); this participant goes on to characterise psychotherapy as "the best sort of spiritual search but erm coming back again and again to people questioning understanding themselves better [*Int.:* mm] erm being truthful" (Doris). Doris's use of the phrases "spiritual search" and "being truthful" indicate that for her more is at stake in our conversation than only matters to do with clinical practice. The use of such terms also illustrate how Doris does seem to "work [and think] like an existentialist" (Doris) (e.g., van Deurzen, 2002, 2010). Similarly, Vivian's embrace of the psychodynamic orientation as an overarching framework can be seen to enable her to make sense of broad social patterns:

> the same delusion that repeats itself throughout history [*Int.:* so the psychodynamic model really grabs you doesn't it really] I think in that sense yes because it gives me a way of understanding erm a person at greater depth. (Vivian)

Vivian not only agrees that the psychodynamic model offers her a means of understanding persons, but her reference to historical patterning suggests the importance of this framework for her understanding of social and human life more broadly.

2:2. An idiosyncratic means of integration

Analysis of the theoretical frameworks of understanding that

participants maintain indicates that they are idiosyncratic conceptions

resulting from the amalgamation of an overarching theoretical orientation

with models, concepts, and techniques stemming from the broader

psychotherapy literature. For instance, although in reflecting upon his

practice Tom observed that, "I think the model I have is really very strict in

my own head a Freudian model as you can see you're sitting on the place

where my patients lie down," in the context of discussing his drawing from

other approaches and models he presented a looser, broader conception:

> *Int:* there's no one overriding conception of what a person is
>
> conceptions that you draw upon to make sense of
>
> *Tom:* [sighing] yes and no there is one there is but its vague but I can
>
> make it a little clearer to you that I really think your past completely
>
> utterly and totally influences your present.

It can be seen here how Tom's "strict" Freudian approach gets moderated

into a more accommodating (psychodynamic) conception in order to enable

for a more diversely informed approach. Although it is a looser conception, it

nevertheless enables him to maintain a sense of coherence: "I couldn't

suddenly be a behaviour therapist and off and on use a bit of psychoanalysis

that wouldn't make sense to me [*Int:* no] the opposite way just wouldn't

work in my opinion" (Tom). And although he does draw upon "a bit of

manipulative behaviour therapy" (Tom), as the negative adjective he uses

here indicates, it is important that it is used within the context of an

overarching psychodynamic approach.

Whereas the psychodynamic orientation enables Tom to integrate

concepts and practices from differing approaches, Jess employs a different

framework: "cognitive therapy as a psychotherapy that model erm provides a framework which I fit an awful lot of other things into." The term "framework" that is central to this quotation is a term that Jess elaborates upon elsewhere: "what you work within what are your erm what's the overriding arch and the overarching models that you're working with the framework that you're working with." Given that a framework is used to "fit" other models and approaches into, Jess's use of this gives rise to an amalgam of a broad orientation (in this case cognitive therapy) with an embrace of models and ideas from different orientations.

Given that participants' idiosyncratic forms of integration involve the assimilation of theories and models into an overarching meta-theoretical orientation, they involve processes hierarchical nesting. An extract from Frank provides further insight into the this: "it could be circles or ellipses that are overlapping a kind of Venn diagram but don't think of the circles as having the same diameter what the one that is going to be integrated has got a smaller diameter" (Frank). Here, conscious care is taken to represent how different theories are to be related; that his method of integration is directional and hierarchical, Frank's need to adopt circles of unequal size illustrates.

This integrative directionality and hierarchy at the level of the *conceptual* is paralleled by the following participant's observations that focus upon the sequencing of interventions at the level of *practice*:

> my first point of entry is CBT let's say so what I can say is that a lot of
> my patients come here for specific practical problems and I'm not
> against thinking about some useful solution to relieve the immediate

erm you know (.) difficulties I think but then there is another level of

work you need to engage them in. (Lizzy)

The next level that Lizzy is referring to here she describes as the "symbolic"

- a level of understanding for which she adopts psychoanalytical ideas and

practices. Her *preference* for a psychoanalytical focus upon a symbolic realm

is alluded to in the first quotation through her use of the phrase "not against

thinking about some useful solution."

What unites the extracts that have been presented within this subtheme

is participants' references to some form of assimilative integration (e.g.,

Norcross et al., 2005). This enables participants to arrive at an integration of

approaches that holds the ability to both embrace theoretical diversity and yet

to maintain conceptual consistency. The differing emphases of each of the

extracts highlight how such idiosyncratic frameworks of understanding carry

important implications for both the conception and conduct of participants'

clinical practice.

2:3. The ownership of approaches and models

Analysis of a data extract from Suzy highlights the differences in

meaning between notions of theoretical diversity and theoretical integration.

Referring to her initial training, this participant commented that she "had a

really good grounding in three models." However, "through CPD [continuing

professional development] further education courses whatever," she

observed:

Suzy: I probably got I don't know got four or five models now

Int: so you've got more models as a change

Suzy: yeah

> *Int*: more diversity
>
> *Suzy:* so more integrative than what I started out with if that makes
>
> sense.

This extract concerns Suzy's nurturance of an increasingly broad knowledge of different approaches to practice. In response to my comment concerning "more diversity," Suzy counters with the comment "more integrative." This suggests that, instead of her experiencing a gradual diversifying of knowledge, Suzy experiences a *coming together* of knowledge. The site of integration of the knowledge in this extract would seem to be the "I" that this participant repeatedly refers to.

Consideration of an extract from Rupert offers further detail into what is involved in the process of integrating a model into one's practice:

> at the beginning I will follow it very closely because you know I don't
>
> know any better this is what I've been told to do this is what I saw gets
>
> results I'll keep doing it until I begin to add my little variations.
>
> (Rupert)

What seems to be occurring here for Rupert by means of his "add[ing] my little variations" is a process of ownership - wherein he is putting his "own spin on things" (Rupert). It would seem that, with repeated use of this new model, Rupert is gradually aligning it with his own, idiosyncratic theoretical conceptions. In the following extract, another participant not only portrays a similar process of adaptation but also brings attention to its outcome: "when you first learn something you have to sort of put aside your own way of working enough to assimilate this new way of working and then it becomes seamlessly part of your way of working" (Doris). Here, the bringing together

("assimilat[ion]") of knowledge is construed as a challenge initially; however, a sense of effortless fluidity ("seamless[ness]") returns. In these extracts from Rupert and Doris a process of ownership seems to be taking place. Upon completion of this process, these participants can be seen to have assimilated - or "absorb[ed]" (Suzy) - a new approach or model into their practice.

In order to consider a data anomaly with respect to this process, the case of Suzy is illustrative. In exploring how this participant goes about integrating differing approaches, compared to other participants she expresses uncertainty:

> *Int.:* would you say there's some kind of principle or point or mechanism or whatever that enables you to integrate erm different things ideas tools or not
>
> Suzy: no idea
>
> *Int.:* no
>
> Suzy: no idea.

However, further conversation enabled Suzy to formulate a seemingly satisfying insight about her primary orientation: "but it's been interesting I think it actually would probably be person-centred (.) which seems to sum it up do you see what I mean which I never would have thought." As for the reason behind this uncertainty in her understanding, the following extract from earlier in our conversation provides a clue: "I wouldn't call myself person-centred I guess I don't know you're never asked to it's not a job description it's not an accepted [*Int.:* mm] I don't know it's just not an accepted label" (Suzy). Suzy's initial difficulty in articulating or

understanding how she goes about integrating differing theories can thus be related to contextual expectations and pressures pertaining to what constitutes "an acceptable label." An alternative reading of Suzy's difficulty in articulating her means of integration may also be to do with person-centred theory's tendency to displace issues of theory with those of persons and relationships (e.g., du Plock, 2010).

2:4. Managing difference through selective (re-)interpretations of theory

Although her practice is informed by both person-centred and psychodynamic theory, Jess's recourse to them can be seen to be selective - i.e., in Rupert's words, "[*her*] own spin on things." As for person centred ways of working: "the core conditions that go with that way of working I think are absolutely essential" (Jess); however, she goes onto observe that "I don't disagree with them but they're not sufficient." It can be noted that Jess's critical caveat here rests upon a viewpoint that runs counter to the person-centred view of the core conditions as the "necessary and sufficient conditions for therapeutic personality change" (Rogers, 2007, p. 240). Jess then considers psychodynamic approaches: "and equally one of the key features of psychodynamic ways of working might be that the therapist might have a role of interpreting [*Int.:* erm] that's quite a key role erm and there is an aspect of that which I try hard not to do." For Jess, this "key feature" of psychodynamic ways of working is to be avoided. In her recourse to both person-centred and psychodynamic theories, Jess is embracing some elements and rejecting others. Given that, for her, it is "cognitive therapy as a psychotherapy that model erm provides a framework which I fit an awful lot of other things into" (Jess), it is from her identification with a cognitive

therapy "position" (Lizzy) that Jess makes her selective interpretations of these other theories.

Stan similarly interprets Kelly's personal construct theory in line with his primary theoretical orientation, cognitive therapy:

> although Kelly didn't see it that way others would see it very much as a humanistic therapy but personally I think it actually is more is quite a cognitive approach but if I do use it I use it without sort of a behavioural angle on it it's purely really for eliciting somebody's view of the world. (Stan)

With Kelly's theory here construed as being open to interpretations of a humanistic, cognitive, or even cognitive-behavioural nature, this quotation brings attention to the plasticity inherent in differing approaches to practice. Stan seems to be consciously aware that he is *re*-interpreting Kelly's theory in line with his own primary frame of theoretical reference.

In answer to the question underpinning this enquiry, analysis of the quotations that have been presented within this overarching theme illustrates how participants' identify with a particular meta-theoretical conception of personhood. Analysis of the extracts presented within this subtheme suggests that participants use these frameworks as the basis from which they discriminatively and selectively assimilate ideas and practices from other approaches and models. The outcome of the conceptual manoeuvres that have been highlighted within this overarching theme is the elaboration of an idiosyncratic approach to practice that functions to balance participants' breadth of knowledge with a theoretically coherent and consistent means of understanding.

3. Responding to relational experiencing: *"The central component is always the relationship and everything I do is kind of extra to that"*

The meanings that are presented within this theme suggest that, when considered in light of their experiences within therapeutic encounters, participants' considerations of theory and knowledge displays a tendency to get displaced. In response to the question guiding this enquiry, the meanings within this theme foreground participants' experiences of navigating and drawing from differing theories in the midst of clinical encounters. A distinctive feature of this theme is how participants can be observed to be ascertaining their clients' needs less in terms of theories and models and more in terms of their felt or intuitive experiences whilst situated within therapeutic encounters. The notion of any navigation between or drawing from *differing* theoretical approaches or models is replaced by a distinct sense of flowing and undifferentiated practitioner activity.

As the quotation from Sally that informs the title of this theme indicates, for many participants the relationship between them and their clients constitutes the cornerstone of clinical practice. Although the importance of the practitioner-client relationship is repeatedly stressed by participants, it constitutes an aspect of practice that eludes restriction to any theory or model. Analysis suggests that the practitioner-client relationship maintains a trans-theoretical - or even a para-theoretical - significance. For instance, Doris observed "any book on counselling psychology you read will say that the relationship is the foundation of the healing process"; for Frank, "what happens when the therapy works which isn't actually as often as we would like it to be is that there's a meeting between the therapist and the

patient"; for Kate, "if you do that really intense work there is a very deep level of trust erm there has to be that deep level of trust." Although each of these participants maintain different primary theoretical affiliations (see *Table 1*), they all nevertheless endorse the importance of the therapeutic relationship at the centre of practice. In reflecting upon these extracts, although it can be observed that they do not rule out the possibility that therapeutic relationships can be interpreted in terms of any particular theory or model, they share a foregrounding of the significance of the therapeutic relationship to participants' clinical practice. Participants' use of the terms "foundation[al]" (Doris), "meeting" (Frank), and "very deep level of trust" (Kate) all pivot upon the human relating taking place at the centre of their work.

Analysis suggests that a consequence of this prioritisation of the therapeutic relationship is that theory can get relegated to a secondary or auxiliary role. For instance, in reflecting her work Vivian observes "practice is what you discover in the process of talking to somebody." And just what this means for her drawing from theory, she elaborates:

Vivian: I think it [theory] doesn't direct practice at all

Int.: erm

Vivian: theories follow practice

Int.: so that the practice the reflection then turn to theory

Vivian: and then yes reflect as well in how it connects with theories

Int.: yeah

Vivian: that's what other people think.

These extracts suggest that for Vivian the meeting (i.e., the "talking to

somebody") that takes place at the centre of practice serves to guide her recourse to theory. The final clause is noteworthy as it indicates one of the 'problems' of theory: that it is extra-relational, that it emanates from "other[s]" (Vivian). Indeed, elsewhere in the interview this participant commented "it is curiosity that starts it [therapy] off not a theoretical framework because erm that would contain too many assumptions" (Vivian). In this extract not only does the term "curiosity" connote the idea of an (initially) theoretically-unbiased interaction, but her concerns about theory suggest that it holds the potential to taint or distort her understanding.

In exploring her experiences of drawing from differing theories, Suzy also foregrounds the significance of the therapeutic relationship. In response to my enquiry as to how she goes about integrating concepts and techniques from differing theories into her work, she invoked the following metaphor: "I view myself as walking slightly beside someone erm because that to me indicates that you're having a conversation the whole time about your first steps and where you're walking erm and it reminds me of that poem" (Suzy). In place of an emphasis upon ways of relating to theory, like Vivian, Suzy places emphasis squarely upon a very non-theoretical human interaction ("walking … conversation") taking place at the centre of clinical practice. The analogy she goes onto invoke adds further insight into her understanding of the nature of this relationship: "what's that poem about Jesus carrying you know [*Int.:* erm] the single footprints in the sand where I didn't abandon you I was actually carrying you" (Suzy). In considering the extract from Vivian it was noted that theory was perceived to hold the potential to taint her relational experiencing; the religious imagery that envelops the human

interaction taking place in this extract from Suzy similarly foregrounds the notion of a pure relational space.

Analysis of the extracts that have been presented suggests that participants' conceptions of the role of the therapeutic relationship within clinical practice are significant to attempts at gaining insight into their experiences of navigating and drawing from differing theories. Not only do participants perceive the therapeutic relationship as the central component of therapy, but its prioritisation provides this analysis with an important source of context and complexity.

3:1. The displacement of theory

Participants' prioritisation of a relations-based form of practice can at times be seen to displace considerations of theory within their work:

> whilst the theories are very useful they inform my practice they drive most of my therapeutic practice I think occasionally you have to think outside of the model as well depending on what's presenting in front of you and where occasionally you know human beings don't always fit nicely and neatly into a particular model. (Stan)

As to where or what that this participant takes recourse in - in order to "think outside of the model" - in response to my enquiry, Stan responds:

> partly you know erm past experience with patients who've presented in a similar way [*Int.:* yeah yeah] erm that's very important erm it might inform me as well you know what is the client themselves sitting in front of me asking for what's their needs at present. (Stan)

Stan pinpoints two important sources of information, past clinical experiences and the client's perceived needs. In his reference to past clinical

experiences, it is left unclear as to whether he is seeking insight from a source that is outside of his present model, within another model, or outside of any model. However, his suggestion that he ascertains the needs of "the client themselves sitting in front of me" is more strongly suggestive of the idea that he can assess his client's needs from some form of non-theoretical position.

Stan's suggestion that practitioners' just respond to "what's presenting in front of you" is shared by many participants. The way in which Stan's prioritisation of the client and their needs can displace his attachments to theoretical models is also shared. Sharon, for instance, also emphasised the need to keep the person at the centre of practice:

> the way in which I am with people will depend upon their presentation and then I'll identify that which I think is the most useful way of explaining something or helping somebody to develop insight [*Int.:* so models are there in the background] I think they're always there in the background but then it's very much about how the person presents and does their own thinking as to where I would go.

