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An exploration of the retrospective experiences of counsellors and psychotherapists in their personal development groups during their training and to understand how they use these experiences in their client and training work.

Carole Smith

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Professional Doctorate in Counselling

The University of Huddersfield

March 2020

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ABSTRACT

Personal development (PD) groups are an expected and are assumed to be a necessary and beneficial part of counselling and psychotherapy training. These can take a varied and individualised form in training institutions, ranging in number of participants and facilitated by either member of teaching teams or by trainers external to the course. A qualitative study was designed to retrospectively explore 11 qualified counsellors' experiences of their PD groups in training and how they use these in their current client and training work. The participants took part in semi-structured interviews, and the interviews were analysed using Interpretative Phenomenological Analysis (IPA). The key findings indicate that experiences in PD groups can be psychologically traumatic, but if individuals are able to tolerate this, the experience can be processed into important learning for client and training work. The research suggests that the nature of experiential and emotional learning through PD group experiences emerges over a considerable period rather than at the time of the PD group work itself. Furthermore, self-understanding and insight, making connections to therapeutic and training work as a counsellor or psychotherapist, involves making meaning from these challenging experiences, enabling participants to use them in their clinical and training work. Recommendations for specialised training and support of group facilitators, and preparation for group participants, are made.

KEY WORDS: personal development, phenomenology, IPA, emotional and experiential learning.

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CHAPTER 1 INTRODUCTION

1.1 AIMS OF THE STUDY

The overall aim of this study is to examine the retrospective experiences of qualified counsellors and psychotherapists' in their Personal Development (PD) groups during their training, and to understand how they use these experiences in their client work.

1.2 PERSONAL DEVELOPMENT (PD) GROUPS

The PD group is a training method intended to increase self-awareness and self-acceptance (Johns, 2005; Rose, 2008; Hughes & Youngson 2009; Jorgensen, 2016; McLeod & McLeod, 2014) and is a long-standing feature of training courses for counsellors and psychotherapists. They are sometimes called 'self-awareness' or 'process' groups, and are thought to have evolved initially from Psychodrama groups (Moreno, 1955) and eventually took the format of a combination of these and Encounter groups (Rogers, 1967) developed to foster awareness by enabling participants to understand themselves through exploring their own reactions and responses in interactions with others. Encounter groups and 'T' groups (Training groups) initially consisted of clients in therapy, and then developed into groups to train counsellors after the Second World War, were the first documented experiential methods in training. The term 'Encounter Group' is used to also encompass 'T' groups, and Marathon Encounter groups, which were groups lasting over hours or days at a time (Yalom & Leszcz, 2005).

Current PD groups typically consist of 10-12 participants and are unstructured, with no set agenda other than to enable personal development through facilitator interventions and group members' responses to each other. The facilitator typically offers an open space for group members to raise any issues which they feel the need to explore, often focusing on feelings in the group setting. Members may raise issues arising from the previous session, from life experiences or from encounters with clients. The role of the facilitator is to encourage participation and the exploration of interpersonal relationships through either dialogue or experiment, such as role play. The overall aim is to increase self-awareness, particularly in the context of learning about attachment styles, defence patterns and relational styles which are relevant when working with clients. An additional intention is to raise awareness of blind spots, prejudices, biases and assumptions in an experiential setting (Bager-Charleson, 2010).

Participants are encouraged to reflect on the group processes, and their interactions with others, often through a reflective journal and/or a de-briefing discussion after the group sessions. The whole process offers the opportunity to receive feedback from others on relational styles and reactions, although this can sometimes be confrontational or, at best, uncomfortable. This can be viewed as state of profound contact and engagement between two people, in which each person is able to understand and value the other's experiences at a number of differing levels.

The role of group work in developing such self-awareness is in the opportunities it arguably provides for challenging one's view of oneself though receiving feedback from others and through bringing unconscious motives and drives to consciousness for reflection, and can be seen as a form of reflection or 'transformative learning' (Mezirow, 1991). It is also claimed that group processes increase self-acceptance (Jorgensen, 2016; Yalom & Leszcz, 2005; Mearns & Cooper, 2005; Cooper, 2005) and are regarded as presenting personally challenging interpersonal encounters (Mearns, 1997). Consequently, the PD group has emerged as the default model for facilitating the development of self-awareness in counselling trainees.

The British Association for Counselling and Psychotherapy (BACP) (2018), UK Council for Psychotherapy (UKCP) (2017), British Psychological Society (BPS) (2017) and Council for Accreditation and Related Educational Programmes (CACREP) (2016) all state that self-awareness is a core requisite of counselling training. It is generally assumed that a counsellor who has explored their beliefs, limitations and emotions and examined themselves in some depth will be better able to work at relational depth with clients, but there is no evidence base for this claim.

However, individuals can experience anxiety and fear and a lack of safety in groups (Lennie, 2007; Robson & Robson, 2008; Payne, 2010; Moller & Rance, 2013; McMahon & Rodillas, 2018) which may impede learning. This body of literature, combined with earlier anecdotal sources, suggesting possible psychological damage from groups (Bion, 1959; Lieberman, Yalom & Miles, 1973; Nitsun, 1996; Overholser, 2005; Yalom & Leszcz, 2005) corroborates the general lack of research evidence about the safety, efficacy and use of the PD group.

1.3 MY PERSONAL EXPERIENCE OF PD GROUPS

At this point, it seems important to offer some personal background and an insight into my own personal development process in both counselling and psychotherapy training. I primarily trained as a nurse and then as a midwife, which I loved, but left in the 1990s to

pursue two years of around the world travelling, satisfying an interest in other people, cultures and individual ways of being. This took me to an intense degree of testing my physical, emotional and psychological resilience, and rooted my already strong interest in the intricacies of psychological tolerance. I came back into the UK and obtained my degree in education as a midwifery lecturer and taught in the south of England, during which time I trained initially in the person-centred approach in Counselling going on to undertake a Masters' in an integrative counselling model. I then went on to train as a Gestalt psychotherapist at the Metanoia Institute in London, in the late 90s. At this time, I was working as a midwifery lecturer, after many years as a midwife and manager in the NHS. My training as a psychotherapist was a shock as, I realised I needed to 'unlearn' much of my advice giving, psycho-educational and directive methods, in order to work with clients. Some of this I was able to do through reflection and discussion in my own PD process, during the various training programmes which I undertook. Since then, I have worked within many areas of the voluntary sector as both a counsellor and psychotherapist, the NHS and lately in private practice as a therapist, clinical supervisor and trainer/consultant.

During my own Person-Centred and Integrative training in Counselling, I took part in compulsory personal development training, in the form of personal development groups. The aims of this process was initially a mystery to me and to many participants on my courses with areas of anxiety associated with a lack of clarity in the aims of the PD group, and questioning of myself on whether I was doing the 'right thing'. I initially found myself sitting on the edge of groups, being afraid to share too much of myself in my confusion about what this practice entailed and not knowing how much support I was going to get. Facilitators did not offer us any specific aims, just saying that it was important that we 'got to know ourselves better in order to be able to work with clients safely'. As a trainee I never really knew whether I was contributing to the PD group process in the correct way as little feedback on our participation in the group was offered. Similarly, I did not know or understand what tangible learning I was making at the time; it was only years later that I was able to see how the PD group works in a way to aid self-discovery and facilitate the exploration of the self, emotions and relationships with others.

We kept a personal learning journal and I had only had a vague notion that facilitators might be observing us for any underlying 'issues' that might interfere with safe client work. It was only through a long process of reflection, some advancing maturity and the application of my emotional learning to my clinical work that I could make sense of it all. My psychotherapy training was different in that the PD process seemed, at the time, to require a more in-depth self-reflection than the counselling training, which I had regarded as a superficial box ticking

exercise. The facilitators on each course were certainly dissimilar in their goal setting, rules and direction, but in retrospect I can see that facilitators' personal styles and the therapeutic approach they trained in was the main influence in the way groups worked. I eventually realised that the 'measurement' of personal growth comes from a retrospective and reflexive stance through the ability to make sense of and process events and emotions, over a period of time. However, my main memories of my initial counselling PD groups are of anxiety, dread and fear. I did not feel supported, I was consumed by a fear of being shamed and my past life experiences had taught me that sharing personal information about myself was a very dangerous thing to do. My psychotherapy training PD experience was different in the amount of support I was offered from facilitators and group members, which may have just been the dynamic of those particular groups or perhaps because my Gestalt training was imbued with the relational aspects of this particular approach. This is encapsulated by Robson and Robson's (2008: 371) suggestion that the PD group, for some students, is: "*the most powerful experience of their training*" but others "*never really seem to understand or engage in its purpose*".

These negative experiences, however, were of help to me when I became a PD group trainer as I set out to make sure that my own students had enough support and were clear about the process of development. Nevertheless, despite my attempts, there were still some who clearly approached it with dread and found it just as anxiety provoking as I did.

Therefore, in the tradition of reflexivity and phenomenological attitude (Finlay, 2011), I endeavour to acknowledge my researcher's perspective. My differing struggles with the PD process, both as a trainee and a trainer, have invariably added to my interest in PD group experiences, although from the outset, I was aware of my open curiosity to discover others' experiences. The researcher brings subjectivities, emotions, values and beliefs to the relationship in qualitative research and so I reject any thoughts of bringing objectivity to the research (Hewitt, 2007). In the spirit of transparency, I bring subjectivity although at the same time I attempt to stay with a focus on participants' own experiences.

I began to read and reflect on what had been written about personal development groups in an effort to establish how and why they had been introduced into counselling training and what they contributed to the process of working with clients. There was a dearth of literature generally, and in particular empirical research, but I came across Lennie's (2007) article early on in my searches, which stimulated a number of questions in my mind. I consequently became driven by a desire to explore PD group participants' experiences. Also, my interest in the transformation of learning, or how participants might use their experiences in clinical work is based in reflection and reflexivity and on Mezirow's (1991) work. My own experience

as a midwifery clinician and also as a psychotherapist and trainer is that experiential learning is a very necessary component of the process of learning about ourselves emotionally and psychologically if we are to support and stand with clients and patients who may be emotionally distressed or psychologically struggling. Consequently, the focus for this research originated, initially, from reflections on my own experiences in PD groups combined with a growing awareness of the paucity of evidence on PD groups generally and secondly on how participants use their experiences, whether negative or positive.

During this research study, I have written, and joint edited a book on personal development (Godward, Dale & Smith, 2019) aimed at supporting counselling trainees and trainers in the personal development process.

The following section is a brief explanation and overview of Encounter Groups, (I use this term to include Psychodrama groups, Encounter Groups, 'T' Groups, Marathon Encounter Groups and Rogerian Encounter Groups), included in order to demonstrate, similarities between these and current PD groups.

1.4 THE EARLY ENCOUNTER GROUPS

“Encounter groups are the interpersonal equivalent of skydiving. They are high-risk, high-adrenalin endeavours, partially controlled, semi-regulated surprises” (Lieberman et al., 1973: 3).

Encounter groups have a very rich history of development and critique, with some seeing them as great social interventions to improve human relationships (Rogers, 1967) and a hope for reducing social tensions, but also a concern if not adequately and professionally regulated. Current PD groups in counselling and psychotherapy training are of a similar format to the Encounter groups of the 1940s and 50s, however, despite the variable and sometimes confusing findings on their benefits and drawbacks, they are still being used in many counselling and psychotherapy training courses (McMahon & Rodillas, 2018).

The term 'Encounter' is used here to encompass psychodrama and sociometry groups in the 1930s, 'T' groups in the 40s and Rogerian and Marathon Encounter groups in the 1950s. These groups encompassed a great variety of different forms and were used for therapeutic purposes, such as the development of self-awareness through an interpersonal encounter, often with volunteers such as students, or patients with mental health issues, prison inmates or just individuals wanting to achieve self-improvement. However, the common denominators were the size of the group, ranging from eight to twenty (Yalom & Leszcz, 2005), unstructured format, time limited to hours (except for the Marathon group which could

extend into days), a focus on the here and now, with an emphasis on valuing emotional expression, confrontation, honesty and self-disclosure. The goals of the group were often vague and unclarified, (reflecting the issues reported in both Encounter group research as well as contemporary studies).

1.5 PSYCHODRAMA AND SOCIOMETRY

Moreno introduced group psychotherapy in 1931 (Moreno, 1952; Treadwell, 2014) and it was associated with sociometry which was Moreno's scheme of the study and measurement of interpersonal relationships in groups (Moreno, 1952: 365) and group dynamics. This form of group therapy used guided role play to explore feelings, thoughts and behaviours. The term encounter encompassed this 'meeting' between people in spontaneity and Moreno established the term 'Encounter' as far back as 1914 (Treadwell, 2014). The first types of experiential work in groups originated with psychodrama set up for clients and patients by Moreno in 1937 (Orkibi & Feniger-Schaal, 2019) with the aim of working through their personal issues.

Moreno was interested in the dynamics within groups and the results of interpersonal exchanges between individuals in the group (Moreno & Fox, 1987), but with the emphasis on a physical or drama encounter as well as a discursive one. Sociometry is the study of relationships, and the social world of the individual, so like current PD groups, the aim was to explore the self through interpersonal reactions. Psychodrama related to the study of the drama of the individual, (in other words the internal drama of personal issues) hence the use of guided role play, group dynamics and drama in exploring thoughts, feelings and behaviours, and discovering the inner self. The sharing of the *Eigenwelt* or the inner world in order to substantiate individuality or increase self-awareness of the individual may also be a forerunner of the required process in contemporary PD groups. Psychodrama groups were used both in the treatment of mental illness and for individual personal development (Moreno & Fox, 1987). This early experiential form of practice is the forerunner of close and intense one to one involvement and observation of relationships in a group setting which sets the scene for PD groups today.

1.6 T GROUPS

T-Groups or sensitivity training were developed in the United States in 1946 with similar aims to those of Moreno (Lewin, 1939, 1951) in addressing racial tensions, and intended to offer an education to leaders in societies on group process and group dynamics (Weigel, 2002). These groups were a form of Encounter group, also unstructured, without agendas,

and designed to enable group members to learn from interactions with others (Burnes & Cooke, 2012), as in PD groups. Lewin's theories were based on his observations of human interactions and perceptions of group process (Kariel, 1956), and he used observation of group dynamics, including conflict, scapegoating and group authority. His development of field theory (Lewin, 1951), emphasised the importance of context, asserting that a group or individuals studied in isolation loses its holistic meaning; that everything is interdependent. This resonates with Moreno's earlier work and T-Groups along with psychodrama were the beginning of a rapid growth of the group movement generally in North America, continuing through the 1960s and 70s. They offered something different to the previously accepted and common practice of psychotherapy in one to one relationships. If one questioned why this was, the words of Lieberman (1994: 554) are important: *"the desire for self-transformation is inexhaustible, begetting a never-ending supply of growth groups"*.

1.7 THE MARATHON ENCOUNTER GROUP

The Marathon group movement in the 1950s was emerging from California through practitioners such as Maslow, May, Rogers, and Perls holding educational and therapy workshops on a variety of subjects, (Weigel, 2002) and was something of a cultural revolution. These groups were, like the T groups, felt to be a cure for society's social tensions (Rogers, 1967; Lieberman et al., 1973). The group structure was a blend of a therapy group and an encounter process, extending from 18 to 72 hours or more with participants in constant contact with each other, even depriving themselves of sleep (Weigel, 2002). Weigel refers to our willingness to believe in 'miracle cures' and the ways this belief was taken on rapidly in society. This swiftly expanding movement contributed to a type of exploitation of participants taking part in these group sessions, creating very large groups, inappropriately high fees and what amounted to abuse with Marathon groups running simultaneously with poor or absent leadership (Weigel, 2002). There was little research to support their use, which continued to raise questions about either positive or negative effects and perhaps more importantly, about their safety.

1.8 ROGERIAN ENCOUNTER GROUPS

These Encounter Groups increased in popularity in an era that valued self-exploration, and the societal excitement and belief in them and were very similar to group psychotherapy. They were an unstructured group experience, developed in the 1950s (Rogers, 1970) and were initially in an educational setting for trainee counsellors to help veterans coming out of the Second World War. They were assumed by many to offer an answer to post war social

unrest and dissatisfaction in that time (Rogers, 1970). The Encounter group took on many forms, under different names, such as human relations training, sensitivity groups, personal growth groups, and the human potential group. They normally comprised of a small number of people, (10-15, in order to allow all to interact) with similar aims to a therapy group – to focus on psychological issues and gain support through interpersonal relationships within the group, using role play, giving and receiving open feedback, and dialogue in the here and now. This was believed to help participants become more aware of their own attitudes, values and beliefs within the safety of an environment facilitated by an experienced group leader.

1.9 THE NEED FOR THE RESEARCH

A registered counsellor or psychotherapist is someone who has attained the sufficient advanced level of education, training and level of experience to gain membership with a regulatory professional body (Jacobson, 2017). The main membership associations are the BACP and the UKCP. Over 8000 individual therapists belong to the UKCP and in order to be registered with them, an individual needs to have studied with an institution accredited with the UKCP. There are differences between counselling and psychotherapy training, the latter being longer – at least 4 years training compared to two in counselling. There are over 40,000 members of the BACP and there are three categories of membership of the organisation. Comparatively, in the USA, psychologists make up the largest segment of mental health professionals at 166,000, with mental health counsellors at more than 139,000. Consequently the number of individuals experiencing personal development groups in their training and going on to practice is considerable.

Given these statistics, it seems vitally important to increase the evidence base for one of the core requisites for counselling and psychotherapy training. Although PD groups are commonly used as a training tool in counselling and psychotherapy courses, there is little empirical research to support this practice. Even though Rogers (1968) believed that the most important social invention of the century was the Encounter group, there was little rigorous evidence to substantiate either this or the benefits of them, which will be discussed in more depth in the next chapter. The early quantitative studies on Encounter groups were sometimes marred by questionable methodology such as inconsistencies in group facilitation, participant population and data recording (Gottschalk & Pattison, 1969; Jaffe & Sherl, 1969).

The evolution of PD groups from Encounter groups, without substantial evidence is a surprising manifestation, given the importance placed on this particular aspect of counselling

and psychotherapy training and the belief in the importance of self-awareness when working with clients. Although it is commonly assumed that a counsellor who has intensively explored aspects of him/herself through the PD process may manage a client's emotions more confidently, there is no evidence base confirming a link between personal development and any aspects of client work. Even though clinical observation indicates that the client/counsellor relationship is important (Rogers, 1967, Mearns & Cooper, 2005; Pieterse, Lee, Ritmeester, Noah & Collins, 2013), there may be many factors influencing this. The current study therefore seeks to contribute to the limited body of existing evidence on the rationale for PD groups.

1.10 ISSUES EMERGING FROM THE LITERATURE

Both the early Encounter groups and the later contemporary research on PD groups raise concerns over the safety of these groups in counselling and psychotherapy training. Much of the research indicates that PD groups offer both positive value to learning but also that they are the source of anxiety, fear, psychological disturbance (in the early Encounter groups), ethical concerns such as dual roles and breaches of confidentiality and a worrying absence of clarity in group aims. The value of the groups is an easy conclusion to make, although much of the literature is unspecific in its assertion that PD groups offer a development of self-awareness. The safety issues are much more of a concern in their potential to outweigh the benefits of the PD group. Also, many of the early studies on Encounter groups were flawed in their methodology, in terms of the diverse choice of participants, variations in facilitator experience, and mostly quantitative (so focused on specific aspects of measurement) making it difficult to compare with the contemporary research, which is mostly qualitative and centred on counselling, psychology or psychotherapy trainees' experiences whilst studying.

The importance of the role of the facilitator in the context of safety for participants and the group process is a factor emerging from both Encounter group and current literature. Responsibilities in handling ethical dilemmas, appears in both sets of research and facilitator style is deemed to have some impact on both learning and safety aspects. Other aspects of the presented research, which are inevitably part of the learning experience are the initial expectations that individuals enter groups with. This may seem as though it is a given for each individual, but if this is coupled with findings indicating that a lack of clarity of aims in PD groups can exacerbate anxiety, then there is a call for greater support and clarity in PD training.

1.11 TERMINOLOGY

The terms Counselling and Psychotherapy are used interchangeably throughout the thesis, although it is acknowledged that these can be seen as different types of training. Although some of the participants in this research study were psychotherapists and some counsellors, the format of the PD group is similar for both types of training course. Moreover, the studies cited in the literature review do not always make a distinction. Psychotherapy is more likely to be an in depth focus on client issues and can deal with deep mental health problems and disorders that may have developed over a long period of time and so training is usually longer, resulting in PD input being longer. Although there are differences in professional training in Counselling and Psychotherapy, there are overlaps between the two sometimes creating confusion in the literature generally (Jacobson, 2015).

1.12 STRUCTURE OF THE THESIS

The remaining chapters of the thesis are as follows:

Chapter 2. Literature Review. The key areas of the literature review are the qualitative and quantitative studies conducted on the early precursors to the PD group, including Psychodrama, Encounter groups, 'T' groups, and Marathon Encounters. Contemporary literature on current PD groups are presented, with a focus on some of the concerning issues indicated in the research.

Chapter 3. Methodology. This chapter will introduce the qualitative approach chosen for the study based on phenomenology, incorporating my own therapeutic Gestalt approach and discusses the relationship between epistemology and methodology. The research design, including the pilot study, recruitment, data collection and analysis and ethics will be discussed in relation to the methodological choices made.

Chapter 4. Findings I. Experiences in PD groups focusing on 'feeling unsafe and unsupported' and 'processing and personal change a new vision'. This illustrates how participants experience exposure, vulnerability, shame and abandonment, with group situations often feeling volatile, unpredictable and uncertain. 'Into the Light' is intended to convey how they were able to move out from under the spotlight into a different kind of light or an insight into different ways of feeling, thinking or behaving.

Chapter 5. Findings II. Using experiences in client and training work: Metamorphosis. The term metamorphosis is used to demonstrate how participants internalised and translated their experiences into their practice.

Chapter 6. The Discussion. This chapter will assimilate and synthesise the findings in conjunction with the literature reviewed and the contributions to knowledge this study makes.

Chapter 7. Conclusions.

GLOSSARY OF TERMS:

BACP – British Association for Counselling and Psychotherapy

CACREP – Council for Accreditation of Counseling and Related Educational Programs
(North America)

IPA – Interpretative Phenomenological Analysis

NTL – National Training Laboratory

PD – Personal development

RPG – Reflective Practice Group

'T' groups – Training Groups. Encounter style training groups

UKCP – UK Council for Psychotherapy

CHAPTER 2 LITERATURE REVIEW

The purpose of this review is firstly to demonstrate the importance of the historical literature which identifies issues in the Encounter groups in the 1940s and 50s. These were used initially for a variety of purposes from group psychotherapy with psychiatric patients, to groups focusing on personal development for the general population. Much of the early research included this generic mix of participants as well as the use of volunteers from student populations and health workers. PD groups used in counselling and psychotherapy training today are based on the format of these early Encounter groups (McMahon & Rodillas, 2018) which is the rationale for the inclusion of the historical literature here. Several forms of these groups will be included in the review, which are Psychodrama, 'T' groups, Marathon Encounter, and Rogerian groups, under the main umbrella of 'Encounter Groups'. A short explanation of these groups is given in the previous chapter but relevant research studies from the 1960s to the 1990s are presented here. Explorations of contemporary empirical research on PD groups from the 1990s to the present continue the review, focusing on issues of safety, the role of facilitators, ethical concerns and dual roles of facilitators, expectations of PD groups, clarification of group aims, positive learning and the transformation of learning. The chapter concludes with a rationale for the present research and a statement of the research aims.

I used a number of different search strategies including use of seminal texts such as 'Encounter Groups First Facts' (Lieberman, Yalom and Miles, 1973), and 'A Way of Being' (Rogers, 1980) along with their bibliographies and reference sections, citation references and key words in search engines as well as journal articles relating to learning in groups, personal development in counselling and psychotherapy, personal development groups, counselling and psychotherapy training, encounter groups, T groups and psychodrama groups. Electronic searches of computerised databases were conducted to find relevant studies (e.g., PsycINFO, PsycArticles, Google Scholar, JISC, JSTOR, ERIC). Examples of keyword combinations for electronic database searches can be found in the table below.