Here, the seemingly non-theoretical perception of how "the person presents and does their own thinking" is again portrayed as *leading to* choices from theory; theories and models remain in the background, as if waiting in the wings. Other participants expressed a similar arrangement: "I guess I am always guided by that what feels like it would fit for this person" (Sally); "it will be a sense of hold on what's the person saying today right now what do they really need what are they really saying" (Rupert). Implicit in these statements is the perception that the client's needs are somehow ascertained

from an independent position; only then are theories and models turned to.

Vivian states the nature of this theory-practitioner-client positioning in a stark manner: "I think I start with nothing [laughs] [*Int.:* mm] just start with nothing you know." Vivian's "nothing" here suggests that her clinical encounters involve some kind of pre-theory stage wherein she is able to judge from a neutral position what is going to be the right theory (or theories) to draw from.

Building upon the meanings of this overarching theme, analysis of the extracts that have been presented within this subtheme suggests that many participants see the relational space at the centre of clinical practice as being constituted by persons who, at times, are able to relate in a theoretically unmediated encounter. It is from within this "human" (Stan) encounter that participants are then able to make judgements as to which are the most useful theories to draw upon in order to assist their clients.

3:2. Sub-conscious, fluid and seamless responding

All participants affirmed that they draw upon two or more theories to inform their clinical practice. Extending the meanings of this theme's emphasis upon theoretically-unbiased or 'human' clinical encounters, this subtheme suggests that, when considered in light of the therapeutic relationship, participants' drawing upon of *multiple* theories occurs at a level that is sub-conscious, fluid, and seamless.

To begin with, it can be observed that when asked about their experiences of making recourse to differing orientations and models during clinical encounters, some participants expressed uncertainty:

Int.: I'm wondering trying to understand a bit more how you choose

> that particular perspective for that particular client I don't know maybe
>
> *Suzy:* well I don't know I don't know if I've actually thought about it
>
> erm (.).

Also, in discussing her work with an ongoing client, Ellie says something similar: "It's just about sitting and listening and emotional processing [*Int.:* mm] so within that I haven't thought about the model I'm using" (Ellie). Although elsewhere within their respective data items both of these participants can be seen to bring attention to the theoretical conceptions that they employ to make sense of their clinical practice, these extracts indicate that at times any notions of theory are removed from their awareness. In line with the meanings of this overarching theme, these extracts suggest that when actual clinical encounters are the focus of attention participants sometimes find it difficult to maintain full access to considerations of theory.

The following quotation from Linda indicates a further way of understanding this sense of 'gap' between participants' theoretical conceptions and their 'just doing' clinical practice:

> it's a bit like learning to drive you know you might be thinking how
>
> you steer and how you change gear and where the brake pedal is but
>
> after a certain amount of doing it you don't have to think about any of
>
> those things at all you just drive. (Linda)

As for the role of different orientations and models within Linda's practice, she clarifies: "I guess they have become quite part of my way of driving." Like the experienced driver, the suggestion here is that, because during the course of clinical encounters the therapist is able to function in a type of auto-pilot mode, their stock of knowledge is able to take up a semi-conscious

realm. A quotation from Vivian evokes a similar metaphor:

> it's much more about being with [*Int.:* mm] and intuitive responses
>
> than thinking about how do I move from this model to that model [*Int.:*
>
> mm] you know I don't get out of this car and get in that car. (Vivian)

In a similar manner to Linda, Vivian's imagery brings attention to a sense of flowing, integrated activity. Vivian also highlights that this activity is to be centred upon "being with." Analysis of these quotations from Linda and Vivian suggests that Suzy and Ellie's lack of conscious awareness about which theories they are drawing upon in any given clinical encounter may be less to do with any deficits in their theoretical understanding and more to do with the *depth* of their theoretical knowledge.

Such an interpretation of participants' experiences of theory within clinical encounters also enables for an understanding of what participants mean by the use of the following phrases when referring to their drawing from differing theories: "[It's] not that I think I'll choose that but that the thought grabs me" (Vivian); also, "occasionally I'll throw in whatever comes to mind" (Rupert); "I believe in intuition I believe in gut reaction" (Sharon). Like the images of the experienced driver, these brief extracts further suggest the presence and importance of automatic, sub-conscious experiencing for participants' selections from theory. Rather than participants making conscious judgements as to which is the appropriate theory or model to draw upon in any given clinical situation, it is their 'intuitive,' 'gut' level, mind-body responses that are prompting them as to which is the best way to proceed.

To clarify the significance of these insights for understanding of

participants' experiences of navigating and drawing from the differing theories that inform their practice, the meanings of this subtheme suggest that participants view their mind-body responses as alerting them to which aspect of their idiosyncratic, semi-conscious store of knowledge is pertinent to the specific, relational encounter that they are part of. Whereas some of the extracts that have been presented within the context of this overarching theme have brought attention to the seemingly non-theoretical nature of participants' experiences of drawing from differing theories - wherein the realm of theories and models gets displaced by that of human relating - the meanings of this subtheme suggest that a more accurate representation of the data is that theories and models do not so much as get displaced, but instead that, as the result of repeated practice experiences, they become inhabited or embodied by the person of the practitioner.

4. Responding to the challenge facing a counselling psychology approach: *"At the moment we live in a CBT world"*

The primary meanings of this theme centre upon participants' perceptions of the changing contexts of practice and the threats that these pose to a counselling psychology approach. As the quotation from Stan that informs the title of this theme indicates, a central feature of this threat stems from the NHS prioritisation of CBT as treatment of choice. Analysis of participants' differing responses to pressures to adopt specific approaches to practice indicates that, to differing degrees, they see the priorities of the contemporary institutional provision of therapy as holding the potential to conflict with a counselling psychology approach. In relation to the question guiding this enquiry, the ways in which participants can be seen to be

responding to this situation - and what these responses mean for practitioners' relationships with the theories that they draw from - are the meanings that will be elaborated within this theme.

Stan offers the following elaboration of what he means when he states, "at the moment we live in a CBT world":

> quite often working in the NHS and some other sectors erm you may be really under fairly strict instruction to be using sort of six to ten sessions of CBT working in a very sort of time limited capacity and the service may well specify that they're offering a cognitive behavioural service so erm you know a lot of therapists don't have too much choice these days. (Stan)

Stan's observations here not only bring attention to the "fairly strict instruction" coming from NHS (and other) contexts, but also delineates key features of these instructions, including the number of sessions to be offered and the theoretical approach to be employed - and that clients maybe expecting. The use of the phrase "these days" also indicates how this state of affairs results from changes that have taken place.

Many participants expressed acute awareness of this institutional pressure to practice in certain ways. Indeed, some have been employed to work specifically as CBT therapists: "I'm employed to do cognitive behavioural therapy so because that is what they've employed me to do I obviously have to do some cognitive behavioural therapy" (Sally). Also: "cognitive behavioural therapies is the theoretical approach for the IAPT service where I work" (Lizzy); continuing, this participant comments, "on the other hand in my private practice I also tend to use a lot more

psychodynamic approach" (Lizzy). Reflecting upon these quotations, it can be observed that both of these participants are involved with a professional obligation to adopt CBT. It can also be noted that the quotations betray an element of tension or ambivalence: despite her being employed as a CBT therapist, Sally comments that she practices only "some" CBT. As for Lizzy, she can be seen to working in an IAPT setting that necessitates her to adopt an approach to practice that differs to the one that she uses in her private practice.

Although the above extracts illustrate participants' obligation to adopt a CBT approach within NHS settings, the institutional prioritisation of CBT can also be seen to be affecting participants who work in independent private practice. Suzy:

> so my bread and butter is CBT because that's what the insurance companies want that's how you know the GP referrals come to you so you will supply it [*Int.:* so there's an obligation] erm it's a contract I guess they take the NICE guidelines very literally [*Int.:* mm] you know it's erm a road traffic accident with PTSD and there's this right we want you to see them you know six sessions of CBT for PTSD. (Suzy)

This extract illustrates how, like their NHS counterparts, practitioners who work in private practice may also be required to use CBT as a primary intervention - particularly if they are receiving referrals from insurance companies or GPs.

Like in the extracts from Sally and Lizzy, alongside the need for Suzy to adopt a CBT approach, further analysis indicates the presence of tension and ambiguity. Following on directly from the above statement from Suzy,

she continues: "so I might tick all the boxes but I'm going to be much more integrative I'll be using all sorts of other theories." Thus, despite her *declaration* to be using a CBT approach ("tick[ing] the boxes"), in actuality Suzy is doing something quite different.

An extract from another participant offers some insight into the possible motivations for practitioners' declarations about their interventions being at variance with what they are actually doing:

> I went to work in private practice [*Int.:* right] and the market ah with the insurance companies would only pay for CBT [*Int.:* mm] and now EMDR [*Int.:* mm] which really I don't think people realise how much the environment dictates what kind of work you do. (Kate)

Like their NHS counterparts, participants such as Suzy and Kate who are working in private practice are also clearly involved with an institutional obligation to practice in certain ways. Indeed, they are being "dictate[d]" (Kate) to. A comment from Kate elsewhere also suggests that such dictation is not easily eluded: "the market is very demanding [*Int.:* mm] I think its aggressively demanding."

Reflection upon the extracts that have been presented indicate the significance of the institutional prioritisation of CBT (and to a lesser extent EMDR) for participants in their efforts to secure or maintain employment in both the private and public sectors. Analysis of the quotations from Sally, Lizzy, and Suzy, also suggests that the responses of these participants to this state of affairs entails tension and ambiguity. Given the potentially "aggressive" (Kate) nature of the institutional contexts of practice, together with their prioritisation of CBT as treatment of choice, it would seem that

gaining understanding of participants' experiences of navigating and drawing

from differing theories requires consideration of how these contexts are

impacting upon them.

4:1. Adapting to contexts

In considering differing participants' responses to institutional

pressures to practice in certain ways, it can be observed that some experience

more difficulty than others. For instance, reflecting upon the participants that

have been quoted so far in this theme, although Kate experiences the market

as aggressively demanding, her preferred approaches to practice accord with

an institutional emphasis upon CBT and EMDR. Stan also declared that "I'm

primarily a cognitive behavioural therapist." For other participants working

within NHS settings, the institutional prioritisation of CBT is more complex:

> I obviously have to do some cognitive behavioural therapy [*Int.:* sure]
>
> but I'm definitely not a purist and my erm and although what I do is
>
> labelled cognitive therapy CBT probably what I do is very influenced
>
> by different theoretical models because of partly the way I've been
>
> trained and partly my own preference. (Sally)

This extract provides illumination of the factors underpinning the tension

between how Sally is expected to practice and how, in actuality, she is

practicing. She cites two factors, one to do with her personal theoretical

preference and the other to do with her (counselling psychology) training

background.

Although Sally has adapted her approach to practice in order to fit

more closely with the expectations of her employers, a consequence of her

working in a CBT setting is the emergence of difficulties: "it's a big conflict

and (.) part of this work and I think I find it in some ways difficult to hang on

to my identity as a counselling psychologist" (Sally). Sally's attempts to

adapt her approach to practice in ways that fit with the expectations of

employers is impacting upon her identity as a practitioner. One of the

important aspects of this identity challenge seems to be how her approach to

practice is becoming restricted or attenuated: "I haven't had enough of a

consolidation period from the training to the work that I'm doing (.) to

develop the sides of I guess the theories I guess and my understanding of

them" (Sally). Thus, although Sally does include non-CBT theories into her

practice, she remains unsupported in her efforts to develop her knowledge of

other theories. She clarifies: "although my supervisor allows me to talk about

the other concepts that I'm aware of and allows me to use that in my work

she can't help me to develop that because she doesn't know it" (Sally). It

seems that in order for this participant to retain a sense of distinctive identity

as a counselling psychologist she needs support in her efforts to develop an

approach to practice that is informed by multiple theories and models. This is

not happening in her present NHS work setting.

 Sally is not alone in her experiencing of difficulty in coming to terms

with a workplace that prioritises CBT. In reflecting upon the difference

between a counselling psychology approach and the expectations of her NHS

work place, another participant commented:

 I think that I erm relate to my colleagues or counselling psychologists

 slightly different because they understand our struggle because most of

 them have been through that also and even if let's say they have settled

 in a certain environment or a certain setting they still have in their mind

some different ideas. (Lizzy)

Here, the use of the term "struggle" is associated with the presence of "different ideas" - which, in the context of our conversation, were ones of a theoretical nature. It can be noted that, as in the case of Sally, the struggle being referred to by Lizzy also relates to a sense of discontinuity between an NHS working context that endorses a CBT approach to practice and her counselling psychology training that encouraged these use of multiple theories. For instance, elsewhere this participant states "the essence of being a counselling psychologist is that you don't have one single theoretical approach you have to have at least two" (Lizzy). Lizzy's use of the term "essence" suggests the overriding importance of theoretical plurality to her sense of identity as a counselling psychologist.

A second parallel between the extracts from Sally and Lizzy concerns their shared perception of a lack of support in their dealings with theory. Lizzy's use of the phrase, "they [counselling psychologists'] still have in their mind some different ideas" suggests that these practitioners - including herself - may feel unsupported in their attempts to manage the differing ideas that they have been exposed to. Further evidence for this interpretation comes from the observation that both Lizzy and Sally are two of the lesser experiences participants. In line with the comments from Sally concerning her lack of a "consolidation period" it maybe that Lizzy's "struggle" is being compounded by a sense of difference or isolation that she is experiencing in relation to her NHS colleagues and work setting.

In order to gain an understanding of the relevance of these quotations from Sally and Lizzy within the context of the data set as a whole, it is

illustrative to compare their experiences with other participants who also work in NHS settings yet appear to experience less sense of struggle and conflict. Ellie provides an interesting contrast because, whereas Sally and Lizzy both affiliate primarily with the psychodynamic orientation (see *Table 1*), Ellie's overarching framework is CBT. A second difference is that, whereas Sally and Lizzy work in IAPT primary care settings, Ellie is based in a secondary care setting. To begin with, it can be noted that rather than there being any sense of struggle or difference associated with the use of differing theories in Ellie's work setting, it is instead the norm: "the clinical psychologists I work with I've got a lot of respect for because you know I think they're very able to be very broad" (Ellie). At this point in our conversation this participant was describing how, in her secondary care setting, both she and her colleagues are able to bring a wide range of theories to their clinical practice. Ellie's use of the term "respect" indicates her appreciation for an approach that involves multiple orientations and models; both she and her clinical psychologist colleagues are able to incorporate differing approaches into their practice.

However, Ellie adds a caveat to this workplace norm that has relevance to the meanings of this present theme: "yes I would say in general that there's always a CBT framework" (Ellie). Thus, although in her secondary care work setting the use of theoretical multiplicity is commonplace, it seems that, for Ellie at least, this invariably takes place within an overarching CBT framework. Alongside her secondary care setting's endorsement of the theoretical plurality that Ellie respects, the fact that her primary theoretical affiliation is with CBT may also be enabling her to maintain a sense of ease

within her NHS work setting.

Another extract from Ellie adds further insight into how her approach to practice fits within her workplace setting. When I asked her about how her approach may vary from that of her colleagues, she replied: "it's a really good question I don't think I bring anything different [*Int.:* what extra] no and that's really important for counselling psychology to think about" (Ellie). Thus, although Ellie did not overtly dwell upon feelings of struggle or conflict in relation to her experiences of drawing from differing theories, this extract suggests that she is experiencing an alternative difficulty. When comparing herself to her clinical psychology colleagues, she feels she is indistinguishable. Ellie's phrase "I don't think I bring anything different" is reminiscent of Sally's declaration "I find it in some ways difficult to hang on to my identity as a counselling psychologist." Although Sally's difficulty was seen to result from a lack of support in her attempts to bring differing approaches to her practice, the challenge to her sense of professional identity that Ellie is experiencing seems to emanate from a different source. The extracts from Ellie that have been presented suggest that her competence as a theoretically integrative practitioner who uses a CBT framework renders her professionally indistinguishable from her clinical psychologist colleagues.