Table 1. Keyword combinations for electronic database searches

Topic Area	Keyword Combination
Personal development	Personal development + groups
	Personal development + counselling + psychotherapy
PD groups	Counselling + psychotherapy
Process groups	Rogerian groups + 'T' groups + encounter groups + marathon groups + psychodrama groups + sociometry
Personal growth	PD groups + process groups + counselling + psychotherapy
Group learning Learning in groups	Transforming learning + learning for practice + using learning in practice + how do we learn + development in groups + reflective learning
Group dynamics	Safety + challenges + learning + group process
Facilitating groups	Safety + psychological safety + facilitator roles + facilitator styles + group learning
IPA	Critique of IPA + advantages + limitations
Ethics in groups	PD groups + facilitators + dual roles + group aims

2.1 ISSUES OF SAFETY

SAFETY ISSUES IN ENCOUNTER GROUPS

Different forms of therapeutic groups go back as far as “*primitive healing ceremonies*” (Weigel, 1977: 202), indicating a long-held belief in the positive gains from coming together and sharing emotionally. These early groups, in the same ways as current PD groups, required emotional self-searching and interpersonal challenges were assumed to aid personal development. At first, Encounter groups were viewed as educational, with a focus on human relations training but there was a gradual shift to a clinical emphasis and groups became much more experiential or ‘looser’ which resulted in the goals of the group encounter becoming vaguer with more weight given to explore the self, one’s past history and their self-concerns (Yalom, 1995). However, general questions about the safety of the group environment began to surface in the 1960s, coinciding with the surge of “*socially disenchanted, middle class America*” (Hartley, Roback & Abramowitz, 1976: 247).

These groups were not professionally regulated or supervised and facilitators ranged in experience and training from qualified psychotherapists to volunteers who were interested, or students in training (Lieberman et al., 1973). Society seemed divided about them at the time, with some forming a cult following, but others more sceptical and revolting against them.

According to Shakoor (2013: xi) “*effective groups are places filled with possibilities for exploration, mutual support and personal growth*”. However, members need to feel

psychologically safe for positive interactions to take place and this can influence participants' motivation to openly interact, sharing feelings and thoughts (Harel, Shechtman & Cutrona, 2011). Much of the literature concerning psychological safety in groups or teams and the role of facilitators in safety issues, is within the area of work and organizational engagement (Edmondson, 1999; Carmeli & Gittell, 2009; Seibert, Wang & Courtright, 2011; Edmondson & Lei, 2014) and is therefore included here. Psychological safety can be defined as a cognitive state distinct from psychological empowerment and work engagement (Frazier et al., 2017) and is more about a perception of the environment rather than any pressures or tasks associated with work roles. Trust seems to play a part too (Mayer, Davis & Schoorman, 1995), defined as a willingness to be vulnerable to the actions of others. It is notable that there is little empirical literature outside of the arena of psychological safety in the workplace, therefore I have used the workplace literature in an application to the context of pd groups in this study. The definitions presented here are appropriate conceptualisations for the purposes of the research.

Psychological safety was explored by Kurt Lewin (1947a & b) in the context of organisations bringing about change. He recognised a process of unfreeze, change and re-freeze which involved a course of action or adjustment with a potential for fear or unease. Schein (1993) addressed the anxiety involved in any change process and called for managers and team leaders to invest in creating a safe work environment. Psychological safety is *"the belief that the work environment is safe for interpersonal risk taking"* (Edmondson, 2019: 7). This relates to being able to speak up in an environment where there is trust and respect or having a group voice (Liang, Farh & Farh, 2012). If individuals in a group feel that there are negative consequences to speaking out or sharing, such as being judged, shamed, or even ridiculed or not noticed at all, resulting potential withdrawal will affect learning. If there is a culture of trust without these fears, collective risk-taking may be engendered (Deng et al., 2019).

Psychological safety is of prime importance in learning, according to Sanner and Bunderson (2015) and Edmondson (1999) provides compelling evidence on the importance of psychological safety in the workplace for learning. Her study of 51 manufacturing work teams provides insight into the provision of an environment for psychological safety, if learning through risk-taking is expected from groups. She defines team psychological safety as the need for a shared belief that the team is safe enough to take interpersonal risks, but that this belief is often tacit or taken for granted. She asserts that psychological safety can facilitate learning behaviour if there is no concern about others' reactions to actions that have potential for threat or embarrassment.

Edmondson's (1999) study, incorporating qualitative interviews and observation, focused on teams in office design, including manufacturing, sales, IT and accounting. Building trust and clarity of team aims were found to be of prime importance for safety. The findings provide some information to supplement the limited research on facilitation of PD groups, particularly in the context of factors which may help or hinder learning. Carl Rogers reiterates this in his quote:

When the individual is in no way threatened, then he is open to his experience... Every stimulus, whether originating within the organism or in the environment, is freely relayed through the nervous system without being distorted or channelled off by any defensive mechanism (Rogers, 1959: 206).

This, from Rogers however, may be somewhat unrealistic in that he is suggesting an idealistic environment for sharing and self-disclosing in a group situation. However, it can be seen from the following literature that experiences in the PD group can be severely and negatively affected by a lack of safety or a threat, which can be instigated by a variety of issues such as a lack of support in groups, too much confrontation and challenge, poor facilitation, dual roles and lack of confidentiality between facilitators and group members, a lack of clarity in group aims and poorly managed experiential learning, which unfortunately appear to be fairly common.

On the other hand, some studies suggest that having an unsafe psychological climate in the workplace has no significant effect on learning (Choo, Linderman, & Schroeder, 2007), and other types of performance (Faraj & Yan, 2009). This would suggest that having an unsafe environment in the PD group may make no difference to learning. However, Faraj and Yan, (2009) seem to be arguing for a case of having enough challenge for high performance without employees becoming too comfortable with each other. In support of this, Deng et al. (2019) found that too much psychological group safety can reduce desirable risk-taking, including group voice, learning, and creativity as an effect of reduction in work motivation, particularly in individualistic groups. In other words, too much 'comfort' and not enough challenge can reduce motivation and so be counterproductive. The PD group however is unlike any other group in that emotional vulnerability is exposed in the form of sharing and relational contact; the PD group is not about performance or achievement, it is about the development of self-awareness.

The most extensive and comprehensive study of Encounter groups was conducted by Lieberman et al. (1973). They studied 210 Encounter group participants, in 18 groups who met over 30 hours over a 12 week period. 69 participants were used as a control and over 50 different quantitative measuring tools were employed as well as qualitative case study exploration. 40 (19%) participants dropped out before half-way through the study with the

two main reasons being, those who did not feel any benefits, and those who felt they might come to psychological harm if they stayed. The latter was related to being rejected in the group, issues of anger, and being attacked. The aim of the study was to examine outcomes of the Encounter groups and the relationship between outcome, leader technique, and group process variables. Measurements of outcomes, using a variety of psychological tools were used before the group started, after completion, and for some groups, six months later. The tools measured self-esteem, self-ideal discrepancy, interpersonal attitudes and behaviour, life values, defence mechanisms, emotional expressivity, values, friendship patterns, and major life decisions (Lieberman, et al., 1973; Yalom & Leszcz, 2005). The overall findings, which are often overviewed in contemporary literature, is that these groups provide “*intense, meaningful, transitory relationships*” (Lieberman et al., 1973: 452), but also present “*a clear and evident danger*” (455) in terms of psychological damage to some participants. Indications were of psychological distress and maladaptive use of defences lasting for 8 months or more after leaving the group.

There were acknowledged limitations of the studies presented, including leader variables (training and experience varied considerably), small group numbers and small groups, differing Encounter group approaches and member variables, (including differing participant aims for development and widely divergent presenting personal issues). Moreover, only a quarter of them used follow up interviews (Lieberman et al., 1973), so there was little evidence of any long lasting effects of the group process. These mixed and somewhat confusing results reflect many of the studies that followed. Although these varied groups appear to offer personal learning and self-development, there are often disturbing findings related to participant safety.

The question of safety related to these groups was approached by Hartley et al. (1976) who presented a narrative review of 9 empirical investigations carried out between 1945 and 1970. They consisted of a mixture of data from the National Training Laboratory (NTL) records, questionnaires (some with up to a year follow up from Encounter group experiences) and one study from authors’ participant observation. Publications on a variety of Encounter style groups were included, namely Encounter and ‘T’ groups, and Marathon groups. The findings indicated psychological distress, increased psychotic episodes during and after group participation, harmful interpersonal feedback, participants feeling worse about themselves and their lives, unethical relationships with group leaders and increased anxiety or depression more than 6 weeks after the group had finished. The authors suggested these findings were enough to warrant further research investigations into Encounter groups, although there were numerous variables such as differences in participants, groups and leaders. Some participants had psychological distress before they

entered the groups, which were exacerbated by group activities. Attack, aggressive confrontation or rejection from group members or leaders were found to be among the most significant factors for harm, but unclear group rules, coercive participation and facilitators exploiting their power were also factors. Some facilitators were also found to be unaware of distress in groups. Hartley et al. (1976) found a range of percentages of 'casualties' (those assessed as suffering psychological harm) between as little as 0.2, but up to 47 in some studies, indicating possible inconsistencies in methodology, such as some of them incorporating pre and post group measurements, and some including only post group assessments; others used follow up evaluations and some, but not all used process and outcome measures. Author recommendations were screening for psychopathology before entering a group, specific leadership training, and certification and regulation of group facilitators.

Questions were indeed being raised in the 1970s about the psychological dangers and safety of 'T' groups (Cooper, 1972), but there was little research carried out other than the assessment of personality change (Reddy, 1972). Thus, in an effort to answer these questions, Cooper (1972) compared two T groups, or training groups with a psychotherapy group, (the difference being in the former, participants are focused on learning more about themselves, whereas the second comprises of clients with specific psychological issues). A self-assessment scale was used to measure pathology in 36 students in clinical psychology training, in an attempt to assess resulting pathology by 'visits to a doctor' (for mental health issues) after the training. The results demonstrated insignificant and no more psychological pathology in the T groups than in the comparison group. However, this is a very limited measure of psychopathology in that there is no mention of pre-existing pathology, nor any measurement of the type or severity of issues warranting the visits. Furthermore, these visits may have indicated a temporary manifestation of anxiety as a result of self-searching within the Encounter group. Alternatively, group participants may not have visited doctors at all, yet still have suffered psychological disturbance.

In any case, measuring the number of visits to the doctor relies on the participant's perception of psychological difficulties. Also, Cooper (1972) readily admits that those who volunteer for groups may not replicate society in general, in fact they may be more emotionally 'unstable' and therefore more open to talking about their emotions. Cooper's findings conflict with Lieberman et al. (1973) who found a 10% casualty rate, during or after group participation, including individuals needing psychotherapy or 'visits to the doctor' after Encounter group experiences.

A perspective on difficulties in groups comes from Nitsun's (2009) clinical observations on group leaders and group dynamics. He refers to his own work as a clinical psychoanalyst working with groups in a psychiatric setting, and his writing on the 'anti-group' (which he defines as "*a process of groups setting up with therapeutic intent entering phases in which darker motivations emerge*" (2015: 73) is a stark warning of how groups can create dangerous experiences for members. Comparably, Bion's (1897-1979) thoughts are outlined in his *Experiences in Groups* (1961) in which he particularly documented sometimes negative dynamic forces in groups, noticing that interactions between group members can be heavily infused with emotion and imbued with collusion. His specific ideas related to group mentality and group culture and he built on Klein's (1932) ideas about projective identification, applying this to groups in terms of the concept of transference and countertransference.

Although Nitsun's (2009) reflections were based on his own psychoanalytical groups, the fantasies and projections he observed can occur in current PD groups too (Yalom & Leszcz, 2005). Nitsun's suggestion was that projective identification on group leaders, if positive objects, can result in the group being nourishing and resilient, but if 'bad' objects, (Klein, 1932) then there may be unsafe and persecuting experiences in the group. My interpretation here of the 'object' is based on the group facilitator, or to a lesser extent, other group members. An alternative and more positive viewpoint was that of Foulke's (1948) who believed that aggression and destructiveness in groups can be turned into healthy forms of aggression and assertiveness. However, in the light of some of the empirical findings, (Lieberman et al, 1973; Hartley et al., 1976; Gottschalk, 1966) this seems a rather over optimistic and unrealistic viewpoint.

Further reports of psychopathological reactions, such as acute psychotic withdrawals, emotional breakdown, isolation and withdrawal reactions and depressive reactions were found by Gottschalk (1966) in observation studies of T groups. He reported the lack of definitive leadership, no explicit goals and no rules of procedures in most groups.

The lack of structure added to anxieties, and explicit trust was placed upon group leaders, with expectations that they would be experienced enough to handle neurotic conflicts. Recommendations from this study were for "*more serious and careful study*" (Gottschalk (1966: 486) and a limitation to expectations of the remedy of social and psychological problems in society.

Emotional disturbance after a T group experience was also reported by Kane, Wallace and Lipton (1971) in their questionnaire study of 91 participants, finding 31% of these had some

kind of psychological reaction. Similarly to Gottschalk (1966), informed consent, screening, limit setting, facilitators lacking professional certification, absence of control groups and any kind of follow up were lacking. Overall, the limitations in studies, identified by these authors (Gottschalk, 1966; Kane et al., 1971) indicate issues in methodologies, such as inadequate measuring, reporting and under use of control groups. Furthermore, there were differences in participants' reasons for being in the study; for example, some were patients who were volunteered by psychiatrists (and so perhaps more psychologically vulnerable) and others were more 'healthy' volunteers, which may have affected results. These flaws make it difficult to reach any firm conclusions, and any outcome involving 'emotional disturbance' may reflect the intensity of a group experience and may only be temporary. A further issue found by Lieberman et al. (1973) indicated that only one third of the studies used any kind of control group, only a quarter used follow up interviews and only a small proportion examined both process and outcome (or in other words, measured experiences during the course of the group as well as at the end).

In regard to reports of alarming findings, such as unethical relationships with group leaders, harmful interpersonal feedback, psychological distress, casual sexual behaviour, the inappropriate breakdown of defences in group members, and the authors' admission that their research is questionable, Hartley et al. (1976) suggested that these findings were enough to warrant further research investigation into Encounter groups. These issues correspond with often repeated concerns of subsequent studies on Encounter groups reviewed in this chapter. Also, participants in these groups were diverse, from patients with mental illnesses, volunteers, staff, prison inmates and members of the general public seeking to find self-transformation, similar to subjects used in Lieberman et al. (1973) and Cooper's (1972) study. Despite these findings, there was an assumption by many, that Encounter groups offered an answer to social and racial tensions in North America at the time (Yalom & Leszcz, 2005). However, there were mixed opinions about Encounter groups ranging from "*a significant social intervention of the century*" (Rogers, 1968: 340), "*a multimillion-dollar business and a callous exploitation of group therapy*" (Maliver, 1973, quoted in Hartley et al., 1976: 247), to "*a threat to dignity and individuality*" (Hartley et al., 1976: 247). Again, in the face of this diversity of opinion, it is surprising that the Encounter group movement lasted so long. In fact, Lieberman et al. (1973) suggested that Encounter groups may produce group casualties (or in other words, psychological sufferers) rather than bring change in individuals, compared to being in therapy.

However, they also say:

...today, we need to consider the encounter group as one of many techniques available to us, and to not expect more of it than can be realistically anticipated. It should be seen as the treatment (or 'growth experience') of choice for some, but not all that would seek it (Lieberman et al., 1973: 220).

This seems a very reasonable and realistic judgement and one which potentially could be applied to the present day PD groups, as long as safety within the group is ensured.

2.2 SUMMARY

Overall, considering the number of outcome studies reviewed, there is some support for the effectiveness of Encounter groups, but there are also some powerful findings which raised questions about their safety. They were clearly at times, psychologically unsafe, had high risk factors relating to anxiety and distress or had adverse long-term consequences. In fact, Lieberman et al. (1973: 454) say: *"Encounter groups, at their best, provide a setting for engaging in processes that are not usually available in the degree to which many apparently desire and perhaps need them"*. However, at some point, their growth over ran their benefits, with group leaders practising dangerously and techniques were facilitated and developed to speed up their process and provision, which inevitably created problems when experiments in groups were not fully planned and facilitated.

2.3 ISSUES OF SAFETY

SAFETY ISSUES IN CURRENT PD GROUPS

The contemporary research almost exclusively focuses on counselling, psychotherapy and psychology trainees' experiences. Some of the publications reviewed here are American, but it is considered that counselling and psychotherapy training is similar to the UK and that culturally, the countries are comparable in attitudes and values relating to training issues. The predominant findings are of safety issues in both Encounter and present day PD groups, expectations of participants, facilitator roles, ethical issues, the positive learning achieved in these groups and the transformation of learning. Both areas of research concentrate on group members' experiences but there are many underexplored areas, namely, how these experiences are processed and used in clinical work, which has led to this doctoral research.

Much of the contemporary empirical research carried out on PD groups (Robson & Robson, 2008; Payne, 2001, 2010; Knight, Sperlinger & Maltby, 2010; Schumaker, Ortiz & Brenninkmeyer, 2011; Moller & Rance, 2013;) found that safety or absence of it and lack of control, were particular issues for PD group members. Robson and Robson's (2008) study of

11 counselling trainees used journals to record their experiences over an academic term. Their thematic analysis found 12 themes including recognition of a need for safety, particularly when taking risks in the group. Some experienced a lack of safety when conflict occurred, or they felt too exposed in the physical environment. Shared aims, a feeling of belonging, and feeling listened to were among the more positive findings, but changes in the group, lack of confidentiality, not being heard, individuals entering and leaving the group were more negative and concerning effects relating to safety. This was a small study aiming to understand perceptions of students' experiences, as would be expected in qualitative research, reflecting the nature of the small numbers in PD groups themselves. Overall this study demonstrates a diversity of both positive and negative experiences in the PD group, which echoes other similar research up until the present day.

Although Moller and Rance (2013) did find positive learning in their thematic analysis of 12 counselling psychology trainees, some reports of experiences being painful, apprehensive, vulnerable, wary, anxiety-filled, intimidating, scary, unsafe and being negatively judged, were also concerning. Trainees attended a weekly PD group and the use of words such as 'dread' and 'fear' alongside safety issues involving a lack of confidentiality and fear of inadequate support were similarly found in other studies (Hall et al., 1999; Payne, 2010; Anderson & Price, 2011; Rees & MacLaine, 2016; McMahan & Rodillas, 2018). These powerful adverse emotions seem to be in equal measure to the positive learning found, but the potential for harm emerging from the literature is worrying.

Vulnerability, lack of safety and exposure are frequently reported in these studies, with a larger quantitative analysis by Knight et al. (2010), adding to these findings. This involved 124 qualified psychologists (invitations were sent out to 297) completing an RPG (Reflective Practice Group) questionnaire. Although there was some indication that most found their PD group during training valuable, both personally and professionally, a significant third experienced discomfort, vulnerability and did not find them useful at all. Group size seemed to be a factor, with larger (14 or more) numbers rated as more distressing and less valuable.

The authors advocated further research using in depth interviews exploring the nature and role of personal distress and the ways in which some individuals manage to make use of these experiences. Importantly, they did also acknowledge that responses are often from those with particularly strong positive or negative experiences, which, it can be argued, is common in much of the group literature here and can be an issue in the representativeness of samples.

These issues of vulnerability, uncertainty or unpredictability and anxiety are a concern if there is a hope for emotional learning in the PD group and longer-term research is needed in ascertaining how long the learning from experiences lasts as well as how they are used. An initial literature review by McMahon and Rodillas (2018) identified the risks associated with PD groups, and their longer term (4 year) research with 32 Masters students indicated a wide range of diverse feelings and emotions including vulnerability, uncertainty, anxiety and fears about being judged by others similar to previous studies (Robson & Robson, 2008; Payne, 2010; Knight et al., 2010; Moller & Rance, 2013). Intermittent self-assessments were given to students to assess changes in their interpersonal awareness which they did find, but also dual relationships involving unclear boundaries between students and facilitators, fear, and feelings of being unsafe were also part of their results. Also, a significant limitation of the study, identified by the authors, similar to others reviewed here, included a potential bias emanating from pressure to please tutors (this is described by McLeod (1994) as common where researchers are also course facilitators).

2.4 SUMMARY

The current state of PD groups is much better regulated and controlled than the earlier Encounter groups, but there are still concerns over issues of safety and ethical issues (McMahon & Rodillas, 2018). The studies reviewed here demonstrate clearly that there are still worries about participant safety in PD groups, this particular aspect changing little since then. Although weaknesses in methodology were articulated in the Encounter group reviews (Wieser, 2007; Kellerman, 1987; Kipper & Richie, 2003), these later qualitative studies, offering richer data on PD groups, have found similar experiences.

2.5 ROLE OF THE FACILITATOR FACILITATORS AND SAFETY

There is little empirical research on the facilitation of PD groups, other than as a non-specific finding within studies focusing on experiences in PD groups (Payne, 2001, 2004; Moller & Rance, 2013; McMahon & Rodillas, 2018; Luke & Kiweewa, 2010). However, there is research focusing on safety in the workplace emphasising the importance of the facilitator in engendering safety in teams and groups. Some of this can be applied in the context of this review as it highlights similar issues in the functioning of groups and the amount of challenge individuals can tolerate in order to be productive. I would argue that the importance of the role of the facilitator is often under emphasised in the context of their function in managing high emotions, boundary keeping, offering feedback to group members and having a duty to

assess the ongoing safety of group participants. Group members need to feel they can take some experiential and emotional risks, even if this is merely being able to ask questions, voice opinions or use critical challenge with each other. If they are not able to do this, then learning may not take place (Edmondson, 1999). Participants must have *“the feeling that taking interpersonal risks will not result in embarrassment, ridicule, or shame, and enables people to engage, connect, change and learn”* (Edmondson & Lei, 2014; quoted in Wanless, 2016: 6). Inadequate facilitation and support to challenge others can create stress (Hutchison, 2015) and distress which can be so overwhelming as to threaten self-concept, leading to emotional flooding or shutdown.

Distress in groups can hinder the processing of experiences and thus requires facilitator support to enable a constructive process. The importance of good leadership in groups is identified by Clarke (2013) as key to psychological safety in the workplace. Her analysis of 103 studies found managerial leadership in the workplace, which had a proactive approach in monitoring and intervening when issues occurred in teams, was critical for safety. Giving feedback and clarifying expectations was found to be important, which is an issue identified in PD literature (Ieva, Ohrt, Swank & Young, 2009; Schumaker et al., 2011; Rees & MacLaine, 2016).

A systematic review (Newman, Donahue & Eva, 2017) of 62 empirical studies between 1990 and 2015 similarly identified supportive leadership as being key and although this review also focused on the workplace environment, facilitator issues such as being inclusive, trustworthy, and being able to listen to group members is applicable to the PD environment. Newman et al. (2017) found that perceptions of safety increased as leaders develop positive relations. Moreover, positive role modelling was held to be one of the key factors in being able to take risks and engage in honest communication leading to engagement and learning. An additional conclusion from their review is that psychological safety evolves over time, which suggests a gradual introduction of challenge following a time trajectory may be needed. This would correspond with Kolb's (1984) theory of experiential learning, which offers a suggestion that an individual experiences the group, reflects on experiences, conceptualises this through learning from the experience and finally experiments, the latter being associated with feeling safe enough to challenge. This also corresponds with Tuckman and Jenson's (1977) view of group process, suggesting that a group needs to move through various stages before feeling safe enough to take risks.

Many of the studies identify facilitator issues within overall findings on experiences in PD groups. Examples of these are Robson and Robson (2008), who identified the importance of

the facilitator's responsibility in creating emotional safety and a qualitative small scale study by Payne (2001) who recommended co-leadership to increase safety and support in groups particularly in impending situations of conflict or disruption. Similarly, Ohrt, Ener, Porter and Young (2014) found that facilitators were important in increasing participant safety, particularly in being aware of critical interactions and changes in emotion in the group. Although these studies are few, all of them highlight the importance of the PD group facilitator in maintaining safety and all advocate training in group leadership and leadership responsibilities.

Rogers (1970) asserted that facilitating a group is no different to one to one therapy in terms of safety, which I would argue with in the light of these studies. In view of the importance of the facilitator in maintaining boundaries, assessing and managing safety (when individual emotions are disparate and intense) and mediating or diffusing powerful emotions, the difficulties are in being vigilant for a group of people, not just one person. Rogers' (1970) views on the values and benefits of groups sometimes seem idealistic and the theory of a well-functioning group does not always play out in practice. Inadequate facilitation, as Hutchison (2015) emphasised, can allow negative emotions to flourish and increase the potential for psychological damage where constructive learning will not take place. This parallels the work in organisational psychology (Edmondson, 1999; Seibert et al., 2011; Edmondson & Lei, 2014) highlighting the importance of the group leader in establishing a climate of trust and safe confrontation.

Untrained group leaders may also have a negative effect on group safety (Lieberman et al., 1973). Their extensive study of 210 Encounter group participants (details highlighted above), found that levels of facilitator training, experience, individual styles and values, and behaviour interventions differed so much, that it was difficult to measure and compare participants' feelings of 'benefit or harm' (Lieberman et al., 1973: 264). Behaviours of facilitators were measured on the basis of how often they challenged, interpreted, or stopped interactions between members, but these outcomes also were varied. This was mainly because of differing facilitator styles, types and personal philosophies, with some groups having very positive learning outcomes, and others, having 'group casualties' (Lieberman et al., 1973) related to inadequate group leaders. This not insignificant variation in facilitators created too many variables making it difficult to measure outcomes, which the authors acknowledged as weaknesses in the methodology. Conclusions on facilitator input indicated that the ways leaders conduct themselves (or in other words, their personal styles and behaviour) made a substantive difference in the relative benefit or harm the group experienced.