The various observations that have been made in relation to the extracts that have been discussed hold relevance to the question guiding this enquiry. First, it can be observed that in coming to terms with an institutional context that prioritises the use of CBT, participants based in primary care settings seem to experience the greatest level of difficulty due to this particular context's prioritisation of a CBT approach. Analysis of the case of

Sally illustrated how such a context and emphasis holds the potential to undermine a practitioner's sense of identity as a counselling psychologist due to the limitations it imposes upon their approach to practice. Consideration of the case of Ellie suggested that, although her secondary care setting is much more encouraging of a theoretically integrative approach to practice, the embrace of CBT as an overarching framework for integration can elicit a complementary set of problems.

In terms of what these observations mean for the task of gaining insight into participants' experiences of navigating and drawing from differing theories it can be observed that participants' conceptions of, and attachments to, the theories that inform their clinical practice forms part of a complex of dynamical tension that is inextricably entwined with their sense of professional identity as counselling psychologists.

4:2. Challenging contexts

Although the above analyses focussed upon quotations drawn from participants who have been accredited for less than ten years, the following extract from Sharon suggests that more experienced participants also experience a sense of conflict and struggle:

> my initial training was integrative so there was an element of
> psychodynamic erm cognitive and humanistic so there was an
> interesting blend that no longer exists as being useful apparently in the
> NHS but erm I'm already qualified so they're going to have to work
> out what to do with me aren't they. (Sharon)

Like the extracts from her lesser experienced counterparts, this quotation also brings attention to a sense of struggle that pivots upon the conflict between a

participant's preference for a theoretically integrated approach to practice and an employer's expectations. However, when compared to the extracts from Sally and Lizzy it can be noted that this extract from Sharon differs in tone. Whereas her lesser experienced counterparts could be seen to be engaged in processes of negotiation or adaptation to the expectations of institutional contexts, this quotation from Sharon displays a strong sense of defiance in the face of the changes that have occurred within her contexts of practice - "they're going to have to work out what to do with me aren't they" (Sharon). As opposed to the adoption or profession of a CBT approach, Sharon instead seems to openly and robustly stand by her integrative approach to practice.

One of the striking features of the meanings offered by the data set and that is pertinent to this present theme concerns participants' differing responses to the pressures stemming from contextual changes. Analysis suggests that whereas lesser experienced participants are engaged with attempts to adapt to the contextual changes that have taken place - as illustrated in their ways of discreetly navigating a middle ground between institutional expectations to practice in certain ways and their personal preferences - more experienced participants can be seen to give voice to an anger that manifests as a critique of the NHS institution of IAPT, NICE guidelines and their prescriptive medical model ethos, as well as the notion of CBT as treatment of choice. Alongside her defiant stance as illustrated in the last quotation, Sharon elsewhere laments that the institutional provision of therapy has become like "a sausage machine." Stated within the context of a discussion concerning therapy, the use of such an image seems powerfully

derogatory due to its connotations of dehumanisation. Jess offers an alternative, more detailed critique, seeing IAPT as "far too simplistic and it doesn't take account of the psychological aspects of being human" (Jess); she also sees the whole initiative as "driven by budgets and governments and people that actually don't understand what they're talking about" (Jess). This critique envisions the provision of theory as taken over by administrators with the result that, again, any emphasis upon "being human" is marginalised.

With their opposition of machinery and bureaucratisation against psychological and human understanding, looked at within the context of the account that has been offered, these critiques of the contemporary institutional provision of therapy would seem to position counselling psychology as a people-centred alternative. An extract from Frank illustrates this juxtaposition. Reflecting upon the possibility of working in an NHS IAPT setting - "if I were to get a job which I wouldn't in such a field because well in the interview my distain would show itself despite myself" (Frank) - this participant sees the problem as residing in a clash of values: "what you might call human values as against a set of technical values" (Frank). He continues to observe that an approach that rests upon technical values "clashes with my whole view of what the nature of psychotherapy is and the nature of psychotherapy carries with it assumptions of what we mean by the notion of being a person." Similar to the critiques offered by Sharon and Jess, Frank also sees the problem of the contemporary provision of therapy as entailing the displacement or corruption of what it means to be "a person."

Considering the impact of changes to context from the perspective of

more experienced participants such as Frank, the difficulties being experienced by lesser experienced participants can be seen to be related not only to the limitations being placed upon the type of approaches that can be employed, but also to broader questions concerning the proper identification of the meaning of therapy and what it means to be human. Looked at within the context of this analysis as a whole, however, these two aspects can be seen to be constituent parts of the same difficulty. The institutional emphasis upon prescribed interventions can be seen to conflict not only with counselling psychology's prioritisation of the person at the centre of practice, but also with this group of practitioners' emphasis upon the importance of bringing a broad knowledge base to assist them in their efforts to help their clients.

Reflecting upon the data set as a whole it can be observed that whereas many of the lesser experienced participants work within NHS settings, most of the more experienced participants are based in independent private practice (see *Table 1*). Although this fact could be understood in different ways - including for reasons of personal preference, lifestyle, established status/reputation, income requirements, levels of confidence (Porter, 2010) - analysis suggests another reason that has relevance to this topic of enquiry. Working from independent practice allows participants greater freedom to draw from the integration of theories that they identify with: "I don't need anything on my CV do you know what I mean I'm really now just doing the things I want to do" (Linda). Not only does Linda appreciate the freedom that her independent private practice allows her, but she also shows insight into what her lesser experienced counterparts are experiencing: "if you

interviewed me 20 years ago I wouldn't be saying these things" (Linda); she continues, "I'd be saying the same thing to you you know I've got to do CBT to get a job and I have to some extent to believe in it but I'm not totally happy you know with it's limitations" (Linda). Linda is aware of the institutional pressures that are being placed upon practitioners working within the NHS, together with the "limitations" placed upon how they work.

It is the most experienced participants such as Linda, Doris, Vivian, Tom, and Frank that express the most vehement criticism of the institutional provision of therapy. For instance: "our present government and the previous government were so happy that I know that they found this things called CBT [*Int.:* yeah] which they think can help the mental health and I think this is madness" (Tom). Also, in discussing with Vivian the importance of the medical model to the current institutional provision of therapy, in response to my observation about her questioning its assumptions, she emphatically declared "I wouldn't say questioning no I would say that I've bloody well demolished them" (Vivian). The language and emotional tone of these statements from Tom and Vivian, as well as from those of the other more experienced participants, not only express high levels of concern about the current institutional provision of therapy, but the use of words such as "madness" (Tom) and "demolished" (Vivian) indicate participants' feelings of estrangement from it. Although most of the more experienced participants' are working within independent private practice, the use of such terms suggests that their relative levels of independence is not sheltering them from the sense of professional displacement that is being experienced by Sharon and her lesser experienced counterparts.

It may be that the vehemence of the criticisms of the institutional provision of therapy offered by the five most experienced participants stems from the fact that their primary theoretical frameworks are at variance with a CBT approach to practice. However, consideration of the case of Jess suggests that such an interpretation would be an over-simplification of the data. Not only is Jess one of the more experienced participants based in independent practice, but her primary theoretical orientation is CBT. Reflecting upon her private practice work for employee assistance programs, she notes:

> if somebody starts to tell me how I'm supposed to be working I won't do the work with them you know erm some EAP who has no clinical training starts telling me how I should work erm so yeah I wouldn't very much (.) I work the way I have been trained and have experience in working. (Jess)

Although several participants do raise concerns about the close affinity between CBT and a medical model approach to practice, this quotation from Jess indicates that objections to the institutional provision of therapy result not so much from the prioritisation of CBT per se, but from the restriction of practice to only the prescribed treatments recommended by NICE guidelines (and endorsed by the various institutions that administer the provision of therapy).

At some level and to varying degrees, all participants can be seen to be concerned with the current institutional provision of therapy. They are concerned with what it means for both the recipients of therapy and how it is impacting upon themselves as practitioners. The extracts that have been

presented all suggest that participants see the institutional prioritisation of CBT and prescribed forms of intervention as conflicting with a counselling psychology approach to practice that advocates relations-based, theoretically plural ways of working. The meanings of this overarching theme foreground the nature of this challenge as well as the various ways in which participants are responding. Although analysis suggests that lesser experienced participants experience conflict and struggle at the level of their relationships with theory (as well as in maintaining a sense of distinctive professional identity), it would seem that more experienced participants continue to work in the theoretically plural ways that are appropriate for them as well as to maintain a coherent sense of professional identity.

Within this theme it has been argued that participants are differentially responding to institutional pressures to practice in prescribed ways as a function of their levels of clinical experience. Whereas, in consideration of the experiences of lesser experienced participants, overtones of struggle, conflict, displacement, and identity uncertainty were evident, the extracts from more experienced participants are characterised by feelings of anger, frustration, and critique. Although Kate makes it clear that "the market is very demanding … aggressively demanding," it would seem that, unlike their lesser experienced counterparts, the experienced participants involved in this present enquiry seem unlikely to be overhauling or readdressing their relationships with the theories that inform their practice as a consequence of these institutional pressures. However, the variation of participant response that distinguishes the two subthemes of this overarching theme suggests that it is very hard to predict how newer generations of counselling psychologists

will continue to respond to the institutional pressures that they are

experiencing, as they in their turn gain increasing levels of clinical

experience.

Discussion

Overview of the Results

Four analytical themes have been presented. Although each of these themes maintain the ability to stand alone and by this means to offer an independent, partial answer to the research question, taken together the themes constitute a multi-faceted response to the question guiding this study. As for the trajectory of the overall analytical "argument" (Braun & Clarke, 2012, p. 69) of the results of this enquiry, the follow picture was generated. First, analysis of participants' self-reported experiences suggested that their views about the role of differing theories within clinical practice is deeply enmeshed with their professional identities as counselling psychologists. This insight provides the central meaning of Theme 1. As the title of this initial theme suggests, in the name of psychological knowledge all theories are to be embraced as holding the potential to assist counselling psychologists in their efforts to help their clients. At the heart of this theme and its respective subthemes is the insistence upon the importance of practitioners maintaining an appreciation for all approaches and models, as well as the importance of keeping the person of the client - rather than considerations of theory - at the centre of practice.

Whereas the meanings of Theme 1 remain at the level of the broadly conceptual, the meanings of Theme 2 have a narrower, personally conceptual focus. They centre upon participants' idiosyncratic integrated conceptions of theory, illustrating how these are organised in accordance with the tenets of the primary meta-theoretical orientation that each participant identifies with. Theme 3 moves the focus to the drawing upon of theories whilst situated

within clinical encounters. In terms of participants' *experiences* of navigating and drawing from theories, what is interesting about this theme is the way in which the level of discussion moves from Theme 2's concern with the conceptual to Theme 3's concern with the practical - with the doing of practice. Theme 4 considers how participants' experiences of navigating and drawing from differing theories is being impacted upon by broader contexts of practice, as well as delineating participants' differing responses to contextual pressures. The meanings of this theme also bring attention to participants' experiences of conflict between their identities as counselling psychologists and the emphases and priorities of contemporary institutional contexts.

In line with the contextualist philosophical assumptions underlying this enquiry (Jaegar & Rosnow, 1988; Madill et al., 2000), each of the themes that have been presented can be associated with a contextualised perspective. Within Theme 1, participants can be seen to be dwelling upon their experiences of navigating and drawing from differing theories from the context of their professional identities as counselling psychologists. In Theme 2 participants take up a more individual, practitioner perspective that centres upon their personal identifications with particular theoretical frameworks of reference. Theme 3 addresses participants' experiences of theory whilst engaged in what they see as relations-based clinical encounters. And in Theme 4 participants can be seen to be reflecting upon their experiences of theory whilst situated within institutional contexts of practice.

Although each theme can be associated with a particular contextualised perspective, these perspectives are not mutually exclusive. For instance, the

perspective of the professional identity of counselling psychologist that is important to Theme 1 can be seen to be relevant to all the themes that follow. The identity of the counselling psychologist can be seen to be relevant to Theme 2 due to its emphasis upon the importance of using multiple approaches to inform one's clinical practice, Theme 3 due to its foregrounding of the profoundly relational nature of clinical practice, and Theme 4 due to its insistence upon the maintenance of a non-medical model, person-centred conceptualisation of clinical practice that entails the drawing upon of theoretical multiplicity. These attributes are associated with the professional identity of counselling psychologist not only by the participants within this study - as illustrated in Theme 1 - but also have been observed to be central to this identity both within the disciplinary literature (e.g., Strawbridge & Woolfe, 2010; The British Psychological Society, 2014) and prior research investigations (Hemsley, 2013a, 2013b).

The research question guiding this enquiry was: *What are UK based counselling psychologists' experiences of navigating between and drawing from the differing theories that inform their clinical practice?* As for the extent to which the data set and its analysis has been able to furnish an answer to this question, the following can be observed. An emphasis upon participants' experiences is central to each of the themes that have been presented. Given the differing emphases of each theme, participants' experiences have been addressed in a multi-faceted way. Such a conception follows on from the philosophical assumptions underpinning this enquiry: contextualism's prioritisation of "the unity, plurality, spontaneity and ecological dependency of human activity" (Jaegar & Rosnow, 1988, p. 63),

as well as its view of all knowledge as "local, provisional, and situation dependent" (Madill et al., 2000, p. 9). Reflecting upon the differing emphases of the themes, participants' self-reported experiences of navigating and drawing from differing theories can be seen to have both unified and plural dimensions and to be deeply enmeshed with the specific context of analysis that has been evoked.

Given that participants' acts of engaging with theory have a plural nature, it follows that the emphases of each of the themes that have been presented hold the potential to conflict with, or contradict, each other. For instance, Theme 1's emphasis upon all theories as being important - in terms of how they all contribute to counselling psychology's knowledge base - can be seen to contrast with Theme 2's emphasis upon the maintenance of idiosyncratic, theoretically-structured integrations of theory. Although both of these themes offer insight into participants' experiences of navigating the differing theories that inform their clinical practice, they involve contrasting conceptualisations of both theory and the differences and discontinuities that exist between contrasting theories. In line with the assumptions underlying this analysis, thematic anomalies such as these are not to be interpreted as a sign of conflict or contradiction, however, but rather as a manifestation of the contextualist view that "an act or event cannot be said to have an identity apart from the context that constitutes it" (Jaegar & Rosnow, 1988, p. 66). Given that this analysis has brought attention to different facets of context - professional identity, personal/theoretical, relational, and institutional - the nature of participants' experiences of navigating and drawing from differing theories shifts and mutates accordingly.

Contextualising the Results in the Existing Literature

The primary meanings of Theme 1 - together with its respective subthemes - bring attention to the interplay between participants' sense of professional identity as counselling psychologists and their conceptions of the role of theory within clinical practice. In line with the research findings of Hemsley (2013b), the meanings of this initial theme bring attention to the significance of the notion of theoretical pluralism for this group of participant-practitioners. In line with some commentators' association of a counselling psychology approach with the notion of theoretical pluralism (Athanasiadou, 2012; Draghi-Lorenz, 2010), participants within this enquiry endorsed the value of having access to a multiplicity of theories for informing the knowledge base of counselling psychology. What the outcomes of this present enquiry are able to add to prior observations is clarification as to how practitioners are going about conceptualising the theoretical diversity that exists. For this group of practitioners all theory is to be subsumed within the knowledge base of counselling psychology.

To reflect upon this conception within the context of psychology, a parallel can be observed. Not only is counselling psychology a part of the overarching discipline of psychology and is therefore informed by a plethora of knowledge stemming from biological, developmental, cognitive, and social psychological points of view (Gross, 2010), but the meanings of Theme 1 suggest that participants are employing a similar encompassing conception of knowledge for understanding the role of differing theories for informing their views of clinical practice. A conception of theories as constituting a practitioner's knowledge base also accords with descriptions of

the discipline: "counselling psychology embraces a pluralistic and interdisciplinary attitude … [it] acknowledges the diversity of ontological and epistemological positions underlying all forms of therapeutic approaches and techniques" (The British Psychological Society, 2014, p. 15-16). Theme 1, Subtheme 1's emphasis upon the importance of gaining broad experience of differing approaches to practice follows on from such a view point.