Similarly to these earlier outcome studies, some of the contemporary empirical literature also found concerning variations in facilitator styles, as well as finding breaches of confidentiality by facilitators, the absence of informed consent prior to participation in PD groups and questionable mandatory participation in groups (Davenport, 2004; Shakoor, 2013; Schumaker et al., 2011; McMahon & Rodillas, 2018;) all of which had the potential to affect safety.

Facilitator styles were also emphasised in Draskóczy's (2019) qualitative study with 30 Encounter group participants. The findings indicated that they felt safer with a facilitator who 'listens and protects', with a softer, nurturing style. Draskóczy's results were based on his own working with a group of 30 Encounter group members and focused on their facilitator experiences. The results varied between participants asserting that it was safer to talk with a facilitator who listens and 'protects' to others who said that facilitators could misuse their power (which creates potential for damage and distress). This may reflect differing individual needs in groups as well as adaptation to differing facilitator styles. Inevitably a challenging facilitation style has the potential to trigger more stress or distress for some individuals. Some individuals may view challenge very positively, but some cannot (Knight et al., 2010), suggesting a 'fit' between facilitators and group or team members.

This is supported in the study by Lieberman et al. (1973) who identified 6 types of facilitator, the energizer (emotional stimulators), the provider (caring and paternalistic), the social engineer, (group focused and social engineers), the impersonal (distant and aggressive), and the manager (controllers). Safety issues were less apparent with the 'provider' type but the dilemma is that learning outcomes were better with the 'energizer' although dropout rates were higher with the 'energizer', suggesting connections with safety issues. Other studies found personal preferences for nurturing facilitators but also indicated that learning outcomes were higher with more active and challenging facilitators (Knight et al., 2010; Nathan & Poulsen, 2004). Knight et al. (2010) carried out a quantitative survey of 297 clinical psychologists, finding their participants associated an unclear style of facilitation and large groups with distress. Findings from a qualitative study by Nathan and Poulsen (2004) emphasised that the importance of facilitators keeping clear boundaries and the ability to contain emotions were important for safety, which was related to a more nurturing style of facilitator.

However, a controversial view is that of Powles (2007) who asserts that violations of boundaries, such as breaches of confidentiality in groups may be potentially destructive but can also offer opportunities for learning. This was a reflective publication in which he also shares his thoughts about the need for clear contracting and the value of role playing

difficulties in the group. I would agree to an extent, that the challenge of ethical concerns are valuable learning, but the cost of this may be too much for some participants who may be unable to process the learning. A study by Broekaert & Vanderplasschen (2003) similarly recommended that the prominent tool in the encounter group should remain that of confrontation, as there is rich learning to be had: *“Negative feelings should not be pushed away but lived through”* (Broekaert & Vanderplasschen, 2003: 241). Their study aimed to highlight differences between old and current encounter style groups with a 20 year interval. They found that supportive behaviour can be associated with confrontation, corresponding with suggestions from other studies (Moller & Rance, 2013; McMahon & Rodillas, 2018; Payne, 2010) that confrontation and discomfort is expected although it need not be destructive if support is in place when it is used. However, in the absence of any follow up research, confirming the value either personally or in clinical practice, this cannot be confirmed in any long term evidence.

An alternative research view from the facilitator perspective was undertaken by Binks, Jones and Knight (2013). They used a qualitative phenomenological study with 7 clinical psychologists who were group facilitators in clinical psychology training, finding that participants believed distress in groups was a necessary part of the training and needed for effective practice with clients. This is consistent with Broekaert & Vanderplasschen (2003) and that there is a need to work through distress for valuable learning to occur. However, Binks et al. (2013) also found facilitators concern over distress and its' impact on the emotional wellbeing of individuals in the group.

2.6 SUMMARY

Studies focusing on safety in the workplace have found that the group leader's role is significant in helping teams or groups to feel safe. The empirical literature on PD groups indicates similarly that the facilitator's role is vital, particularly in situations where risk taking is an expected norm. It seems that although a challenging facilitator style may contribute to learning and growth, participants may experience too much distress. A more nurturing style can foster safety but may be less likely to stimulate learning. Factors predisposing to a lack of safety include poor maintenance of boundaries, breaches of confidentiality, not ensuring informed consent and not offering clear guidelines and feedback. More in depth studies are needed to ascertain the nature of personal distress and the mechanisms through which a person can use challenge to their advantage.

2.7 ETHICAL CONCERNS AND DUAL ROLES OF FACILITATORS

There is little disagreement on the role of the facilitator (Johns, 1996; Hughes & Youngson, 2009), such as creating a safe learning space, picking up destructive group processes and role modelling interpersonal skills. However, there is more debate over who should carry out this role, for example, should it be a member of the core teaching team, on training courses and whether the facilitator should be involved in assessment (Hughes & Youngson, 2009; Dryden, 1994). Zhu's (2018) systematic review of the literature (consisting of 15 studies on PD groups), found issues such as mandatory participation, dual relationships, breaches of confidentiality, and inaction of facilitators a concern, stating that "*there is as much freedom and creativity as there is confusion and uncertainty*" (2019: 162).

Almost all of the studies presented here have raised issues over dual roles or confidentiality in the PD group, with a particular emphasis on facilitator violation of confidentiality (Payne, 2001; Luke & Kiweewa, 2010; Draskóczy, 2019; McMahon & Rodillas, 2018). Although confidentiality should be an expected norm in the PD group (Yalom & Leszcz, 2005) particularly between participants and facilitator, fears of confidentiality being breached was found in some studies, (Moller & Rance, 2013; McMahon & Rodillas, 2018). The latter authors found, in their longitudinal mixed methods study of 32 psychotherapy students over a year, that there were concerns about dual relationships involving course staff having a group facilitator role alongside one of assessment, which has the potential for participants to feel the need to withhold personal disclosure in the group, fearing assessment repercussions.

Issues of dual relationships relating to confidentiality were also highlighted by Anderson and Price (2001) in their survey study of 99 Masters level students over 7 counselling and counselling psychology programmes. Their study was prompted by concerns over power differentials between course teachers and students creating the potential for the student to have less power and therefore diminished control over participation in groups facilitated by their supervisors and evaluators. The percentages of students indicating difficulties with dual role issues or invasion of privacy ranged from 3% to 29% across a differing range of groups. The authors concluded that if safeguards, such as informed consent, pre-group preparation and training in appropriate self-disclosure are put in place, then safety issues will decrease considerably. However, a study by St Pierre (2014) surveying 330 members of the American Counseling Association found that 70% of their group facilitators were course instructors, which were a concern in issues of dual roles. The recommendations offered by Anderson and Price in 2001 may have possibly indicated a shift in the ethos of some training courses, but the findings by St Pierre (2014) indicate a concern in the continuation of these issues,

which seem similar in both the UK and the US (McMahon & Rodillas, 2018; Goodrich & Luke, 2017; Zhu, 2018).

In an attempt to determine whether current models of training were overcoming some of the ethical issues arising in PD groups, Schumaker et al. (2011) examined 82 counselling/psychotherapy Master's courses in the US to explore current practice of using experiential groups. There were concerns with dual roles, and confidentiality, related to student assessment, where facilitators have access to students' private information when they disclose aspects of themselves in practical work. This consideration has led to an infusion of new methods, such as role playing and simulated group experience to take the place of personal self-disclosure in groups with the authors advocating the use of someone other than the course instructor to conduct the experiential part of the course. This sounds like a positive outcome for the practice of PD groups, but studies conducted in both the UK and the US since then have repeatedly found the same concerns recurring (Binks et al., 2013; St Pierre, 2014; Anderson, Sylvan & Sheets, 2014; McMahon & Rodillas, 2018).

2.8 SUMMARY

The concept of needing to share concerns about students in training with colleagues, to ensure objectivity and safety and yet at the same time, offer a supportive environment for freedom of expression in the PD group, is a difficult one for trainers. Issues of confidentiality can be limited to the here and now and facilitators who are not part of the core team, should be used (Yalom & Leszcz, 2005). However, Zhu (2018) suggested that this might create new ethical challenges such as gatekeeping responsibilities and facilitators not knowing the trainees. Although some safety measures used by facilitators, such as informed consent, expressing clear aims excluding dual roles (Anderson et al., 2014), can help to some extent, the issues persist. Facilitators are crucial in taking a range of responsibilities in PD groups, including the assessment of safety, the prevention of unmanageable emotions and distress, the holding of boundaries and the management of ethical issues arising. It can be seen from the studies that facilitators have differing styles, personalities and approaches, but clearer guidelines on facilitating PD groups should be more apparent.

2.9 INFLUENCES ON PERSONAL DEVELOPMENT LEARNING EXPECTATIONS OF THE PD GROUP

“Who shall learn and who shall falter” Lieberman et al. (1973: 315).

This quote from Lieberman et al. suggests that group participants embark on their learning journey with differing aims, expectations and hopes or they are just open to the experience. The authors aimed to discover whether facilitators had any influence on the learning they took away. Participant expectations are inevitably part of the overall learning experience for any group and will include the anticipation of learning, anxieties, hopes and fears. In order to implement more satisfactory experiences of the PD group, it seems sensible to have more knowledge of what is expected and whether these expectations affect the overall experience, including learning. An important aspect of this seems to be in the clarification of the aims of the PD group and much of the research reviewed here, relating to overall experiences, made links between safety, ethical concerns and the clarification of aims.

The study of Encounter groups, by Lieberman et al. (1973) highlighted earlier, included qualitative and quantitative assessments of participants before entering the group situation. Expectations and attitudes towards the forthcoming experience, values, relating to their ideas of personal change, their observed psychopathology, personality traits, and interpersonal conceptions regarding significant others were amongst aspects of the participants that were measured before the commencement of the group experience. The findings were variable, with some participants seemingly arriving free of any personal problems, some coming with curiosity or stimulation, some needing feedback or self-validation and some purely wanting human contact. Added to this, were individuals' past history and from this, their attitudes to life and learning generally. The assessment of expectations was based on whether or not there was an expectation to change and how safe or valuable the group was felt to be, with the most powerful predictors being levels of anticipation. Interestingly, those that entered the group with strong wishes and hopes for change were more likely to be at risk of psychological damage, to be vulnerable to unexpected attack and rejection, whereas those who entered the group with some scepticism about what they would achieve, were more likely to learn. Those who rated themselves lowest in interpersonal adequacy (deficient in relating to others) but high on feeling sensitivity (understanding themselves and others) were more likely to be what Lieberman et al. (1973: 318) called *“psychological casualties”*.

They were less suspicious and so perhaps more open and porous to negativity in the group. The authors found that participants were sometimes able to protect themselves through

withdrawal, lower involvement and distance, although this also blocked learning for some. They also suggested that those who did experience negative emotional effects overvalued how they might change and develop in the group, or in other words, their expectations were unrealistically high.

This is an underexplored area and any findings on expectations of contemporary PD group experiences are as part of an overall study on experiences per se. An example of this is Ieva et al.'s. (2009) qualitative research work with 15 Master's students, which found an initial apprehension and anxiety associated with expectations of the PD group, including the expectation that they would need to take risks in sharing with others. Thorough discussion of perceptions, hopes, expectations and fears from the outset of the PD group formation seems a relatively logical aim for group facilitators which, is advocated by others (Robson & Robson, 2008; Moller & Rance, 2013; Schumaker et al., 2011; McMahon & Rodillas, 2018). Moller and Rance (2013) particularly emphasise that expectations and assumptions can influence the outcomes of groups for trainees; clarity of aims and an expectation for personal development seems to be a particularly important finding documented in many of these studies. There is also an implication that preparing trainees for the unexpected is impossible, although I would argue that an exploration of expectations is an absolute minimum at the beginning of trainees' PD journeys.

Students will inevitably experience anxiety and apprehension at the outset of any course of study, and it would be expected that they would have a mixture of feelings. Other comparative research such as and Rees and MacLaine's (2016) study of seven psychology students' reflective journals found exactly this. Participants initially experienced uncertainty and fear but also excitement and eagerness, with questions being raised about the values and aims of the group, interpersonal relationships and keeping safe. The link between participant expectations, safety and valuable learning in the PD group seems to be a bridge which could be provided by the facilitator in engaging group discussion at the outset.

2.10 SUMMARY

Participant expectations of PD groups are variable, dependent on a number of factors. Anxiety and fear may well be a normal expectation of any group situation where a diversity of personalities are coming together to share personal information and experience emotional and interpersonal challenge. Past history and previous personal experience of groups in particular will play a part (Hillyard, Gillespie & Littig, 2010). An openness to learn and positive attitudes to groups do not necessarily offer a positive outcome, as can be seen from Lieberman et al. (1973). It seems overall that, participants' expectations on entering a group

situation may be positively or negatively linked to their learning outcomes. Clarity of group aims, and assurances of interpersonal safety and support would seemingly enhance the group experience generally, although the paucity of empirical research leaves us with some unanswered questions that began with the early study by Lieberman et al. (1973) such as the extent to which unrealistic expectations and interpersonal styles play a part in the safety and long term learning for participants.

2.11 CLARIFICATION OF GROUP AIMS

PD groups often lack clarity in aims and outcomes, from the outset, which can lead to a sense of being out of control for trainees (Irving & Williams, 1999; Payne, 2001; Moller & Rance, 2013; Pascual-Leone, Rodriguez-Rubio & Metler, 2013). Uncertainty about what facilitators expect them to contribute, whether there are any set limitations and the purpose of the PD group, renders trainees anxious and confused. Payne (2001) particularly found that a lack of information created feelings of being unsafe and out of control. This can create feelings of anger, leading to unnecessary conflict (Shakoor, 2013). If concerns are unexpressed, past suppressed experiences can surface and novice counsellors particularly are *“often intimidated and baffled by the complex and ill-structured situations they encounter in both individual and group therapy practice, craving structure and regularity”* (Xu, Kivlighan & Gold, 2015: 159). Emotions such as anger, fear and resistance are not uncommon in groups (Yalom, 1985; Rose, 2008) when explanations and clarity are needed to move forward in learning.

Although a general aim for learning from the PD group and the interpersonal interactions experienced often focuses on merely the provision of experience (Yalom & Leszcz, 2005), an overall outcome needs to be that of learning or change in some way - in behaviour, in attitudes, in values, in life style, in self-actualisation, or in one's relationship to others, or to the environment. The dilemma for group participants and facilitators alike is the diversity and individuality of these aims. However, a prominent finding in the literature on PD group experiences is the connection between safety and the clarification of group aims. The experiential and 'loose' nature of the PD group can create uncertainty and a feeling of being out of control for some participants. Much of the literature identified this as an issue (Robson & Robson, 2008; Ieva et al, 2009; Schumaker et al., 2011; Rees & MacLaine, 2016; McMahan & Rodillas, 2018), but did not establish any firm solutions to this, other than Robson & Robson (2008) in their recommendation of forming a group contract to clarify aims. They do note though, that it can be a 'lip service' exercise for trainees, unless they are fully engaged and committed to the process. I suggest that this commitment may not happen

until the group is established in terms of trust and conviction, rather like a 'chicken and egg' situation; the contract is designed to create a boundary of safety but trainees may not feel committed until safety is recognised.

An absence of clarity in group aims is likely to impact on experience, particularly in the light of some studies' identification of mandatory participation in PD groups (Anderson et al., 2014; McMahon & Rodillas, 2018), leaving no choice for trainees to opt out when challenges become too much. All of the studies highlighted issues of anxiety in trainees when they felt unclear about the rationale of the PD group, what and how to contribute and what the nature of experiential work involved.

2.12 SUMMARY

There is little literature specifically focusing on the need to clarify PD group aims and it is difficult to do this within the PD ethos of being in the here and now and working with the unexpected as it emerges. However, some discussion about what might be expected within the course philosophy, at the beginning of the PD training would alleviate much of the fear of being out of control, but like other areas of PD, this is an under explored area.

2.13 POSITIVE LEARNING IN PD GROUPS

Although much of the literature focuses on the difficulties and distress experienced in the PD group, in reality, this same literature also indicates very mixed outcomes balanced between positive learning and negative experiences. The early experiential work in Psychodrama groups first developed by Moreno in 1937, (Orkibi & Feniger-Schaal, 2019) is a method still used in many areas of work today, such as trauma and addiction (McVea, Gow & Low, 2011; Dima & Bucuță, 2016; Menichetti et al., 2016; Daniel & Daniel, 2016; Orkibi, Azoulay, Snr, & Regev, 2017; Cruz, Dias Sales, Moita & Alves, 2016; Dogan, 2018; Orkibi & Feniger-Schaal, 2019) and research indicates positive results in self-learning and group learning.

Orkibi and Feniger-Schaal (2019) conducted an integrative systematic review of 31 empirical studies on psychodrama between 2007 and 2017 featuring current psychodrama methods, with a mix of adult and adolescent clients. They had a range of mental health conditions, behavioural problems, anxiety and depression and the studies were a mix of quantitative and qualitative. Conclusions were positive in terms of bringing about personal change for them, such as reduction in anxiety and stress, positive self-perception, improved social functioning, improvement in depression, and increases in problem-solving for high school participants. However, some participants were early dropouts and were not traced, there was insufficient

detail about facilitators' training and experience, and clear descriptions of the settings and lengths of group time was not stated in some studies, other studies were more rigorous in their methodology. Consequently, there are some questions about the reliability of some of the findings and the authors recommended a move to improve methodology and reporting quality, they were positive about the survival of this experiential method in terms of providing positive outcomes, change and self-learning, This was also a study using individuals with some existing psychopathology, where expectations for some personal change might be higher than in the trainee PD group.

Some of the early outcome studies on Encounter groups offered very positive findings in terms of self-development and personal growth, despite concerning reports of psychological distress in some groups. Lieberman et al. (1973) found 78 percent of their participants had a constructive experience and 61 percent thought they had learned a great deal about themselves and others and how to bring about change in themselves. At a 6 month follow up, however, the number of positive evaluations decreased with only 64 percent judging it to be a constructive experience, and 51 percent feeling they had learned a lot. At the termination of the group study, 106 out of the 163 who responded identified one or more positive changes, and 7 had positive and negative changes. Examples of changes were increased coping strategies, improved interpersonal style, and increased self-esteem and self-image. The percentage of perceived benefits was optimistic, despite the decrease in value on a follow up assessment. The authors acknowledged that Encounter groups demonstrate a modest positive change for participants, but this was much less than societal support for them at the time promised. However, there were very broad differences between groups, indicating a lack of consistency in facilitator styles, training, personality and therapeutic approach. The nature of individual aims and pre-existing pathology also contributed to the mixed findings. The authors concluded that the personal characteristics, values, interpersonal attitudes and the expectations of participants clearly played a role in positive experiences. Those who had the highest positive experiences were those who expected to find some 'pain' in the process, or in other words were more realistic in their expectations. Nevertheless, many found positive change in the right group conditions.

2.14 SUMMARY

All of the studies reviewed in this chapter indicate positive growth and self-learning as a result of participating in the PD group (Lieberman et al., 1973; Robson & Robson, 2008; Payne, 2001, 2006, 2010; Luke & Kiweewa, 2010; Schumaker et al., 2011; Moller & Rance, 2013; McMahon & Rodillas, 2018). Specific development includes increased self-awareness

and awareness of personal strengths, improved communication skills and interpersonal relationships, and learning from the group facilitator. However, it can also be seen that longer term work, in the form of longitudinal studies, with follow ups on the integration of learning is needed, as there is no indication as to whether any of the learning is either lasting or is used in client work. There is also an ongoing assumption that the development of self-awareness will be helpful in client work, which may be why very little long term follow up research has been carried out.

2.15 TRANSFORMATION OF LEARNING

Dewey (1933) first promoted the concept of reflective thinking, encompassing the process of the acquisition of experience and the re-ordering of this experience. The combination of past and present experiences, I would argue, is the basis for transforming learning and applying it to practice, or to understand future experiences. There are many studies (Schön, 1983; Boud, Keogh & Walker, 1985; Mezirow, 1990; Hatton & Smith, 1995; Rodgers, 2002; Fazio, 2009; Yaffe, 2015) which analyse the concept and confirm the value of dialogical thinking and problem-solving through reflection. Mezirow (2003) asserted that 'transformative learning' could create more discriminating, open, inclusive learners with better ability to emotionally change. Applying the notion of reflective integration is central to the research questions in this study, namely to explore how experiences can be firstly translated and integrated into ways of being as a person and secondly, eventually transformed into experiment in practice (Kolb, 1984) or in this context, their use in client work as a counsellor, psychotherapist or trainer.

This is also related to Kolb's notion of experiential learning (1984: 38), the definition of which is *"the process whereby knowledge is created through the transformation of experience"*, but continual clarifying, discussion and feedback is needed to support this process (Osborn, Daninirsch & Page, 2003). PD groups provide an environment for this discussion and feedback and experiential learning and offers alternatives to classroom and textbook learning. Hughes and Youngson (2009) provide a theoretical model of the personal development process for clinical psychologists and psychotherapists, with the intention of encompassing the factors stimulating reflection and the ways in which the individual applies this to making self-change. They include the realms of PD, such as self at work, self in relation to others, known and unknown self and self in a wider context of the community, but the authors acknowledge this is intended for guidance only. Indeed it is difficult to offer anything more when the nature of personal development is ever changing and evolving.

Research presented in the previous section indicates that there is very positive learning, about the self and others from experiences in the PD group. However, how trainees use or process their self-learning is an under explored research area, and any research reporting any significant *long-term* effectiveness of either positive or negative learning in the PD group, is as yet, minimal. It is difficult to find any long term follow up studies of learning other than that of Hall et al. (1999), who found application of PD learning to counselling practice skills after and up to 20 years post qualification. This was a study of 92 alumni (334 questionnaires were initially sent out) who were identified from a University database and sent questionnaires. Their respondents rated the usefulness of their training groups in a set of categories including their professional setting, colleagues and memorability, with results as above average. Qualitative evaluations included comments on how they used their group learning in their current practice. By the authors' own admission, the study was limited in that all respondents had attended a Rogerian small group (which encourages group cohesion and communication) and the non-responders may have been the 'casualties' identified by Lieberman et al. (1973). Such a long gap since the PD group may also have affected their views of any difficult experiences.

Although there is some evidence of professional skills development acquired in PD groups, in the form of enhanced empathy, increased interpersonal awareness (Schumaker et al., 2011; Ieva et al., 2009), giving and receiving feedback and working with boundaries (Kiweewa, Gilbride, Luke & Seward, 2013), it can be seen that much of the existing literature is not specific or detailed in identifying anything more than a broad and universal self-awareness. Neither does it inform us on how this self-awareness, can be used in clinical work. Kiweewa et al. (2013), recognising the need for more specificity in identifying factors, categorized 14 growth factors, in their data analysis of 27 US students' journal entries. (Reflective journals are very often used in counselling training to aid the process of the development of self-awareness, with students recording observations on themselves and their relationships with others as well as their responses to clinical work and their learning). These included vicarious modelling, (from facilitators), self-disclosure gains (or various forms of self-insight), facilitators' actions (or lack of actions), learning about interpersonal qualities and dealing with conflict, all of which has some application to clinical work, but it is not evidenced in observations or measurements of the latter.

Although some of the generic and theoretical literature describes a developmental trajectory of learning (Kegan, 2000; Baxter Magolda, 2000; Barber, 2012) from externally resourced learning towards internal assimilation, there is still a need to explore this in terms of the PD group. Barber (2012) sums up the process of learning into 3 stages; connection being the

discovery of similarities in ideas which are initially distinct from each other; application, which is the moving of knowledge from one context to another; and the creation of new knowledge from differing insights, which is synthesis. In terms of a PD group, the connection may be the exploration and discovery of others' experiences, (both from interpersonal within and outside the group process), through feedback and being in a relationship with another and clinical practice perspectives. The stage of application can be compared to Kolb's (1984) learning cycle where abstract ideas are put into practice or processed within the self in relation to others, through experimentation; and the synthesis is the integration of former methods or ideas with new insights or ways of working or being.

A generic finding on the development of self-awareness (Tantam & Hyde, 1998; Lennie, 2007; Robson & Robson, 2008; Moller & Rance, 2013; McMahon & Rodillas, 2018), or a projected view of how learning might be used in client work, from the trainee's perspective (Nathan & Poulson, 2004; Ieva et al., 2009; Payne, 2010) is representative of this unexplored area. Studies such as Tantam and Hyde's (1998), reported 90% of their students had positive experiences in the group setting, including the development of insight into self and their relationships, with their participants anticipating the usefulness of their PD learning in their client work. This was also amongst the findings of Ieva et al. (2009) and Ohrt et al. (2014), in participants' statements that an enhanced awareness of personal issues, personal insight and awareness would have a potential to impact upon clients.