Alongside participants' celebration of broad knowledge, the data also evidences participants' resistance to and critique of the use of unitary theoretical approaches. This is the primary meaning of Theme 1, Subtheme 2. Such an emphasis accords with counselling psychology's disciplinary resistance to any particular theory gaining ascendancy to a position of dominant meta-narrative (McAteer, 2010; Strawbridge & Woolfe, 2010). Although it has been noted by others how counselling psychology's critical engagement with NICE and its prioritisation of CBT constitutes a particularly important focus of concern for this resistance (Guy et al., 2012; Hemsley, 2013b; Strawbridge & Woolfe, 2010), what is interesting about the outcomes of this present analysis is the way in which some participants also focus a similar critique upon the institutional prioritisation of psychoanalysis. It would seem that whereas Hemsley (2013b) found that counselling psychologists' offer criticism of NICE and its guidelines from a position that is bolstered by the notion of theoretical pluralism, Theme 1, Subtheme 2 suggests that such a manoeuvre is also relevant to participants' critique of the institutional endorsement of psychoanalysis.

Given the importance of participants' sense of professional identity for both their conceptions of theory as well as their rejection of unitary

approaches to practice, it would seem that, like other commentators (Shillito-Clarke, 2006; Woolfe, 2006), for this group of participants their professional identity as counselling psychologist is valued. Furthermore, not only has the humanistic value base upon which counselling psychology rests been noted to dispose practitioners towards a theoretically pluralistic stance (Cooper, 2009; Cooper & McLeod, 2011; Draghi-Lorenz, 2010), but such a value base also insists upon the keeping of persons and not theory at the centre of practice. It is in this way that the identity of counselling psychologist can also been seen to provide an important context for understanding the meanings of Theme 1, Subtheme 3. Its emphasis upon keeping persons and not theory at the centre of practice can be associated with counselling psychology's noted ability to 'stand up for the human' (Hemsley, 2013a). This subtheme's emphasis upon participants' keeping their clients and not theory at the centre of practice also evokes counselling psychology's prioritisation of the 'co-construction' of knowledge (The British Psychological Society, 2014).

Although the account of participants' experiences of navigating and drawing from differing theories that is suggested by the meanings of Theme 1 follow on from the tenets of a counselling psychology approach, it is an account that remains conceptually broad. In line with the findings of Hemsley (2013b) concerning counselling psychologists' academic and vague conceptions as to what the notion of pluralism meant to them, the broad and general feel of the meanings of Theme 1 suggests that, for this group of participants, just what adopting a theoretically plural approach means in practice also remains to some extent unclear. For instance, although the

meanings of Theme 1 indicate that participants endorse a pluralist stance, nowhere within the meanings of this theme are participants shown to be actually employing a pluralist framework - such as that provided by Cooper and McLeod (2011) - for structuring their drawing from theory at the level of practice.

Offering a much more idiosyncratically nuanced insight into participants' experiences of navigating and drawing from differing theories, the meanings of Theme 2 suggest that, despite their professions of pluralism in Theme 1, in actuality all participants are employing some form of integration. Furthermore, although commentators have observed that counselling psychology's embrace of theoretical diversity holds the potential to generate conceptual uncertainty and confusion (Cross & Watts, 2002; Draghi-Lorenz, 2010; Risq, 2006; Spinelli, 2001), the meanings of Theme 2 illustrate how participants go about nurturing an approach to practice that involves the incorporation of two or more theoretical approaches whilst maintaining conceptual clarity and consistency.

With its emphasis upon the importance of the personal for participants' navigation of the theories that inform their practice, the meanings of Theme 2 offer further support for the findings of prior investigations that have emphasized the concordance that exists between variables pertinent to practitioners and their preferred approaches to practice (Johnson et al., 1992; Rosin & Knudson, 1986; Scandell et al., 1997; Varlami & Bayne, 2007). For instance, Fear and Woolfe's (1999) emphasis upon the importance of practitioners adopting an approach to practice that accords with the assumptions underpinning their personal 'visions of reality' concords with

the title and meanings of Theme 2, Subtheme 1.

Despite commentators' associations of counselling psychology with a pluralistic stance (Athanasiadou, 2012; Draghi-Lorenz, 2010), the meanings of Theme 2 indicate that a more accurate characterisation of how participants are going about navigating and drawing from the theories that inform their practice is integrative (Norcross & Goldfried, 2005) or, more specifically, assimilative integrative (Norcross et al., 2005). Using Hollanders and McLeod's (1999) conceptualisation of integration as being either 'broad band' or 'narrow band,' and as either 'implicit' or 'explicit,' analysis also suggests that all of the participants within this study integrate at the level of broad band - i.e., they draw from theories and models from across different meta-theoretical orientations - and that they do this explicitly.

Although such an emphasis upon one's practice as being explicitly and broadly informed by a variety of theories and models may again raise the notion of a theoretically pluralistic stance, the meanings of the subthemes of Theme 2 suggest that participants are not interpreting differing theories in line with a viewpoint that sees all theories as of equal value, but that they are instead bringing high levels of discrimination and discernment to their dealings with differing theories. Using O'Hara and Schofield's (2008) distinction between integration as either process or product, the meanings of Theme 2 illustrate how the majority of participants strive towards a clear sense of integration as theoretical product. For participants such as Frank, having a clear sense of theoretical structure and guidance seems crucial.

Previous qualitative investigations into practitioners' experiences of bringing a theoretically integrative approach to their clinical practice

suggests that with increasing levels of experience practitioners are not only able to tolerate greater levels of theoretical uncertainty and complexity (Ronnestad & Skovholt, 2003), but also that they tend to relinquish notions of theoretical integration as product (Nuttall, 2006). It has also been observed that practitioners even 'break free' from the conceptual constraints resulting from an over-identification with theory (O'Hara & Schofield, 2008; also Carere-Comes, 2001). The meanings of Theme 2 suggest that such a viewpoint may be an oversimplification or idealised picture of practitioners' processes of integration. As is indicated by the meanings of Theme 2, not only are participants bringing theoretically-informed conceptions to their selections from theory, but that the primary meta-theoretical orientations that they are affiliating with continue to inform and shape their clinical views at all levels of experience.

Whereas the meanings of Theme 2 can be associated with O'Hara and Schofield's (2008) notion of theoretical integration as 'product,' the meanings of Theme 3 suggest that participants are also drawing from differing theories in line with their notion of integration as 'process.' More specifically, viewed within the context of Theme 3's emphasis upon the importance of the therapeutic relationship, a more accurate description of participants' relationships with theory would be integration as 'interpersonal process.' Such an approach to practice can be seen to follow on from a counselling psychology approach to practice that values the 'co-construction of knowledge' between a therapist and client (The British Psychological Society, 2014), as well as one that prioritises the importance of focussing upon subjective interpersonal experiencing (Cooper, 2009; Strawbridge &

Woolfe, 2010). It is due to this that participants can be seen to be adopting an approach to practice that aligns more closely with a *counselling* approach - together with its flexible recourse to the theoretical frames of reference that enable clients to make sense of their experiencing (McLeod, 2013) - rather than with a clinical psychology approach that relies upon the dictates of an evidence base (Smallwood, 2002).

Although the emphases of the primary meanings of Theme 3 are suggestive that participants' conceptions of theory are informed by a common factors approach - particularly this body of literature's emphasis upon the overriding significance of the quality of the therapeutic relationship for predicting clinical outcome (Beutler et al., 2012; Fife et al., 2014; Laska et al., 2013; Orlinsky et al. 1994) - taken as a whole this analysis suggests a more complex and multi-faceted process to be taking place. Although, whilst they are situated within clinical encounters, participants do focus primarily upon 'being with' their clients and responding in personal and authentic - rather than theoretically determined - ways, participants' responses are nevertheless being shaped by their pre-conceived affiliations with a selection of structured and integrated theories that enable them to make sense of their clinical work.

Theme 3's emphasis upon relationally inspired, embodied ways of responding would seem to be the subject matter upon which prior researchers have developed their observations concerning practitioners' abilities to respond to their clients in flexibly helpful ways that seem independent from any notion of theoretical determinism (Nuttall, 2006; Ronnestad & Skovholt, 2003; O'Hara & Schofield, 2008). As was discussed in the review of the

literature, to help them understand such responses O'Hara & Schofield (2008) drew upon Argyris and Schon's (1992) notion of 'theories in action' wherein practitioners can be seen to adapt their interventions to the needs of the specifics of any particular circumstance. The results of this present enquiry both endorse and qualify O'Hara and Schofield's (2008) distinction between theories as preconceived constructs and theories in action. To the extent that the meanings of Themes 2 and 3 differentially endorse theories as either preconceived constructs (Theme 2) or theories in action (Theme 3), this analysis has endorsed these authors' use of this dichotomy. However, other aspects of Themes 2 and 3 indicate that a more complex and reciprocal process is taking place. Theme 2, Subtheme 3's illustration of the way in which participants add new models to their practice repertoire through processes of accommodation and adaptation suggest that participants' nurturance of theoretically integrated *conceptions* of practice are enmeshed with, and responsive to, their *experiences* of practice. Theme 3, Subtheme 2 then illustrates how seemingly non-theoretical - i.e., *praxis* - responses are nevertheless informed by participants' preconceived theoretical *conceptions*. Although O'Hara and Schofield's (2008) theoretical constructs have been helpful in enabling the gaining of understanding of the data set that was generated for this enquiry, this study's results provide insight into the limitations inherent in these authors' conceptual construct.

Although Lazarus (2005) noted that "the current emphasis in enlightened circles has turned to empirically supported methods and the use of manuals in psychotherapy research and practice" (p. 151), the results of this enquiry offer little support for such a statement. By contrast, the results

of this analysis suggest that, for this sample of participants, the offering of a therapeutic intervention that follows the dictates of a treatment protocol - such as those recommended by NICE (2011a, 2011b) - would be unlikely. The meanings of Theme 4 illustrate that participants' interventions always extend beyond the dictates of a manual and are instead consistently informed by differing theories and models. In consequence, important to meanings of Theme 4 is the sense of tension that some participants are experiencing and that results from a conflict between the expectations of their NHS - or insurance company, or employee assistance program - employers, with respect to the nature of the interventions they should be offering, and the actual ways in which participants are practicing.

It has been suggested that the humanistic ethos underlying a counselling psychology approach to practice is facing increasing pressure as a result of the large scale changes that have taken place within NHS and allied institutions (Guy at al., 2012; Larsson et al., 2012; Lewis, 2012; Mollon, 2009; Strawbridge & Woolfe, 2010). The results of this enquiry offer empirical support for these authors' concerns. For instance, the meanings of Theme 4, Subtheme 1 indicate how lesser experienced participants are experiencing difficulty in maintaining a distinctive sense of professional identity as counselling psychologists. One of the important features of Theme 4 is the way in which participants' reflections upon their experiences of theory invariably invokes their sense of professional identity as counselling psychologists - and, for some participants, the difficulties they are experiencing in trying to maintain this. It is in this way that the meanings of Theme 4 can be seen to be closely interrelated with the meanings of

Theme 1 that highlight participants' conceptions of theory in relation to their professional identity. The meanings of Themes 1 and 4 together illustrate how challenges to participants' sense of professional identity hold relevance to their relationships with theory. Theme 1 presented participants' conceptions of theory in light of their identity as counselling psychologists and it was illustrated how this entails strongly pluralistic and person centred features. The meanings of Theme 4 then illustrate how participants' experiences of institutional challenge to these ways of relating to theory holds the potential to gradually undermine their sense of professional identity. In discussing the future of counselling psychology in relation to recent institutional changes, Kinderman (2009) envisions a conflation of counselling and clinical psychology. Due to the way in which the meanings of Theme 4 bring attention to difficulties that lesser experienced participants' are experiencing in their efforts to hold on to a distinct sense of professional identity, the results of this enquiry suggest that such a conflation may already be occurring.

The differentiation between the subthemes of Theme 4 rests upon a perception of how different generations of participants are responding to institutional pressures to practice in prescribed ways. In line with the titles of these subthemes, whereas more experienced participants can be seen to be engaged in an overt challenging of contemporary institutional contexts of practice, lesser experienced participants can be seen to be engaging in processes of adaptation. Such an distinction can be seen to follow on from Hanley's (2012) observation that there exists "something of a divide in the profession" (p. 4) centring upon the role of empirically supported treatment

methods for informing clinical practice. The results of this study indicate that this divide may in part be taking place along lines of generational difference.

Whereas the more experienced participants' expressions of strongly critical viewpoints concerning the current institutional provision of therapy can be seen to fit with Moore and Rae's (2009) characterisation of counselling psychologists as 'maverick' or 'outsiders,' lesser experienced participants' tendencies to adopt a more conciliatory stance suggest that the ethos of this professional identity is becoming more flexible with the passage of time. In order that these practitioners can secure employment within contemporary institutional contexts of practice, however, it may be more accurate to observe that this identity has been obliged to evolve.

Implications of the Results

This enquiry's finding that participants by and large adopt processes of assimilative integration as the main method for incorporating differing theories into their clinical practice can be seen to give rise to a sense of paradox. Whereas counselling psychology can be associated with a pluralist postmodernist stance that resists the emergence and development of theoretical meta-narratives (McAteer, 2010; Strawbridge & Woolfe, 2010), when it comes to the level of practice practitioners can be seen to employ some form of overarching theoretical narrative in order to assist them to nurture and maintain a coherent theoretical conception. Although it has been suggested that the knowledge base of psychology (Ward et al., 2011) may provide a suitable basis for a holistic and theoretically integrated conception of clinical practice, the contrast between the meanings of Themes 1 and 2 indicates that, although the knowledge base of psychology does constitute an

important disciplinary backdrop to practice, it remains too amorphous to assist practitioners in their needs for a cogent, theoretically integrated conception of practice.

It thus follows that an implication of the results of this enquiry is that counselling psychology's disciplinary embrace of pluralism needs to be balanced by full acknowledgement of practitioners' needs for the nurturance of a theoretically integrated approach to practice. In discussing the results of their enquiry into practitioners' tendencies to adopt a mixture of theoretical approaches and models into their practice, Hollanders and McLeod (1999) suggested that it is important that practitioners are knowledgeable about ways and means of integrating differing theories. As well as serving to endorse these recommendations, the results of this present enquiry indicate that instructing trainee counselling psychologists in methods of integration would provide an appropriate counterbalance to the discipline's contemporary emphasis upon pluralism.

A related implication is the onus that this aspect of the results of this enquiry places upon recruiters to counselling psychology training programs to devise a means that will enable them to think with their various applicants about the fit or otherwise of the theoretical models that they teach in relation to the assumptions inhering in applicants' 'visions of reality' (Fear & Woolfe, 1999; Schofield & Ronnestad, 1992).

Another implication that follows on from the results of this enquiry concerns the difficulty that participants report to experience in coming to terms with the pressures they experience stemming from NHS and allied institutional contexts of practice. In particular, this analysis suggests that

lesser experienced participants experience difficulty in their attempts to bring differing theories to their work due to their employers' emphasis upon prescribed interventions and also due to feeling unsupported or isolated in their attempts to do so. They also reported a related diminution in their sense of professional identity as counselling psychologists. This suggests that Stan's observation that "at the moment we live in a CBT world" carries with it a force that many of the participants within this enquiry are struggling to come to terms with. Depending upon levels of clinical experience and practice setting type, some participants were seen to be coping better than others.

In order to assist its members in their efforts to secure employment, yet also to maintain the pluralistic and humanistic ethos of a counselling psychology approach to practice (The British Psychological Society, 2014), it is important that the discipline fully acknowledges the pressures that its members are experiencing as well as to continue to develop ways of supporting them. In light of these observations, the fact that all of the 13 counselling psychology training programmes within the UK have now adopted CBT as one of its main models - with CBT being differing training programs' new "common factor" (Konstantinou, 2014, p. 48) - is a welcome development. It is hoped that The Division of Counselling Psychology's initiation of 'IAPT' and 'Working in the NHS' special interest groups may also function to offer lesser experienced practitioners the support that the results of this study suggests they need.