However, one of the very few studies attempting to achieve an insight into how learning in the PD group might be used was by Pascual-Leone et al. (2013) who carried out a qualitative interview study of 21 psychotherapy students. They found some evidence of a perceived increase in professional skills and competency as practitioners, (although their practice at this time was as a trainee) and an added clarity about their professional identity, but there was no long term follow up investigating whether these perceptions had any long term impact.

There is little, if any empirical research on how learning is actually used or translated into client work other than the theoretical literature, such as Mezirow (2003) and Kolb (1984) who discuss the process of gradual application of learning to practice. This does not tell us about the specifics of how we can take aspects of impactful experiences into different ways of practising. The dearth of information on how experiences are used is perhaps a reflection of the complexity of the subject and the difficulties of assessing individual processes.

2.16 CONCLUSION

The studies presented throughout this review have similar elements in that they are based on trainees' experiences whilst participating in a training programme. Overall they have found both positive and negative experiences of the PD group. Issues for concern such as difficult and anxiety provoking situations, psychological distress, lack of perceived safety, feelings of vulnerability and ethical issues are indicated in all of the PD literature. This is particularly worrying in that the early Encounter groups presented similar findings and little has been done to address these problems. Additionally, the importance of the role of the facilitator is seen to be crucial in assessing and maintaining safety, with some findings revealing that dual roles, breaches of confidentiality and lack of clarity in the rationale and process of the PD group adding to fears and uncertainty for trainees. The early Encounter group studies highlight how facilitator styles can have an impact on feelings of safety, although these were seen to be flawed in many ways, in their research methodology.

Other findings indicate that participant expectations can influence experiences in the PD group, with unrealistic beliefs sometimes engendering negative or even psychologically damaging experiences. The clarification of aims and a clear contract can alleviate feelings of being out of control, particularly when the PD format is experiential and risky in nature. However, despite these findings, the results of these studies also highlight the positive value of the PD group, in helping trainees to develop self-awareness, self-insight, enhanced interpersonal interactions, and increased confidence in communicating, with the earlier research on Psychodrama and Encounter groups finding improvements in psychological issues such as depression, anxiety, self-esteem and coping strategies. The transformation of learning is an aspect of the PD group which as yet is largely unexplored, other than trainees' perceptions of their learning as developing practitioners.

Overall, the studies focusing on experiences in PD groups presented throughout this review are mostly based on trainees' experiences whilst participating in a training programme. The limitations of these studies are in their almost exclusive focus on trainees, which limits the responses within a particular time frame and the training experience itself. Some studies have suggested that trainees might present a tailored response, having invested money and time on course fees and needing to impress assessing trainers. There is little identification of specific factors in the PD group distinguishing particular learning, other than a generic self-awareness, therefore longer term follow up research, after training courses have finished, in order to determine learning and application to practice would offer information and value to the existing research. Only the early Encounter group studies used follow up research (reviewed by Lieberman et al., 1973, highlighted above).

There is a continuing reliance on an assumption that development of qualities featured in the research will enhance and be used in the client/counsellor relationship, but there is to date, no correlation between the two. Although the value of the PD group is clear in the findings, there are also ongoing concerns about the potential dangers for trainees, leading to questions about its overall worth. The purpose of counselling and psychotherapy research must be to inform therapeutic practice and the absence of any research on how learning is processed and used in client work in the long term has led to this present study and attempts are made to address the issues identified.

The current study will place a focus on qualified practitioners, who have worked clinically for a period of time beyond their initial training in counselling and psychotherapy and who have reflected on the long term learning and impact of their PD learning on their clinical work. The literature and issues presented here have led to the chosen methodology and the rationale and research questions are:

- 1) What are the retrospective experiences of qualified counsellors/psychotherapists' in their PD groups during their training?
- 2) How do they process their experiences and use them in their client and training work?

CHAPTER 3 METHODOLOGY

3.1 EPISTEMOLOGY

In my aim to explore participants' experiences in a PD group, and how they used these experiences, I adopted an interpretivist epistemological stance, fitting with my Gestalt philosophy of co-creation, or a knowledge being constructed and affected by two people. My ontological beliefs about the reality of the world, produces the epistemological stance dictating the methodological considerations for the study (Cohen, Manion & Morrison, 2011). Additionally, I have considered the concept of using the self as a tool in the research process (Moustakas, 1994) as well as Etherington's (2004) notion of researcher reflexivity, in her acknowledgement of the responsibility of the researcher to inform the process and outcomes of the research.

A phenomenological approach is concerned with human experience, emphasises meaning and the ways in which individuals make meaning out of their experiences (Langridge, 2007). Phenomenology is about how we experience things in the lived world (Creswell, 1998; Finlay & Gough, 2003) and is about fully accepting the given experience with all the intricacies and complexities this entails. It allows for the study of phenomena and experience rather than of any external or objective reality. There is also recognition of the role of the researcher in co-constructing the subject being explored, or the making sense of the participant's world from their understanding, which fits with my philosophy as a Gestalt psychotherapist. Access to the participant's experience depends on and is complicated by the researcher's own conceptions, and interpretations, (Breakwell, Smith & Wright, 2012) which forms the dual interpretation, the double hermeneutic and the co-creation. The dyadic nature of this was felt to offer a comprehensive knowledge of the participants' experiences.

I chose to adopt a phenomenological approach to the research, in order to understand more about a small number of individuals' experiences in their PD group in training and how they used these experiences in their clinical work. There are two 'schools' of phenomenological thought, descriptive phenomenology (originating with Husserl, 1982, in Davidsen, 2013) and interpretative, or hermeneutic, phenomenology (originating with Heidegger, 1962). Husserl's descriptive form of phenomenology aims to capture the 'essence' of experiences through a detailed description of them. The researcher is required to bracket their preconceptions, attitudes, values and beliefs in order to maintain objectivity and to accurately capture the essence of the phenomenon. However, Heidegger (1962) argued that such bracketing is impossible. He believed appearance has a dual quality consisting of visible meanings and

those that may be hidden or concealed (Heidegger, 1962, in Smith, Flowers & Larkin, 2012). He questioned the idea that knowledge could stand outside of interpretation because individual experience cannot be separated from social, political and cultural contexts (van Manen, 2011). Our knowledge of the world comes to us in the form of our interpretations of it and that phenomenology is about examining things that might be disguised or concealed as they emerge into the light. The immediate or surface appearances however, are connected to the hidden or deeper meanings.

Heidegger's view is that a deeper understanding of experiences and an acknowledgement that preunderstandings are not bracketed, rather they are integrated, and meaning is grounded in the interpreter's pre-understanding (Matua & van der Wal, 2015). We live in an interpreted world and the concept of hermeneutics is based on what humans experience rather than what they consciously know (Solomon, 1987, quoted in Lopez & Willis, 2004). The aim of the current research is to explore the meaning participants make from their experiences, to enable the interpretation of that meaning in their practice. When method and focus is interpretative, phenomenological research becomes hermeneutic (van Manen, 2011). The philosophical assumption underlying Heidegger's phenomenological interpretative approach is the valuable nature of the expert knowledge and understanding of the researcher which propelled my realisation of the need for research in this particular area as well as ways in which I might proceed with the study.

3.2 MAINTAINING A GESTALT POSITION

It was important to adopt an epistemological position consistent with Gestalt because of my belief in the concept of holism and the refusal of Gestalt to accept the mind body dualism of subject and object which is inherent in my personal philosophy as a practitioner. Mackewn (1997) talks about the holistic philosophy of Gestalt and the phenomenology of perception which helps us make sense of the relationship between the part and the whole. It has a long held tradition of searching for truth (Hycner & Jacobs, 1995) in the individual sense and I wanted to gather the individual truth of the participant or their lived reality.

The epistemological commitments of Gestalt therapy are working phenomenologically, dialogue (Hycner & Jacobs, 1995) and field theory (Lewin, 1952), forming the Gestalt 3 *pillars* of philosophy. I hoped to have these three *pillars* in constant use, both in my interviewing and the analysis itself. Both phenomenology and Gestalt emphasise the immersion in and empathic understanding of the other, allowing a deep understanding and appreciation of detail in the holism of perception.

In Gestalt, the phenomenological method *means* “as naïve and full a description of direct experience as possible” (Koffka, 1935: 73). All perceptions are interpreted and understanding is at the core of human existence (Heidegger, 1962). Experiences are dependent on the interaction between the knower, what is known and, in a research setting, the researcher as well. I wanted my participants to narrate the story of their lived experiences, but also that credence is given to hermeneutic theory (Heidegger, 1962), relating to the dynamic relationship between the part and the whole, with my role in this involved in making sense of the parts and the whole. To illustrate this, relating it to my own practice, questions I regularly ask my clients are: *how does that affect you?* And *how is that affecting you now?*

3.4 INTERSUBJECTIVITY AND CO-CREATION

My extended philosophy is underpinned by an acceptance of the notion of intersubjectivity which is about the relationship between two people as Stolorow and Atwood, (1996: 181) posit: “*The central metaphor of our intersubjective perspective is the larger relational system or field in which psychological phenomena crystallize and in which experience is continually and mutually shaped*”. This is a theory which I understand as being the ‘in between’ of the *co-creation* or the precursor to the created moment prompted by our experience of the world.

The phenomenologist Merleau-Ponty (1962) said we need the existence of the other to know ourselves or to give us our phenomenological reality. Heidegger’s view of intersubjectivity was of a shared, overlapping and relational engagement in the world (Smith et al., 2012). Awareness and human relations are inseparable and people define themselves by how they experience themselves in relation to others (Jacobs, 2004). My belief in the ‘truth’ of co-creation sits within an epistemological stance, which represents differing ways of ‘knowing’ the world, its possibilities, scope and limits (Willig, 2019). My interpretivist position in the context of this work “*looks for culturally derived and historically situated interpretations of the... world*” (Crotty, 2003: 67), and I was aware that participants would be bringing this into their interviews about their PD group experiences, and so would I. However, it would be important to remain fully accepting of each of the participant’s accounts as their individual reality. My interest was in *how* my participants make meaning of their experiences and in understanding their sense-making, I have to make sense of their perceptions; thus, the knowledge created together is an interpretive co-creation. This hermeneutic circle is concerned with the dynamic relationship between the part and the whole at a series of levels (Smith et al., 2012).

Co-creation (Perls, 1977) is the belief that awareness and human relations are inseparable and that people define themselves by how they experience themselves in relation to others

(Jacobs, 2004). I knew that participants' experiences would be recounted in the context of the group situation and the dynamics of this, which would be the more holistic field or environment of the co-created phenomena (Lewin, 1952; Parlett, 1991).

3.5 FIELD THEORY

A field theory epistemology considers the way a person's history affects the present and how one relates to the past (Mistler & Brownell, 2015) and the factors influencing our experiencing will be within the present field. This shapes our range of interests or offers a co-existence of the person with the "*environment, the social world, organisations and culture*" (Parlett, 1991: 70). So, a present-centred exploration of experiences will involve how the current experience between researcher and participant influences the past perceptions of both, in bringing it into the present. I therefore expected the interaction between us to initiate meanings in a continuing set of figures emerging against the ground of these past experiences, with one being meaningful to the other throughout. As a Gestalt practitioner my belief is also that the experience of emotion will be in the present moment and in asking participants to recall experiences and emotions, they would be working in that present moment. Mistler and Brownell (2015) talk about how this can reduce the extremity of feelings in client work, but in the context of the research interviews, it could dilute the intensity of feelings experienced in their past PD groups. This could be potentially advantageous in avoiding a reconnection to distress and trauma but also in helping them to more directly explore the meanings of their experiences in the present moment (of the interview) and to reflect on their use of these experiences in their clinical work.

Heidegger's exploration of the Greek origins of phenomenology (phenomenon and logos, meaning analysis or logic) orientates with my belief in field theory or the emerging phenomena and my use of dialogue, or the concept of logos which helps me to grasp or explore the phenomenon. A Gestalt therapist will allow the emerging figure to arise and change from the field conditions and respond in the moment as the figure withdraws to make space for a new emergence. As a Gestalt psychotherapist, in clinical terms, I understand the client's reports (symptoms) or *phenomena* emerging from a wider relational field, so being able to understand the individual within this wider social horizon in the light of their individual experiences, or the phenomenal field. Each person in an interaction is individual in their perceptions of reality, but when in relation to the other, understanding is co-created or seen from a holistic view (the totality). However, each is continually developing in relation to each other and in relation to 'the field' or components external to the relationship, in each moment.