Evaluation of the Results

In line with Hollanders and McLeod's (1999) recommendations for the

use of qualitative forms of investigation for gaining greater insight into practitioners' relationships with the differing theories that inform their clinical practice, the results of this study have been able to produce a contextually informed, multifaceted account of this area of enquiry. The amalgam of a contextualist philosophical stance (Jaegar & Rosnow, 1988) with Braun and Clarke's (2006, 2012) method for the thematic analysis of data has been able furnish a 'thick' (Geertz, 1973) description of a sample of counselling psychologists' experiences of navigating and drawing from the differing theories that inform their clinical practice. The use of one-to-one qualitative interviews (Kvale, 1996; Kvale & Brinkmann 2009) has been able to provide meaningful insight into this sample of participants' relevant "experiences and life worlds" (Warren, 2002, p. 83).

Critical reflection upon the account that has been offered, however, indicates both the limitations inherent in this present enquiry as well as avenues for further investigation. To begin with it can be observed that whereas the meanings of Theme 1 align counselling psychology with a richly informed pluralistic approach to clinical endeavour - an emphasis that has been acknowledged to be central tenet of a counselling psychology approach to practice (The British Psychological Society, 2014) - when it comes to conceptions of theory at the level of the practitioner (Themes 2 and 3) participants were observed to address differing theories with judgement and discrimination in line with their aim of generating theoretical clarity and consistency. Not only is this difference of emphasis interesting due to the way in which it gives rise to differing conceptualisations of theory, but in line with the concerns of Risq (2006), and the findings of Ward et al. (2011),

it maybe that counselling psychology's identification with pluralism also holds the potential to engender a sense of uncertainty or ambiguity in developing practitioners. Furthermore, given that in response to changing institutional contexts counselling psychologists have been observed to be increasingly moving towards a pluralist stance (Hemsley, 2013b), it may be that practitioners' feelings of uncertainty in relation to the differing theories they are using may be intensifying. Thus, although the results of this present enquiry have provided important insights into the various processes involved with counselling psychologists' relationships with theory, they also highlight the need for further investigation into specific aspects of this group of practitioners' relationships with theory. For instance, the gaining of insight into practitioners' understanding of the concept of theoretical pluralism and how this relates to their actual ways of working may provide additional insight into the differences of meaning and emphasis between Themes 1 and 2, as well as suggesting ways of managing these differences constructively.

The results of prior enquiries suggest that successful navigation of processes of integration are not only relevant to newly trained practitioners but also to more experienced ones. For instance, the outcomes of the investigations of Hollanders and McLeod (1999) and Skovholt and Ronnestad (1992) indicated that practitioners' preferred ways of working deviate significantly from reliance upon the models that they have been originally trained in. The results of this present analysis suggest that not only are contemporary UK based practitioners required to adopt certain approaches into their practice in order to accord with the expectations of their employers, but also that they are feeling unsupported in their efforts to

nurture and maintain satisfactory integrations of theory. Given the significant pressures that this enquiry has found contemporary counselling psychologists to be experiencing, the gaining of empirical insight into and clarification of the factors – e.g., peer or supervisory support, conceptual constructs, forums for the sharing of information - that may assist these practitioners in their efforts to develop satisfactory integrations of theory, would be beneficial.

The meanings of Theme 3 illustrated how participants prioritise the importance of the therapeutic relationship at the centre of clinical practice. One of the interesting features of this theme is the way in which the relational emphasis of a counselling psychology finds expression through the way in which participants develop the ability to 'embody' their ways of navigating and drawing from differing theories. It would be interesting to explore this further in order to gain greater insight into the circumstances under which practitioners are able to engage in sub-conscious, intuitive responses and the circumstances under which their drawing from theory requires an intellectual effort. It is likely that such an enquiry would benefit from the use of video recording together with the use of a method for gaining in vivo access to clinical encounters - such as through the use of Kagan's (1975) interpersonal process recall. Although the meanings of Theme 2, Subtheme 3 suggest that practitioners' drawing from approaches and models is likely to involve intellectual (i.e., non-embodied) processes when they are attempting to accommodate a new model into their practice, it would be helpful to gain insight into any other factors that may trigger this. For example, in light of the meanings of Theme 4 it is likely that factors to do with institutional expectations as to how a counselling psychologist should

practice would necessitate intellectual processes as to how they should proceed in relation to their drawing from theories.

Conclusion

Given the perceived deficit in the empirical literature pertaining to therapeutic practitioners' ways and means of relating to the theories that inform their clinical practice (Jensen et al., 1990; Norcross, 1990; Schottenbauer et al., 2005), this present enquiry was aimed gaining insight into UK based counselling psychologists' experiences of navigating and drawing from differing theories. The account that has been offered has made a start towards filling this deficit in the empirical literature as well as indicating further routes of enquiry.

The contribution that the results of this enquiry make to the empirical literature rests upon their provision of a contextually informed, multifaceted account of a sample of counselling psychologists' experiences of navigating and drawing from differing theories. In line with the themes that have been offered, its primary contributions to the literature are to provide empirical support for the following insights:

- Contemporary counselling psychologists identify with a pluralistic stance that has important implications for their conceptions of theory: differing psychotherapeutic approaches and models are viewed as constituent components of the knowledge repository of counselling psychology, the purpose of which is to assist this group of practitioners in their work with their clients.

- Counselling psychologists navigate and draw from differing theories through processes of assimilative integration that centre upon

practitioners' affiliations with an overarching theoretical orientation. These idiosyncratic conceptions evolve across time, in tandem with practice experiences.

- As a result of repeated practice, counselling psychologists' experiences of navigating and drawing from differing theories increasingly occurs at sub-conscious, 'embodied' levels. These mind-body responses pivot upon processes of interpersonal relating.

- Counselling psychologists are being affected by NHS and allied institutional emphasis upon a 'treatments based' approach to therapy. Analysis illustrated how lesser experienced practitioners are feeling unsupported in their efforts to bring theoretically integrated ways of working to their practice, as well as experiencing difficulty in maintaining a sense of professional identity as counselling psychologists.

McLeod (2013) stresses how important it is that a practitioner's relationship with the theories that inform their practice maintains structure and clarity. After all, confronted with the pressures of clinical practice, their relationship theory can furnish them with significant stability: "something to hang onto: structure in the face of chaos" (McLeod, 2013, p.79). Fear and Woolfe (1999) see congruence between a practitioner and the theories that they draw upon as enabling them to avoid emotional burnout; Skovholt and Ronnestad (1992) associate this with optimal practitioner functioning. The account that has been offered suggests that, for contemporary counselling psychologists, the task of maintaining such a coherent sense of theoretical structure is complex. The differing meanings that have been presented indicate that practitioners are required to manage competing demands. These

stem from counselling psychology's identification with a pluralist stance, practitioners' requirements for a personally meaningful integration of theories, the need to practice in embodied, naturalised ways during the course of clinical encounters, as well as NHS and allied institutional pressures to work in specified ways.

Hemsley (2013b) has already demonstrated that a consequence of the pressures that this group of practitioners are experiencing is a modification of their sense of professional identity. Kinderman (2009) suggested that institutional changes necessitates a renewal of identity for this group of practitioners. It should be remembered, however, that as a group of professionals counselling psychologists have been observed to be persistent in their efforts to offer a viewpoint that is critical of institutional orthodoxy (Lane & Corrie, 2006; Steffen & Hanley, 2013; Golsworthy, 2004; James, 2009), as well as being strikingly independent (Moore & Rae, 2009). Nevertheless, perhaps the most important conclusion suggested by the results of this enquiry is the message that if newer generations of practitioners are to continue practicing in line with the pluralistic and relational ethos of counselling psychology (The British Psychological Society, 2014) - in order to maintain a distinctive approach to practice that continues to 'stand up for the human' (Hemsley, 2013a) - then they are going to require significant guidance and support in their efforts to embody personally meaningful and theoretically coherent ways of assisting their clients.

Main body word total: 34596

Appendix A: Copy of Introductory Email to potential participants

Hello [potential participant's name],

My name is Paul Hapney and I am studying for a Doctorate in Counselling Psychology at The University of the West of England, Bristol. I obtained your email address at the BPS's website directory. I hope you don't mind me contacting you like this out of the blue. The reason I am writing to you is that I am hoping that you may be interested in participating in the research I am undertaking in relation to my training.

In order to qualify as a counselling psychologist, it is essential that trainees develop a working understanding of at least two or more models of counselling. Although the latter can be seen to be one of the distinctive features of the training in counselling psychology, what I am keen to investigate is what happens post-accreditation pertaining to the drawing upon of two or more models. For instance, do post-accreditation counselling psychologists in fact draw upon two or more approaches to counselling? Do they draw upon one primary model or refer to many? How are the latter possibilities experienced and executed? How are models selected? Does the process require much conscious deliberation or is it more about intuition? It is hoped that the results of this intended investigation will not only illuminate the application of counselling psychology but also be of use for trainers of counselling psychologists.

In order to explore the above kinds of questions I propose to conduct a qualitative enquiry, using the semi-structured interview as a means for

collecting data. This is where I need your help!   If you are willing to participate this will require of you that you can meet with me for up to one hour so that I can ask you about your experiences in relation to the drawing upon of counselling models. As for the location of the meeting I can travel to a place that is convenient for you.

If you are willing to participate, at this stage it would be helpful for me if you could provide me with information pertaining to your possible availability.

If you have any questions or queries concerning what I have presented above feel free to email me any questions.

Thank you for your time.

I look forward to hearing from you.

Paul.

Appendix B: Copy of information sheet provided to participants

Information Sheet

The aim of this study is to explore participants' self-understandings pertaining to how they select their theoretical orientation(s) in relation to their clinical practise. I am interested in the processes involved in terms of the factors, influences, and experiences that may shape this choice. Furthermore, I would like to know more about how this may have changed over time and the implications of this.

The Procedure

For this study I will be interviewing a small number (approx. 6-12) of counselling psychologists.

In this interview I would like to ask you some questions that I have already prepared, with the aim of gathering from you your views on and understandings of your experience of the topic briefly outlined above. Although I have prepared some guiding questions, they do not have to be rigidly stuck to: I am interested in your personal experience and thus I may not have anticipated certain topics or ideas that may feel important to pursue during our discussion.

I do not expect neat and clean answers and am happy for you to take time to ponder or to develop your ideas as we speak. There are no right or wrong answers to my questions: I am simply interested in your experiences and understandings.

We can spend up to an hour considering the questions that I have

prepared, but don't feel obliged that we have to speak for that long.

About your participation

As well as helping me to complete a piece of research into counselling psychology – as part of my training for counselling psychologist accreditation - there are some possible benefits and risks that participation can have for you. On the plus side, I hope that you find this experience interesting, and possibly a valuable space for reflection: it is possible that some self-understandings may be developed or consolidated and that you may enhance your understanding of the counselling process.

On the other hand, it is possible that some of the things we discuss today may feel a bit unsettling.

If you feel the need, it is your right to end your participation in my research at any time, both during this interview and afterwards. And if anything that you think about or discuss today leaves you feeling unsettled, in line with research participation guidance, it is suggested that you take the opportunity to discuss this with either a personal counsellor or clinical supervisor, if you feel this to be appropriate.

Paul Hapney

Appendix C: Copy of participant consent form

Consent Form

I hereby give my consent for Paul Hapney to use any data provided by me during my participation in this study to be used as part of a research project into counselling psychologists' experiences of selecting theoretical orientations to inform their practise. I am aware that this research is conducted in relation to his training on a Professional Doctorate in Counselling Psychology program. I am aware that all data provided by me will be destroyed at the earliest possible time.

I understand that the interview will be audio-recorded and that any data provided by me will be treated in a *strictly confidential manner*, and stored accordingly. I also understand that the utmost care will be taken to ensure that any transcribed excerpts appearing in the body of the produced report(s) will be rendered anonymous.

I understand that I can withdraw from the study at any time, both during and after my participation in it. If I do decide to withdraw, I understand that any data that I have provided will be extracted and destroyed.

Today's date:

Participant's signature:

Printed name:

Participant's reference no:

Researcher's signature:

Printed name:

Appendix D: Copy of participant debriefing form

Debriefing

Thank you very much for taking part in my study.

This study has been inspired through my experiences of both working in different settings as well as learning about different theoretical approaches to practice. I have sometimes found choosing from, and applying, the range of contrasting approaches available a challenging and confusing task. During my training I have noted that other trainees have sometimes expressed a similar sentiment.

Reading around and thinking about this subject has also alerted me to a number of possible sources of tension and conflict, including: 1) BPS training requirements that trainees have a working understanding of two or more theoretical approaches; 2) research suggesting a relationship between an individual's make-up or background and their choice of theoretical orientation (Scandell, Wlazelek, & Scandell, 1998; Johnson, Campbell, & Masters, 1992); 3) pressures from the work setting or NHS policy to practise in a particular way; 4) Epistemic conflict between theories (Hollanders, 2003; Clarkson,1996).

The aim of my research is to conduct an in-depth investigation into a sample of counselling psychologists' self-understandings about the processes involved for them in selecting the theoretical models that they use to guide their work with clients. I am also interested in how and why their selections may have changed over time as well as any pressures or challenges involved.

The data generated through this interview will be reflected upon

alongside data that I have collected through other interviews, with the aim of discerning patterns, similarities and differences. Using thematic analysis (Braun and Clarke, 2006), through close analysis of the data I will strive devise a set of themes that portray the thematic patterning pertaining to the focus of this study. As there is not much existing research into this precise topic, this will be an exploratory study. Hence it is difficult to predict the results.

I hope you are glad that you participated in this study and perhaps even found it useful or helpful. But I am also aware that participation may have reminded you of aspects of your life or self that feel unsettling. If you experience feelings of discomfort or even distress as a result of your participation in this study, in line with all research guidance, it is suggested that you discuss this with either a personal counsellor or supervisor if this feels appropriate.

If you have any questions or concerns about, or further interest in, my research, do not hesitate to contact me at paul.hapney@uwe.ac.uk . You can also contact one of my project supervisor: Tony.Ward@uwe.ac.uk.

Once again, thank you very much,

Paul Hapney

Appendix E: Copy of provisional interview schedule

1) As a counselling psychologist, how do you feel theoretical models/approaches inform your practise? *Prompts:* could you describe them? To what extent would you say that they influence your work? Does anything else, other than theoretical models, informs your practise?

2) What factors influence your choice of theoretical approach? *Prompts:* client; presenting issue(s); setting; evidence base; NICE guidelines; values; background; personal qualities.

3) What sense do you make of how differing/contrasting theories fit together, or otherwise, when they inform your practise? *Prompts:* eclecticism vs. integration; philosophical/epistemological conflict; relationship vs. technique.

4) Has your experience of working with different models changed over time? *Prompts:* training; early practise; current practise; personal experience/life events; influence from others; continuing learning/development.

Appendix F: Transcription Notation System Employed in this Study

Transcription Notation	Meaning
Int:	Indicating interviewer; myself
Jodie [or Stan, Vivian, etc.]:	Indicating participant (pseudonym)
(.)	Short pause in utterance
(S)	Long pause/silence
erm	Utterance of hesitant/broken speech
mm	Utterance of acknowledgement
[laughs/sighs]	Indicating non-verbal expressions
"…."[1]	Indicating quoted speech
[….?]	Garbled speech, tentative transcription
[location/institution name]	Data edited to maintain anonymity

Note: [1] in this table, four dots indicates the transcribed text being referred to.

Appendix G: A Page of Transcribed Data from all Interviews

Extract of Transcribed Data from Interview with 'Sally'

Sally: this is personal this is the things that I think seem to me to be fundamental issues of human condition [laughs] if you like and have that kind of impact on me they're the kinds of things that I think about and just think "oh well there isn't a life after death" and I guess religion as well the person I'm not I class myself as an atheist but was brought up a roman catholic and so I've thought a lot I guess I don't know whether you could call it an active atheism but I actively learned about religions and trying to understand and trying to understand I guess the sociology of it and things like that erm but I've come to the conclusion myself that I am actually an atheist I'm an unbeliever and that influences me

Int: it sounds important to you

Sally: mm (S)

Int: important about your life and thinking and meaning religion big big things they sound important and I can appreciate that but we're contrasting this now aren't we to what's going on at work

Sally: yes

Int: so a contrast so there's not enough of that going on you mentioned humanism so there's not enough of that going on at work is that right

Sally: well I guess (.) it's it's there underneath everything I think maybe when I said it feels like a core holding stuff together I think that's part of my core because I think a lot of what holds it together is probably me and whoever it is there with me and the relationship we have between us so that's

Extract of Transcribed Data from Interview with 'Stan'

Int: just finally a bit more abstractly erm would you say that erm the way you work your work is informed at all by any personal values that you might hold

Stan: erm [sighs] well I think yeah I think so and as I said earlier I think the sort of therapies people gravitate towards perhaps says as much about themselves as anything else erm so in terms of personal values I suppose I do believe that people need to be active in helping themselves that the therapist is there you know to help guide and facilitate the sort of process of change but nonetheless that people need to take an active role in their own therapy and their personal wellbeing erm and so I think that that value does inform my practice erm and that motivation is really crucial to any sort of benefit and I've have certainly I think everybody's had clients who come along every week and are happy to sit there but never actually want to take responsibility to for their own wellbeing and their own life and erm that's not my philosophy of erm how people change and develop so I think yes so I think that that value erm erm informs my practice I think basic humanitarian values also you know affect my practice as well and the idea that you know an awful lot of very able very clever very robust and resilient people actually still find life very difficult at times and that erm a bit like a finely tuned engine in a very expensive car that even the best still need some maintenance and some tuning up every so often so I think you know it my view of the human condition probably is reflected in my practice as well

Int: and do you think that view you mentioned there one or two clients

Extract of Transcribed Data from Interview with 'Ellie'

Int: erm what is this thing about the counselling psychologist

Ellie: yeah it's interesting

Int: yeah

Ellie: especially because in this setting where everybody else is a clinical I think I'm the only counselling

Int: oh really

Ellie: we used to have we've got one in [place name] and we used to have another in I think [place name] they've got one so that's been interesting in itself being amongst

Int: yes in terms of your approach to clients specifically rather say I don't know supervision or management roles but in terms of your approach to clients do you think there's a difference or not between

Ellie: no not at all

Int: not at all yeah

Ellie: I mean my supervisor or she used to be my supervisor a clinical psychologist and I think we were working in a very similar way (.) erm yeah I think if you're going with the client doing your formulation and thinking about what their goals for change are or their obstacles to change or their I suppose or where they are in terms of meaning erm attributions that will direct therapy

Int: that's interesting that isn't it I mean two different roles clinical and counselling and from your experience of working alongside them

Ellie: yeah

Extract of Transcribed Data from Interview with 'Lizzy'

Int: yes so where are you in relation let's take the psychodynamic for example are you positioned in one school of thought or are do you range

Lizzy: yes I believe so I when I was studying (.) I'm completing an MA at [institute's name] (.) and they are very much Kleinian and erm and it has been very useful and interesting because my supervisors were always informed by more Winnicottian and Jungian perspectives and there is a fundamental difference between them and this is the course that I'm doing is it could lead with an accreditation after four years erm but you have the chance to stop after the second year and wrap it up in a sort of MA or you can do both and I've decided not to continue because my professional identity I fundamentally disagree with erm not everything but a few things with which I disagree are erm not negotiable

Int: right (.) so if I hear you right the course you are doing is certainly aspects of that which is Kleinian with which you fundamentally disagree not negotiable

Lizzy: no

Int: right (.)

Lizzy: you know I consider myself first and foremost a counselling psychologist and whatever comes after that is an addition to that professional identity even if I will become a psychoanalyst or a psychotherapist in the future and I might have that qualification erm it will not replace my identity as a counselling psychologist

Int: the thing that you mentioned just now that's non-negotiable do you

Extract of Transcribed Data from Interview with 'Sharon'

Sharon: the interesting thing you said in the preamble was what do you do now and I think the more that you practice the more you develop your own model if you like or technique maybe not a model as such because but it's the way in which you relate which affects the outcome so (.) erm I don't think that [laughs] I think that what I've learnt but maybe its cynical as I get older but erm actually the models are frequently just different words for the same thing and I'm sorry if that offends all the people who are hugely you know attached to psychoanalysis or CBT or to anything else actually they're all pitching at the same objective which is a clear understanding so (.) you know often it would really and having had a supervisor in the last few years who's CBT and when I first starting working with her I wondered "what the hell she was talking about" a lot of the time but actually once you'd got over the language differences we were actually probably in very similar positions

Int: so language

Sharon: her language or use of language and I think that would be the same you know erm (.)

Int: so I'm just wondering how you did manage to overcome that language difference because I imagine if you're from a different background than CBT that must be like Italian and English

Sharon: yes

Int: how do you manage to did you manage to bridge that I'm wondering

Sharon: well I guess it's the same process as you go through with your clients

Extract of Transcribed Data from Interview with 'Jodie'

Int: would you say that you have a preferred approach that you might use

Jodie: well at the moment I'm trying to develop more mindfulness type skills so erm that feels much more natural to me personally but again it's depending on where the person's at so I would say mindfulness together with some of CBT together with some systemic type erm work or approaches might be the way that I'd go

Int: so mindfulness is one that's sort of at the moment in your work

Jodie: it is

Int: do you mind me asking you how that might have come about or come into your work that sort of change

Jodie: I well yes when the new third wave therapies started coming out sort of a few years ago I thought that sounds really interesting and it did strike a few chords with me personally it meant something to me (.) and I think also working with some people in the CBT way particularly OCD or erm other kinds of difficulties it felt like there was something missing to me you just kind of challenge it just felt like it was coming up against a lot of brick walls a lot of the time (.) and the mindfulness bit made a lot of sense to me in terms of the way people were thinking and trying to fight or challenge their thoughts all the time and it just didn't seem to be working so that made a lot of sense to be able to the acceptance part of it the compassion side of it made a lot of sense to me and so I guess that's come from started in that small little way and then I went on a few one day workshops which went into

Extract of Extract of Transcribed Data from Interview with 'Kate'

Kate: OK so what do I use in my thing erm I reckon I use CBT 49% of the time EMDR 49% of the time and person centred old fashioned counselling psychology if I am lucky 2% of the time

Int: OK so I'll just summarise CBT 49 EMDR 49 and

Kate: and this tiny miniscule part of counselling psychology

Int: of person-centred

Kate: person-centred work

Int: right OK (.) mm (.) and would you say that in your work with a client say in the typical [laughs] session

Kate: yeah

Int: you know that's a rough guide or would you say erm one is more to the fore than another or do you say that because that's very I'm struck by how precise you were there

Kate: It's very and what's fascinating if I think of my own growth (.) in counselling psychology (.) hem I was first taught psychoanalysis that was my first introduction hem three years with psychoanalysis and when I look back I realise I sat there thinking I must learn I must learn how to do this how to do this how to do this and I really had very little clue I really didn't understand the model I really couldn't   I don't know if it was just the complexity of it and also maybe being very I think it's the inexperienced part I think if I had to now go and do it I'd say ah is that what you were talking about but at the time it was just like trying to learn Greek

Int: mm

Extract of Transcribed Data from Interview with 'Suzy'

Int: something like that so you've used lots of metaphors today really and I'm wondering if any stands

Suzy: if I could choose one to sum up how I practise (.)

Int: you don't have to

Suzy: it's a good question no no no it's a good question

Int: any you know come to mind

Suzy: I like to view myself as walking slightly beside someone erm because that to me indicates that you're having a conversation the whole time about your first steps and where you're walking erm and it reminds me of that poem what is it that erm which is striking not being very religious at all erm what's that poem about Jesus carrying you know

Int: mm

Suzy: the single footprints in the sand where I didn't abandon you I was actually carrying you

Int: mm

Suzy: which is an interesting that's almost a metaphor actually (.) I would have thought which I'm surprised even myself that it's a religious connotation one erm (.) because I think that's how I view myself if they do fall I will be there I will carry I will pick up hence working with the my dissertation theme was on [topic]

Int: mm

Suzy: so you know quite the raw end hem it's like what difference can you make you know and how can you just be with someone in that misery in

Extract of Transcribed Data from Interview with 'Rupert'

Int: and who as you say it's largely driven by erm the person that comes through the door and what they are bringing that day was that

Rupert: erm at this point I've (.) I've developed my sort of my own theory of what I understand of human behaviour and how it works shall we say yeah and so I've got that there so when people come to see me I will lead them into my sort of model erm and then from that I will branch wherever I need to go so say then for example OK the framework I kind of use is that you have a conscious mind which equates to more rational logical self and you have an unconscious mind which equates more to emotional self and obviously your imaginative self and you actually have a relationship with this part of you and just like if I was working with a couple when this relationship is bad there's bad blood between them there's going to be distress there's going to be erm it's going to be manifest in the system as psychosomatic illnesses say anxiety depression things like that so what I like to do is just take stock of how your emotional self feels about things how your conscious self and how your emotional self feels about things and I do some techniques to get them to do that yeah and for most people it's a real [eye opener?] they really relate to it so I start off with my thing and I have a person stand here and I identify with one part of their mind and I have them stand with their emotional part and I get them to sort of look at what they're doing to each other yeah so erm occasionally I'll I will take one part and do cognitive challenges on it for example if that's called for but it's a kind of systemic way using a technique from NLP called the meta-mirror I don't know how

Extract of Transcribed Data from Interview with 'Jess'

Int: what you described there is quite a broad understanding of a person

Jess: yeah absolutely

Int: and there's an overlap there between schools

Jess: it's not an overlap between schools it's it's for me that's what I find so difficult those people were originally trained psychodynamically and analytically they felt that there was more that needed to be done it wasn't sufficient so they developed cognitive therapy out of that

Int: mm

Jess: so erm I just find it a nonsense top talk about different schools because everything that we have in terms of our psychological knowledge helps inform us about the individual I think that the person centred humanistic end it finds it is the most alien if you like that there's certainly in terms of my workshops people who've trained solely in that way of working have struggled most with the model that I just described the model of people that I've just described erm but people who are trained in Gestalt psychodynamic ways of working cognitive therapy erm TA they're you know they work very much in the same way the jargons different and I'm suggesting that they're all the same

Int: mm

Jess: actually I don't believe that I think they each add a very rich erm erm (.) they add something very rich to our understanding and knowledge of people and I erm (.) I find Petruska's model of the five levels very helpful certainly as a model of integration

Extract of Transcribed Data from Interview with 'Tom'

Int: why didn't you become a behavioural therapist do you have an answer for that

Tom: oh yes I do for myself it may not please other people [laughs] but I because really I think the emotional side of one's life is absolutely paramount to really sorting people out you know I have people that have come to me for let's say hypothetically anger management and in fact quite a few people come to me they've been on anger management courses they've done behavioural therapy they've done CBT and nothing has worked because often these people do not have a basic understanding or were not helped to see what were the emotional concomitants that brought this erm anger about

Int: and this is what your psychoanalytical work you feel does

Tom: completely utterly I have to go back to the past the trouble is that these days most people want a quick fix   and the psychologists are jumping on this crazy bandwagon of feeling "I can help people yeah and CBT is only 16 sessions or six months or 12 sessions and I can help" and I think it's a farce and personally I think a lot of people are being rooked because they're being promised something that actually ultimately can't be and I know that I must sound really quite mad and extreme but I have a strong opinion

Int: strong

Tom: because I can see I've tried all those because I did as a psychologist

Int: sorry you've tried them as a practitioner

Tom: as a practitioner and you know but I can see that it just doesn't

Extract of Transcribed Data from Interview with 'Frank'

Int: but is there anything that you feel does come into your clinical work that

Frank: yes I am the instrument

Int: right that's interesting so there's something you're the instrument (.) do you want to say a little bit more about that [laughs]

Frank: yeah what we actually bring through the door when we sit down with a patient is ourselves

Int: mm

Frank: and all that's made us and doing therapy is not simply a matter of technique but of course the government would like it to be but it isn't and that's where you know all this erm IAPT stuff will come unstuck patients will finally get fed up and rebel against it

Int: mm

Frank: because it's just isn't meeting our human needs

Int: mm

Frank: what happens when the therapy works which isn't actually as often as we would like it to be is that there's meeting between the therapist and the patient but it's asymmetric the one that's doing the talking is the patient the one that's doing the listening is the therapist roughly (.) the clever bit is to know what to say and when to say it and there is the instrument what to say and when to say it so some theoretical guidance is absolutely crucial otherwise it's only your own subjectivity functioning which I don't think is adequate but you can't then say it's only my theory and not me as a person in

Extract of Transcribed Data from Interview with 'Linda'

Int: so it sounds like erm like an integration really that you've created that you do it's not a sequential thing like you do psychoanalytic work here and some narrative here it sounds like you've integrated these is integration a word you would use here or not

Linda: yes I think it would be a word I think they're sort of it's a bit like learning to drive you know you might be thinking about how you steer and how you change gear and where the brake pedal is but after a certain amount of doing it you don't have to think about any of those things at all you just sort of drive you know you think about the road ahead and what's going on so I guess they have become quite part of my way of driving if you like you know I don't sort of think about them necessarily but I'm not an integrative psychotherapist and I don't believe in using a little bit of everything actually so it is I was interested in your research because I was really thinking about what models I use and then and the importance of that for me and you know not to be (.) not to be indelibly wedded to one model erm in a doctrinaire sort of way but also not to use a bit of this and a bit of that where I think it might be helpful

Int: so thought-through wedding really

Linda: and quite a limited number of things as well funny on the way here I was thinking of pasta sauce because we're going to make on tonight and how pasta sauces really don't work very well if you try and put in ten different vegetables because you end up you don't know what it tastes of and erm you know you can probably use two or three but you can't use ten and

Extract of Transcribed Data from Interview with 'Doris'

Int: I can see that OK so does one of these underlying philosophies erm appeal to you more or feel more right to you than one of the others

Doris: no

Int: mm

Doris: [laughing] no it's quite extraordinary how they overlap as I say what is different is the background whether there's a deeply practical functional problem solving it's almost like keep what is therapy for that is different you know and it's whether you believe that therapy is for (.) helping people to solve their problems get on with their lives and be good citizens at one end [laughs] or the other end exploring themselves to the depth of madness yeah and there's a big there's a continuum in between yeah

Int: mm

Doris: you know how often philosophers any way do go mad so erm and Jung is an example he went through a psychosis because of his particular way of exploring himself

Int: erm so too much exploration can lead to madness

Doris: can lead to madness but madness can be highly creative too much practicality and you become erm a sort of slave of the state

Int: mm

Doris: psychotherapy and counselling particularly counselling is used a lot by organisations and governments to keep people doing what they want them to do

Int: obviously I guess you're somewhere in that continuum aren't you

Extract of Transcribed Data from Interview with 'Vivian'

Int: mm mm (.) OK (.) so you've mentioned a lot of things you draw on CBT behaviourism a whole list really and I'm wondering if you feel any erm you know maybe you could think when you're with a couple or a client or whatever it sounds like psychodynamic work is perhaps closest to your heart or most intuitively right

Vivian: yes

Int: so how does it feel to move from say that to another approach say something quite often contrasted with that say a behavioural or CBT approach

Vivian: I wouldn't say that I use a CBT approach

Int: OK

Vivian: I find that a bit well I think in today's world that sounds a bit like using techniques

Int: yes

Vivian: and that would be anathema to me erm because it's it's too erm it's too technically it isn't what you do to people which erm which of course is implied by certain techniques but who you are with them

Int: mm

Vivian: I mean I think that the integration of different approaches has to be internal to me has to be not that I think I'll choose that but but that the thought grabs me that is what happens to me that erm the idea from wherever my intuition whatever it is probably lots of past experiences of course erm you know alerts me to something and that's what I draw upon in that

Appendix H: Transcribed data with initial observations and potential themes

Example 1: Annotated extract of a page of data from interview with

Sally

Transcribed data	Why interesting?	Initial codes
Sally: this is personal this is the things that I think seem to me to be fundamental issues of human condition [laughs] if you like and have that kind of impact on me they're the kinds of things that I think about and just think "oh well there isn't a life after death" and I guess religion as well the person I'm not I class myself as an atheist but was brought up a roman catholic and so I've thought a lot I guess I don't know whether you could call it an active atheism but I actively learned about religions and trying to understand and trying to understand I guess the sociology of it and things like that erm but I've come to the conclusion myself that I am actually an atheist I'm an unbeliever and that influences me	Waxing to en-capture a personal world view; bringing in (difficult?) background; what has suddenly happened here?; Really trying to bring in herself/the person of the practitioner; taking a holistic approach	Fundamental issues of human condition The importance of the *person* of the practitioner Have a world view Taking a holistic stance

Int: it sounds important to you		
Sally: mm (S)	Quiet now; satisfied? Thoughtful? Moved?	
Int: important about your life and thinking and meaning religion big big things they sound important and I can appreciate that but we're contrasting this now aren't we to what's going on at work		
Sally: yes		
Int: so a contrast so there's not enough of that going on you mentioned humanism so there's not enough of that going on at work is that right		
Sally: well I guess (.) it's it's there underneath everything I think maybe when I said it feels like a core holding stuff together I think that's part of my core because I think a lot of what holds it together is probably me and whoever it is there with me and the relationship we have between us so that's part of my	What is this core: The theories? The relationship?	Relationship as core A meeting between persons

core that's there but also I wouldn't I don't necessarily work in well it is person-centred but I don't necessarily work in the person-centred as in Rogers' kind of way of working	Questioning person-centred	

Example 2: Annotated extract of a page of data from interview with Sharon

Transcribed data	Why interesting?	Initial codes
Sharon: the interesting thing you said in the preamble was what do you do now and I think the more that you practice the more you develop your own model if you like or technique maybe not a model as such because but it's the way in which you relate which affects the outcome so (.) erm I don't think that [laughs] I think that what I've learnt but maybe its cynical as I get older but erm actually the models are frequently just different words for the same thing and I'm sorry if that offends all the people who are hugely you know attached to	Changing with time; less use of a model and more use a *way of relating;* developing own model

Models being different words for same thing; models related by shared aim - all pitching at clear | Personal approach - developing with time

Importance of relationship

Theoretical parallels |

psychoanalysis or CBT or to anything else actually they're all pitching at the same objective which is a clear understanding so (.) you know often it would really and having had a supervisor in the last few years who's CBT and when I first starting working with her I wondered "what the hell she was talking about" a lot of the time but actually once you'd got over the language differences we were actually probably in very similar positions	understanding; Learning from personal experience; conflict/ difference	Having universal aim

Int: so language

Sharon: her language or use of language and I think that would be the same you know erm (.)	Following others' use of language

Int: so I'm just wondering how you did manage to overcome that language difference because I imagine if you're from a different background than CBT that must be like Italian and English

Sharon: yes

Int: how do you manage to did you manage to bridge that I'm wondering

Sharon: well I guess it's the same process as you go through with your clients actually trying to understand what they're really talking about so it doesn't matter if it's your supervisor or your client you know erm it's about actually sort of getting at what is the basis of what they're saying and just	Always trying to work out what people really mean - but how?	Understanding the other
that accepting that different things mean different things you know whether you're talking about erm whether if you're a CBT person and you come in and you start talking about anxiety and such like whereas maybe somebody else	Theoretical overlaps	Having a subjective understanding
might come in and talk about angst you know it's from a model that they're coming from but it's it's in the end all about the human condition and human emotion	In the end it's all about the *human condition* and *human emotion*	Knowledge about the human condition

Example 3: Annotated extract of a page of data from interview with

Tom

Transcribed data	Why interesting?	Initial codes
Int: why didn't you become a behavioural therapist do you have an answer for that		
Tom: oh yes I do for myself it may not please other people [laughs] but I because really I think the emotional side of one's life is absolutely paramount to really sorting people out you know I have people that have come to me for let's say hypothetically anger management and in fact quite a few people come to me they've been on anger management courses they've done behavioural therapy they've done CBT and nothing has worked because often these people do not have a basic understanding or were not helped to see what were the emotional concomitants that brought this erm anger about	Critical engagement with other approaches The limitations of CBT; having a personal conception	The emotional side of one's life as paramount A conception of practice
Int: and this is what your psychoanalytical work you feel does		
Tom: completely utterly I have to go back	Passionate here:	Rejecting

to the past the trouble is that these days most people want a quick fix and the psychologists are jumping on this crazy bandwagon of feeling "I can help people yeah and CBT is only 16 sessions or six months or 12 sessions and I can help" and I think it's a farce and personally I think a lot of people are being rooked because they're being promised something that actually ultimately can't be and I know that I must sound really quite mad and extreme but I have a strong opinion	people being robbed, a farce, unethical - strong condemnation Strong language/ feeling Having a conception of practice	quick fixes Critique of CBT & its dominance The centrality of person of practitioner ad their view
Int: strong		
Tom: because I can see I've tried all those because I did as a psychologist	Having experimented with approaches	Experimenting with diversity
Int: sorry you've tried them as a practitioner		
Tom: as a practitioner and you know but I can see that it just doesn't work because ultimately after a while because you know this life coaching you know	Learning from experience; having own view	Critically engaging with theories

Appendix I: Collation of codes into Thematic Patterns

Example 1: Collating codes for Theme 1

Participant	Lizzy	Sharon	Suzy
Code	First and foremost	A psychologist	First and foremost
Line no	19	99	5
Extract	*Lizzy:* you know I consider myself first and foremost a counselling psychologist and whatever comes after that is an addition to that professional identity even if I will become a psychoanalyst or a psychotherapis	*Sharon:* I came into erm counselling I started my training in the early 90s so I was already an active psychologist erm that's one way of expressing it isn't it I come at it as very much a psychologist and I mean that's what I	*Suzy:* that's when I was really interested in psychology erm who the founders were so I started at the beginning and then going through it historically as well who were the people in the new movements coming along transactional analysis erm all those different things the more humanistic perspectives erm that's why I'm a counselling psychologist first and foremost

t in the future	am you know	
and I might		

Example 2: Collating codes for Theme 2

Participant	Rupert	Ellie	Lizzy
Code	Crafting through practice	It's just been time	Solid clinical experience
Line no	33	375	79
Extract	*Rupert:* a lot of stuff just happens spontaneously creatively figuratively in the session erm afterwards I'd go that was pretty cool I need to keep that and then I collect a bunch of stuff really for me first so I	*Ellie:* I always feels there's lots of different models and maps and a techniques box bit here and the therapy relationship here attachment and you're sort of drawing on different bits but it feels quite cohesive once you've [*Int:* yeah what makes	*Lizzy:* yes I've learnt through experience (.) I (.) erm the the clinical experience has been extremely useful for me erm it's now five years that erm I'm working in the NHS in my private practise let's say that I see an average of erm fifteen patients per

	don't forget it	that cohesive	week for five years
	and then I think	brings it together or	so I've erm I've
	you know what	perhaps it doesn't	built up quite a
	I'm beginning to	perhaps it doesn't	good solid clinical
	fuse a lot of	always fit like this]	experience
	things	*Ellie:* I feel that it's	
		just been time	

Example 3: Collating codes for Theme 3

Participant	Jodie	Doris	Frank
Code	Always the relationship	Focus on relationship	A meeting between persons
Line no	141	169	132
Extract	*Jodie:* it's always been important to me building that relationship with people and I guess coming from a counselling psychology background it	*Doris:* but anyway what does counselling psychology add to many clinical psychologists it would add a focus on the relationship	*Frank:* what happens when the therapy works which isn't actually as often as we would like it to be is that there's meeting between the therapist and

should be really	that's going on	the patient but it's
erm but that's	in the room as a	asymmetric the one
always been	major part of the	that's doing the
important that's	psychological	talking is the
part philosophy as	intervention	patient the one
well that to me	[*Int:* mm]	that's doing the
makes it feels too	*Doris:* rather	listening is the
cold too difficult	than erm some	therapist roughly (.)
too hard to go into	sort of technique	the clever bit is to
a situation where		know what to say
you haven't		and when to say it

Appendix J: Target Journal for Article Publication

The journal targeted for the article-format section of this thesis is *Counselling psychology Review.* The reason why this particular journal was chosen is because not only is it the Division of Counselling Psychology's quarterly peer-reviewed research publication, but also because its primary aim is to bring together research that is pertinent to counselling psychology practitioners who are working in the UK.

In terms of submissions to *Counselling Psychology Review,* clear and concise guidelines are provided to potential contributors (located on the inside of the journal's back cover) pertaining to how authors should format any articles they submit for review. The British Psychological Society also provides a formatting guide (The British Psychological Society, 2004) which can be downloaded from the Publications page of its website: www.bps.org.uk. This document closely follows American Psychological Association (2009) formatting guidelines.

In terms of the content of articles to be submitted, the *Counselling Psychology Review's* guidance states papers should keep to a maximum word length of 5000 words (this is inclusive of all aspects of the report); that they provide a structured abstract; use non-sexist language. In terms of the process of submitting an article for peer-review, it is highlighted that as the review process is based upon anonymous review the article should contain no information that enables identification of the author. Personal details should be stated only on the front page which is removed prior to anonymous review.

Appendix K: Journal Article

Research Article Title

Analysis of counselling psychologists' self-reported experiences of drawing upon two or more theoretical orientations to inform their practice

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Statement

I can confirm that this research article has only been submitted for peer-review at *Counselling Psychology Review* and has not been submitted to any other journal for either review or publication purposes. Word count: 4976.

Abstract

Background/Aims/Objectives: Although the discipline of counselling psychology has been increasingly associated with a pluralist stance, little research has been conducted into this group of practitioners' relationships with theory. This investigation aimed to ameliorate this deficit in the empirical literature by gaining insight into counselling psychologists' experiences of navigating and drawing from differing theories to inform their clinical practice.

Methodology/Methods: Fifteen accredited practitioners were interviewed on a one to one basis. The interview data was transcribed and the 15 transcripts that constituted this study's data set were analysed using a thematic analysis.

Results/Findings: Four analytical themes were generated. Each theme offers insight into counselling psychologists' experiences of navigating and drawing from theories from contrasting contextualised perspectives. Theme 1 views participants' experiences of theory in light of their sense of professional identity; Theme 2 with reference to participants' perspectives as practitioners who maintain idiosyncratic, theoretically structured and integrated, conceptions of clinical practice; Theme 3 presents participants' experiences as viewed from the context of relational encounters; and Theme 4 with reference to their experiences of the institutional contexts of practice.

Discussion/Conclusions: Conclusions bring attention to the significant challenges involved for lesser experienced counselling psychologists in their efforts to nurture a theoretically integrated approach to practice that accords

with the humanistic and pluralist ethos of counselling psychology,

practitioners' needs for a theoretically coherent view of persons as well as

the ability to 'embody' this view during clinical encounters, and the need to

meet employers' expectations that they practice in prescribed ways.

Keywords: theory; integration; pluralism; identity; institutional

contexts

Literature Review

An up to date search of the empirical literature emanating from

counselling psychology in the UK indicates a recent growth of interest into

the topic of theoretical integration (e.g., Athanasiadou, 2012) with some of

this interest being research based (Ward, Hogan, & Menns, 2011).

It may be that this increasing interest into the topic of theoretical integration

results from the large scale institutional changes - a "winds of change"

(James, 2011, p. 374) - that has taken place in the contexts of clinical practice

within the UK over the past ten years. A pertinent illustration of the latter is

the 2008 nationwide launch of the National Health Service's Increasing

Access to Psychological Therapies (IAPT) program. A primary outcome of

IAPT is that practitioners working within this program are now required to

deliver a range of evidence based "treatments" (NICE, 2011a, p. 7) to people

experiencing "mental health disorders" (p. 7). Another important outcome of

IAPT relevant to this topic of enquiry is the fact that CBT invariable features

as the 'treatment of choice' within contemporary National Institute of Health

and Clinical Excellence (NICE) guidelines (NICE, 2011b).

In terms of how counselling psychology is responding to these

reforms, Hemsley's (2013b) thematic analysis delineates a link between recent institutional changes and counselling psychologists' increasing tendency to declare a "pluralistic identity" (p. 95). As for the implications of this identity for practitioners' use of theory, however, Hemsley comments that "[e]ach participant offered an academic and almost detached sense of what pluralism meant for them" (p. 99).

Although counselling psychology has recently been observed to be embracing a pluralistic stance, the discipline has always exhibited a stance that values different ways of making sense of persons and clinical phenomena. Strawbridge and Woolfe (2010) view this enduring characteristic of the discipline as one of counselling psychology's "strikingly postmodern characteristics" (p. 14); similarly, the discipline's "recognition of competing therapeutic theories and refusal to align itself with a single model indicates a resistance to metanarrative" (p. 14).

Rather than it being their identification with a particular meta-theoretical orientation that guides this group of practitioners' approach to practice,   "[c]ounselling psychology takes as its starting point the co-construction of knowledge and as such places relational practice at its centre" (The British Psychological Society, 2014, p. 15). Given its prioritisation of subjective human experiencing and emphasis upon 'being in relation' (Strawbridge & Woolfe, 2010), counselling psychology can be seen to share more with the allied discipline of *counselling* (McLeod, 2013), rather than with approaches to practice that are primarily informed by the dictates of an evidence base (Hemsley, 2013a; Smallwood, 2002).

Researching Practitioners' Experiences of Theory

Although Skovholt and Ronnestad's (1992) qualitative enquiry into the experiences of 100 therapists had a broad remit in that it was designed to gain insight into the 'stages' of therapists' personal development across the course of their careers, in terms of outcome it generated results that brought attention to the significance of the idiosyncrasy of the person of the practitioner in their dealings with theoretical diversity. These authors found that for the senior practitioners in their study, the theoretical "conceptual system" (Skovholt & Ronnestad, 1992, p. 510) that any given practitioner endorsed was always "congruent with [their] personality and cognitive schema" (p. 510).

In discussing the results of their survey of UK based counselling and psychotherapy practitioners' experiences of drawing from differing theories, not only did Hollanders and McLeod (1999) conclude that "[e]clecticism/integration (including, very broadly, pluralism) is reported as the preferred mode of approach" (Hollanders & McLeod, 1999, p. 413), but in line with Skovholt and Ronnestad's earlier findings they also observed that "the form this [pluralism] is likely to take depends very much on personal choice" (p. 413). The results of Hollanders and McLeod's (1999) investigation highlight practitioners' tendencies to adopt theoretically pluralist approaches to practice that maintain a large degree of idiosyncrasy.

The results of Nuttall's (2006) qualitative investigation foreground another significant factor that informs practitioners' selections form theory. Adopting a heuristic research methodology, this investigation focussed upon Nuttall's own attempts to nurture a form of practice that embraced the

benefits offered by differing theories. In terms of the outcome of this enquiry, the author gives priority to the gradual transformation of his understanding of the nature of theoretical integration:

> I started to experience psychotherapy as something co-created in the relationship between therapist and client … [I] began to consider integration a personal endeavour that needed to be flexible and contextual. (Nuttall, 2006, p. 441)

With its emphasis upon a movement away from integrative systems to a contextually-sensitive theoretical flexibility, these insights endorsed Ronnestad and Skovholt's (2003) observations concerning their senior participant-practitioners' demonstrated ability to tolerate higher levels of uncertainty and complexity. What the outcomes of Nuttall's (2006) enquiry added to the existing empirical literature is the prioritisation of 'local contexts' of practice - i.e., the practitioner's experiences of being in relationship - for informing their selections from theory. With counselling psychology being a discipline within which the relationship between the practitioner and client has always been a principle focus of interest (Strawbridge & Woolfe, 2010; The British Psychological Society, 2014), the outcomes of Nuttall's study would also seem to be relevant to counselling psychologist's experiences of navigating and drawing from differing theories to inform their clinical practice.

The Aim of this Study

The extent to which the insights gained from these previous investigations may apply to contemporary counselling psychologists remains

uncertain. There are three reasons for this. First, none of the studies conducted so far into this topic have focussed upon a sample of counselling psychologists. Second, the studies cited are limited in terms of their ability to situate their investigations within the broader contexts of practice. Third, given that recent institutional changes have affected both the conception and provision of therapy in a manner that is discrepant with tenets central to the principles of counselling psychology (Hemsley, 2013b; James, 2011; Strawbridge & Woolfe, 2010), when applied to this group of professionals a failure to take account of the broader contexts of practice is rendered a much more significant shortcoming. In order to address these concerns, the gaining of insight into *counselling psychologists' experiences* of navigating and drawing from differing theories was the aim that informed the conduct and rationale of this enquiry.

Method

Research Design

The research design employed for this investigation was the thematic analysis (Braun and Clarke, 2006, 2012) of data generated through the use of one-to-one qualitative interviews. The semi-structured interview was adopted for the primary means of data generation given its ability to enable researchers to gain "understanding [of] the meaning of respondents' experiences and life worlds" (Warren, 2002, p. 83).

Whilst Braun and Clarke's method for thematic analysis provides researchers with a set of procedures for "systematically identifying, organising, and offering insights into patterns of meaning (themes) across a

data set" (Braun & Clarke, 2012, p.57), it is at the same time a method that is not wedded to any particular theoretical or epistemological framework.

The epistemological flexibility inherent in Braun and Clarke's research method not only offers a parallel to what commentators (Athanasiadou, 2012) and researchers (Hemsley, 2013b) have observed to be the pluralist emphasis of contemporary counselling psychology, but it also enabled for the adoption of contextualist assumptions - in line with Jaegar and Rosnow (1988) - as philosophical   underpinnings to this enquiry.

Participants

The single inclusion criterion for participation was that participants were accredited counselling psychologists. Fifteen took part, 11 women and four men. Whilst all were of white ethnicity, four originated from non-British cultures. In terms of levels of clinical experience, five participants reported to have had ten years or less, five had between 11 and 20 years, and the remaining five had 21 years or more. As for practice setting at time of their interviews, five participants were based in NHS settings only, eight were based in independent private practice only, and two participants worked in both NHS settings *and* independent practice. Regarding the participants who worked in NHS settings, six were based in IAPT Primary Care, one in Secondary Care, and one worked across both settings. Participants were assigned pseudonyms.

Ethical considerations

Given that this study formed part of the main author's counselling

psychology doctoral training program, ethical approval was gained in 2009
through successful application to the relevant training institute's
departmental ethics committee. The interviews were conducted between
September 2010 and May 2012. The study's ethical conduct adhered to the
guidelines provided by The British Psychological Society (2009).

Results

Analysis of the data set generated four main analytical themes, each
of which contains a number of subthemes. *Table 1* contains a full list of the
themes and subthemes generated. Given the limited word space of this
present report, only the central meanings of each of the main themes will be
presented.

Table 1: Themes and Subthemes Generated During Analysis

List of Themes with respective Subthemes
1. A professional embrace of diversity: *"Everything that we have in terms of our psychological knowledge helps inform us about the individual"*
1. The need for broad knowledge of differing theories
2. An approach based upon one orientation is to be eschewed
3. Keeping persons and not theory at the centre of practice
2. Nurturing and maintaining a personal conception: *"The overriding arch and the overarching models that you're working with"*
1. Maintaining a philosophy of persons
2. An idiosyncratic means of integration
3. The ownership of approaches and models
4. Managing difference through selective (re-)interpretations of theory
3. Responding to relational experiencing: *"The central component is always the relationship and everything I do is kind of extra to that"*
1. The displacement of theory
2. Sub-conscious, fluid and seamless responding
4. Responding to the challenge facing a counselling psychology approach: *"At the moment we live in a CBT world"*
1. Adapting to contexts
2. Challenging contexts

Theme 1: A professional embrace of diversity: ***"Everything that we have in terms of our psychological knowledge helps inform us about the individual"***

This initial theme delineates the meaning patterns within the data set that illustrate participants' conceptions pertaining to the place and role of

theoretical diversity within clinical practice. Priority is to be placed upon persons and not upon any particular theory. Theory is conceived to be important only to the extent that it assists practitioners in their work with their clients. Crucial to the meanings of this initial theme is the corollary that *all* theory is rendered as valuable.

At the beginning of my interview with Jess, she promptly declared: "right from the beginning I am not of the school that separates therapies out." Later in our conversation Jess elaborated: "I just find it nonsense to talk about different schools because everything that we have in terms of our psychological knowledge helps inform us about the individual." This participant's use of the word "nonsense" carries with it an emotional force. My premise of differing theories as constituting differing sources of knowledge conflicted with her whole conception of theories and how they may inform clinical practice.

Analysis of Jess's statements indicate that for her the notion of separate schools of thought is an error due to the idea that all "therapies" are to be united in the name of "psychological knowledge." Although in the following quotation Tom allows for the possibility of different school or frames of reference, he can be seen to perform a similar conceptual manoeuvre: "I really don't get stuck into one frame of reference I really and do try to use as much of all my psychology as I can." As in the case of Jess, Tom subsumes different theoretical approaches ('frames') within his knowledge of psychology. In terms of the question underpinning this analysis, this merging of theories with psychological knowledge is important. Such a conceptual manoeuvre can be seen to not only constitute differing

theoretical approaches to practice as the knowledge base of counselling psychology, but it also foregrounds participants' shared identity as psychology practitioners.

Theme 2: Nurturing and maintaining a theoretical conception: *"The overriding arch and the overarching models that you're working with"*

Analysis of other aspects of the data set gives rise to a complementary set of meanings that highlights participants' needs for the development and maintenance of a theoretically structured and consistent approach to practice. The meanings within this theme illustrate the key conceptual processes involved in participants' navigation and drawing from an idiosyncratic integration of theories that enables them to make sense of their practice experiences.

Within this theme the particularity of individual theories comes to the fore: "I think theory actually is fundamental erm because otherwise you're just fishing about and you're working to an implicit theory […] I do have strong theoretical guidelines when I'm talking with people" (Frank). As to why having "strong theoretical guidelines" is important, later in the interview Frank elaborates: "why does somebody want to work in a Jungian way as distinct from a Freudian or Kleinian way [*Int.:* mm] it's something to do with their implicit or explicit philosophical stance in the world" (Frank). For this participant not only is the need for theoretical clarity "fundamental" to clinical practice, but it is a need that foregrounds and follows on from the idiosyncrasy of the practitioner.

In place of a stress upon the unity and continuity of psychological

knowledge, emphasis is placed upon theoretical difference and discontinuity and the consequent need for establishing a sense of coherence and consistency. As for the person of the practitioner, the task is one of finding your place within theory:

> If you study them properly every single approach has a basic assumption […] there is something fundamentally different in all of them and I think you need to understand that first of all and position yourself. (Lizzy)

Similar to Frank, Lizzy brings attention to the importance of the philosophy - or 'basic assumptions' - underlying different approaches to practice. These need to be understood "first of all" before you "position" yourself. In line with the quotation from Jess informing the title of this theme, each participant within this enquiry could be seen to not only identify with a primary meta-theoretical orientation, but to use this as the basis for their selective interpretation and integration of concepts and practices drawn from differing theoretical approaches and models.

Theme 3: Responding to relational experiencing: *"The central component is always the relationship and everything I do is kind of extra to that"*

The meanings of this theme foreground how participants' considerations of theory and knowledge show a tendency to be displaced by their experiences of intuitive, relational responding when considered from the point of view of clinical encounters. Viewed within the context of this theme, participants can be seen to ascertain and respond to their clients'

needs less in terms of their conscious knowledge of theories and models, and more in terms of their gut-level, embodied responses to interpersonal relating.

Although the importance of the practitioner-client relationship was repeatedly stressed by participants, analysis indicated that it constitutes an aspect of practice that eludes restriction to any theory or model, appearing instead to maintain a trans-theoretical or even a para-theoretical significance. Doris observed that "any book on counselling psychology you read will say that the relationship is the foundation of the healing process" (Doris); Frank stated that "what happens when the therapy works which isn't actually as often as we would like it to be is that there's a meeting between the therapist and the patient"; Kate noted that "if you do that really intense work there is a very deep level of trust erm there has to be that deep level of trust." Although each of these participants maintain different theoretical affiliations, the language each of them is using foregrounds the centrality of the therapeutic relationship for their work.

In line with participants' pre-eminent emphasis upon human relating, analysis indicates a sense of 'gap' between their theoretical knowledge and practice experiences:

> it's a bit like learning to drive you know you might be thinking how you steer and how you change gear and where the brake pedal is but after a certain amount of doing it you don't have to think about any of those things at all you just drive. (Linda)

As for the role of different orientations and models within Linda's practice, she clarifies, "I guess they have become quite part of my way of driving."

Linda's analogy suggests that as a result of repeated practice experiences, during the course of clinical encounters practitioners are able to function in fluid and seamless ways wherein their stock of theoretical knowledge takes up a sub-conscious realm.

Theme 4: Responding to the challenge facing a counselling psychology approach: *"At the moment we live in a CBT world"*

The meanings of this theme centre upon participants' perceptions of the changing contexts of practice and the threat that these changes pose to a counselling psychology approach. Analysis also illustrates how participants respond in different ways to these institutional pressures. A broad differential can be perceived between lesser experienced practitioners who often work within NHS institutional contexts and who are engaged in processes of adaptation, and their more experienced counterparts who predominantly work in independent practice and offer robust critique to the contemporary institutional provision of psychological therapies.

Analysis of statements from lesser experienced participants suggests they experience a tension between how their employers expect them to practice and the ways in which they actually practice:

> I'm employed to do cognitive behavioural therapy so because that is what they've employed me to do I obviously have to do some cognitive behavioural therapy. (Sally)

Although Sally would seem to be involved with a professional obligation to work as a CBT therapist, the fact that she only does "some" CBT betrays the ambivalence she is experiencing. Furthermore, this experiencing of tension is

significant. For example, Sally went on to elaborate how "it's a big conflict […] and I think I find it in some ways difficult to hang on to my identity as a counselling psychologist." And as for the reason for this conflict, it can be seen to rest upon her relationship with theory:

> I haven't had enough of a consolidation period from the training to the work that I'm doing (.) to develop the sides of I guess the theories I guess and my understanding of them. (Sally)

Working in an NHS IAPT setting that prioritises the use of CBT, Sally has been left unsupported in her efforts to bring a theoretically plural understanding - and thus a counselling psychology approach - to her work with her clients.

In contrast to lesser experienced participants' attempts at adapting to institutional contexts of practice, the more experienced participants can be seen to take a very different response. Reflecting upon the *possibility* of working in an NHS IAPT setting - "if I were to get a job which I wouldn't in such a field because well in the interview my distain would show itself despite myself" (Frank) - a participant pinpoints what he sees as the basis of conflict between this institution's provision of therapy and a counselling psychology approach: it centres upon "what you might call human values as against a set of technical values" (Frank).

In line with the account that has been offered, given its theoretically plural knowledge base that allows its practitioners to tailor their interventions to their clients' needs as experienced within the therapeutic relationship, the participants within this study see counselling psychology as being based upon 'human values.' Like Frank, the other more experienced participants

dismiss the contemporary institutional provision of therapy as something other: as "madness" (Tom), as being like "a sausage machine" (Sharon), as "driven by budgets and governments and people that actually don't understand what they're talking about" (Jess).

Discussion

In line with the contextualist philosophical assumptions underpinning this enquiry, each of the themes that have been presented can be associated with a contextualised perspective. Within Theme 1 participants can be seen to be speaking from the context of their shared professional identities as counselling psychologists. In Theme 2 they take up the much more personal perspectives from which they have constructed their idiosyncratic, theoretically structured and integrated frameworks of reference. In Theme 3 participants consider their experiences of theory from the point of view of their engagement in therapeutic, relational encounters. In Theme 4 participants reflect upon their experiences in relation to institutional contexts of practice.

Not only is the emphasis upon   participants' experiences of theory central to the themes that have been generated, but due to their contrasting meanings the results constitute a multi-faceted response to the question guiding this study. Such a response can be seen to follow on from the philosophical assumptions that underpinned this enquiry - i.e., contextualism's conceptualisation of "the unity, plurality, spontaneity and ecological dependency of human activity" (Jaegar & Rosnow, 1988, p. 63). Given that participants' self-reported experiences of differing theories are

deeply enmeshed with the context of analysis evoked at any one time, they can be seen to be experiences that remain both plural and unified.

It may be observed that because participants' experiences of engaging with theory maintains a plural nature, it follows that the emphases of the themes that have been presented hold the potential to conflict with - or contradict - each other. For instance, Theme 1's emphasis upon all theories as being important - in terms of how they all contribute to counselling psychology's knowledge base - can be seen to contrast with Theme 2's prioritisation of participants' idiosyncratic, theoretically structured, integrations of theory. Again, contrasts such as these are not to be interpreted as a sign of conflict or contradiction, but in accordance with the contextualist view that "an act or event cannot be said to have an identity apart from the context that constitutes it" (Jaegar & Rosnow, 1988, p. 66). Given that this analysis has brought attention to different aspects of context, the identity of participants' experiences of drawing upon theories shifts and mutates accordingly.

The contributions that the results of this enquiry make to the empirical literature rests upon their provision of a contextually informed, multifaceted account of a sample of counselling psychologists' experiences of navigating and drawing from differing theories. In line with the themes that have been offered, its primary contributions are to offer empirical support for the following insights:

- Contemporary counselling psychologists identify with a pluralistic stance and that carries important implications for their conceptions of theory: differing psychotherapeutic approaches and models are viewed as

constituent components of the knowledge repository of counselling psychology.

- Counselling psychologists navigate and draw from differing theories through processes of (primarily assimilative) integration that centre upon practitioners' affiliations with overarching theoretical orientations.

- As a result of repeated practice, counselling psychologists' experiences of navigating and drawing from differing theories increasingly occurs at a sub-conscious, 'embodied' levels. These mind-body responses pivot upon processes of interpersonal relating.

- Counselling psychologists are being affected by NHS - and allied institutional - emphasis upon a 'treatments based' approach to therapy. Analysis illustrated how lesser experienced practitioners are feeling unsupported in their efforts to bring theoretically integrated ways of working to their practice, as well as experiencing difficulty in maintaining a sense of professional identity as counselling psychologists.

McLeod (2013) highlights the importance that a practitioner's relationship with the theories that inform their practice maintains consistency and clarity. He suggests that, confronted with the pressures of clinical practice, practitioners' theoretical conceptions can furnish them with significant stability: "something to hang onto: structure in the face of chaos" (p.79). Fear and Woolfe (1999) see congruence between a practitioner and the theories that they draw upon as enabling them to avoid emotional burnout; Skovholt and Ronnestad (1992) associate it with optimal practitioner functioning. However, the account that has been offered suggests that for contemporary counselling psychologists the task of nurturing and

maintaining a coherent sense of theoretical structure is complex. In order to do this, this group of practitioners are required to manage competing demands that variously stem from counselling psychology's identification with a pluralist stance, practitioners' requirements for a personally meaningful integration of theories, the need to practice in naturalised embodied ways during the course of clinical encounters, as well as institutional pressures to work in specified ways.

Hemsley (2013b) has already demonstrated that a consequence of the pressures that this group of practitioners are experiencing is modification of their sense of professional identity. Kinderman (2009) suggested that institutional changes necessitates a renewal of identity for this group of practitioners. It should be remembered, however, that as a group of professionals counselling psychologists have been noted to be persistent in their efforts to offer a viewpoint that remains both critical of institutional orthodoxy (Hemsley, 2013a; James, 2011) and distinctly independent (Moore & Rae, 2009). Nevertheless, perhaps the most important conclusion suggested by the results of this present enquiry is the message that if newer generations of practitioners are to continue practicing in line with the pluralistic and relational ethos of counselling psychology (The British Psychological Society, 2014) - in order to maintain a distinctive approach to practice that continues to 'stand up for the human' (Hemsley, 2013a) - then they are going to require significant guidance and support in their efforts to embody personally meaningful and theoretically coherent ways of assisting their clients.

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