3.6 IPA AND GESTALT

IPA integrates Husserl's (1970) transcendental phenomenology with Heidegger's (1962) hermeneutics (Finlay, 201, Smith et al., 2012). However, Husserl's view of phenomenological reductionism, in which we attempt to gain an objective view of the world, is incompatible with Gestalt philosophy in that it moves away from a field theoretical viewpoint. Attention is given to the relational meaning inherent in the other's world (Wertz et al., 2011) which is formed from their description and elicited by the researcher's curiosity, but both are valid perceptions. A Gestalt therapist will allow the emerging figure to arise and change from the field conditions and respond in the moment as the figure withdraws to make space for a new emergence.

Finlay (2008) describes phenomenology as drawing out lived experience by specific interpretation, which jars with the Gestalt belief of a focus on the unique and lived experience. However, Finlay and Gough, (2003) draw the differences between those phenomenologists who talk about the lived world in terms of 'consciousness' or how experiences exist in our conscious being and those who refer to it as a 'lifeworld' or a life that is subjectively lived. Lived experiences may be outside the immediate awareness of the individual but able to be brought to consciousness (Dilthey, 1894, 1977). Within the context of this research, I have taken the latter view, as the work with participants involves eliciting their emotional experiences and feelings within the PD group. I wanted to understand more than the events in the group; I desired to value their intuitions, their sense-making and their individual perceptions, as I was aware of how group dynamics can influence how we feel. Moustakas (1994) describes this as compiling a phenomenology. Additionally, Finlay's (2008: 3) view of the phenomenological process requires the researcher to be "*fully involved, interested and open to what might appear*", with "*researcher subjectivity prized*".

IPA is a method giving emphasis to rich detail and an understanding of personal lived experience and relatedness to, or involvement with a phenomenon (Smith et al., 2012) and allows for this full involvement and acceptance to what might emerge. Experiences in the PD group may be interpreted positively or negatively and will be used in different ways, depending on factors such as our past history, attitudes, values and beliefs, as experiences are already interpreted through our own lens of experience (Smith et al., 2012). In IPA, the important thing is that the researcher does not just reproduce what the participant says but also a description of how the researcher perceives it (Rettie & Emiliussen, 2018). Interpretation of the participant's interpretation, or in other words, a blend of the participant's and researcher's meanings, is the double hermeneutic and without this interpretation, the analysis would be merely descriptive. Also, as Brocki and Wearden (2006) explain, when

one theme emerges it may assist in the explanation of another aspect of the research. IPA is a method giving emphasis to rich detail and an understanding of personal lived experience and relatedness to, or involvement with a phenomenon (Smith et al., 2012).

Unlike descriptive phenomenology, IPA focuses more on themes than capturing the essence (Langridge, 2007) of experience. It is for this reason that it has been criticised as a method which is more cognitive in nature rather than it belonging totally in the phenomenological suite of methods (Willig, 2001). Nevertheless, IPA fits into my Gestalt philosophy of trying to stand in the other's shoes, to see things from their perspective, or to have an understanding of how they make their meaning, although admittedly, this is complicated by the researcher's own perceptions (Brocki & Wearden, 2006).

3.7 RESEARCH DESIGN

Counselling and psychotherapy particularly lends itself to a qualitative approach in its interest in subjectivity, experience and the intersubjectivity between client and counsellor. The purpose of the research was to acquire participants' accounts of their experiences in a PD group. The exploratory aims of the study required an emphasis on the gathering of rich data on participants' experiences rather than describe an objective reality; hence a qualitative approach was chosen (Lyons & Coyle, 2012).

I chose to use counsellors and psychotherapists who had been qualified for 5 years or more in order to determine how the passage of time had affected their reflections and enabled them to translate both positive and negative experiences into ways of working with clients. This related to work, cited in the literature review earlier, on the learning trajectory for transformative learning or in other words, stages of readiness to conceptualise and actively experiment or apply knowledge to practice, (the experiential cycle, [Kolb, 1984]), (Sanner & Bunderson, 2015; Raes, Kyndt, Decuyper, van den Bossche & Dochy, 2015). The length of time taken to assimilate and use knowledge is also informed by my own clinical experience.

I initially considered using unstructured interviews and conducted a pilot study to trial this method. The participant was a qualified counsellor and trainer, practising privately, aged 65, female, qualified for 21 years and so fitting within the required criteria. I asked for feedback after the one and a half hour interview, from the participant, as recommended by Breakwell et al. (2012) which served to move towards a semi-structured interview style, as outlined by Smith et al. (2012) and away from an unstructured format. We agreed that the style of the interview was too conversational, allowing her to veer from the subject several times, lacking any structure and achieving little outcome. I also reflected on my interview style which may

have related too much to a 'therapist mode'. I knew that a natural flow of conversation was essential when working with what I predicted might be emotional content. The pilot interview was not included in the data for analysis, although clearly influential in the final choice of a semi-structured process.

This consideration was in addition to the significance I gave to the need for the voice of the participant to be heard without any real restrictions, other than a focus on the topic for the research intent. The fundamental purpose of the one to one semi-structured interview is to allow "*maximum opportunity to tell his/her own story*" (Lyons & Coyle, 2012: 42). I wanted to understand what research participants' experiences were like for them, how they interpreted these experiences and what use they made of them. A semi-structured interview suited the Gestalt relational approach which can be likened to the embodied intersubjective relationship between participant and researcher (Finlay, 2014) or the notion of intersubjectivity (Stolorow, 2002). Also, semi-structured interviews allow for the participant to be the primary expert (Brocki & Wearden, 2006) and offer an opportunity to gather the in depth information needed, which supports the Gestalt notion of the relationship being crucial to interpersonal dialogue. Smith et al. (2012) also stressed the importance of establishing a rapport and subsequent trust with participants at the beginning, in order to ascertain good data. Semi-structured interviews facilitate a comfortable interaction where the participant can feel a freedom to tell a story at length, as identified by Brocki and Wearden, (2006) and Smith and Osborn, (2008).

I chose Interpretative Phenomenological Analysis (IPA) as an approach as it has distinctive characteristics (Smith, 2004) pertinent to this study: it is *inductive*, which Smith (2004) defines as being open and flexible to whatever emerges and *interrogative* (or adopting a curious and facilitative style) which is completely suited to the Gestalt approach of phenomenological dialogue and the drive to make patterns and shapes (Dumitru & Joergensen, 2016). The IPA interview identifies a 'sideways' plan, (or a non-direct style of questioning), asking indirect questions and allowing enough time for the story to be told. It also encourages a flexible approach in the use of its guidelines for analysis (Smith et al., 2012; Lyons & Coyle, 2012), through its inductive approach, which offers opportunity to respond as a researcher and to give prompts when needed. The participant can direct the interview to a large extent, allowing for an unfolding detailed account, without being restricted by an inflexible set of questions. The researcher's aim is to encourage this exploration (Smith et al., 2009), and to allow interpretation of the participants' interpretations of their experiences, working phenomenologically, as I would with a client in therapy. Heidegger (1952) described this as a double hermeneutic and Smith and Osborn (2003: 51),

in relation to IPA, describe it as: *“The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world”*.

The IPA researcher does not attempt to verify or negate hypotheses rather they collate a broad pool of data, which Smith (2004) defines as being open and flexible to whatever emerges, or in other words, an *inductive* technique. IPA is a dynamic and holistic method (Smith et al., 2012) and my purpose in using it is in the belief of its theoretical philosophy and its creative approach to work in ways which fit with my Gestalt beliefs. I wanted to ensure the centrality of the participant throughout, but also to be fully present as a researcher in the co-created relationship.

I aimed to maintain a degree of reflexivity throughout data collection and analysis by bringing into play something I use in my client work called the ‘internal supervisor’. This keeps me constantly alert to anything in my own experience, assumptions, values and beliefs that might impact on the process. Finlay and Gough (2003) recommend a continual reflection on our interpretations of both experiences and the phenomena being studied, in order to move beyond any investment in research expectations.

3.8 SAMPLING

Purposive sampling as defined by Cohen et al. (2011) involves selecting participants who are knowledgeable or experienced with a phenomenon of relevant interest. I identified six training institutions in the UK where qualified therapists were practising, conducting supervision or counselling training groups in an effort to recruit experienced (5 years or more qualified) practitioners. This inevitably restricted age to the older practitioner and the nature of counselling as a profession dictated that any sample would be over-represented by white, European and female participants. I chose to select counsellors with some years’ experience of working with clients as I knew that to reflect on experiences and evaluate new understandings can take time (Boud et al., 1985), which in turn relates to the reflective process of the transformation of learning (Mezirow, 1991; Dall’Alba & Barnacle, 2007).

The inclusion criteria were:

- Having taken part in a PD group or equivalent in counselling or psychotherapy training
- Post qualification of a minimum of 5 years
- A willingness to be audio recorded

Potential participants were made aware of the inclusion criteria in the recruitment literature. One of the limitations of purposive sampling may be regarded as researcher bias. The final

participants chosen relies on the researcher's judgement, although the research process itself limited choice in terms of the geographical location, time, and the set criteria for participation. I selected all the responders who volunteered and met the criteria for the research. The element of researcher subjectivity in these could be seen as restrictive, although this is balanced by the creation of a required homogeneous sample. My own bias entered into the process in terms of my choice of geographical location and the institutions which were known to me, although this was funnelled by the need for participants within travelling distance.

However, a strong potential drawback in the purposive sampling here which I considered throughout the process was the possibility of results being influenced by the participants themselves in their motivation to have any negative experiences published. In reflecting on the process as a whole, the recruitment materials might have focused more on my interest in both the negative and positive experiences in PD groups. This was offset by giving energy and focus to both negative and positive experiences, although a final acknowledgement of this is offered in chapter 6 (limitations of the study).

3.9 RECRUITMENT

This process began with information letters for interview participants (see Appendix 1), placed on the noticeboards of six training institutions in the North West of England. The letter offered information on the rationale for the study, researcher credentials, information regarding anonymity and an explanation of the Professional Doctorate project. The PD group or some form of experiential group process takes place in most training courses, both in the United States (Ieva et al., 2009; Bischoff et al., 2002; Howard, Inman & Altman, 2006) and the UK (Folkes-Skinner, Elliott & Wheeler, 2010; Lennie, 2007), but as there is little standardisation or consistency in the format, or even in the names used for PD (some institutions use group process, others experiential groups or training groups) there was a need to explain the nature of the PD group to some potential participants, which was done at the first contact with me.

Potential participants were asked to contact me via email or telephone. Some responders were excluded as not having at least 5 years post qualification experience and some made initial contact with me and then decided not to pursue any involvement. Two felt they were too busy to find time to meet, one had misunderstood the topic of the research and decided not to participate when it was fully explained, and one other did not give a reason. Eleven participants were recruited (this excludes the pilot participant).

Once participants contacted me, I explained the purpose of the research again, and clarified the PD group format I required for exploration of experiences. For example, some training courses use discussion forums or leaderless awareness groups, and not the in depth PD groups which were the focus of this research.

3.10 DEVELOPMENT OF THE TOPIC GUIDE

A topic guide was devised (see Appendix 2) as recommended by Smith et al. (2012), to offer a flexible agenda as guidance. My purpose was to achieve a mixture of thoughts, reflections, feelings and critical incidents and as Smith and Eatough (2006) recommend, facilitate the participant to direct the interview, but at the same time, allow the researcher to make sure the research aims stayed in focus.

Smith et al. (2012) recommends 6-10 questions in a topic guide, as this number will normally occupy 45-90 minutes of conversation. The questions were designed to enable participants to provide a detailed account, open and leaving room for talking at length and expansion, but at the same time, constructed to persist with the topic of making sense and application of experiences. The design of the questions focused on a descriptive and evaluative style (Smith et al, 2012) and were loose enough to elicit prompts when needed (see Appendix 2). I started with broad questions, such as “What therapeutic approach did you study?” and “What form did your PD group take?”, moving on to more specific questions such as ‘What can you remember about your experiences in this group?’ , “What effects did that have on you at the time?”, “How did you make sense of that at the time?” and “How do you think you use those experiences in your client work?”. This is called funnelling (Smith et al., 2012) but at the same time, not focusing too directly to avoid relaying any researcher assumptions and allowing for either positive or negative experiences to emerge. Smith et al. (2009) affirm that the questions and their order can change during the interview which allows the interview to be participant- led.

Questions 1 and 2 were introductory, to elicit basic information and establish a rapport with the participant. I aimed to establish the length of time since qualification as this related to the criteria for entry into the study: to ensure that a recognised personal development group had taken place in training and then questions 3- 9 focused on the participant’s experiences in the PD group. Questions 7 and 8 were intended to prompt reflection on their use of experiences in their present practice. Question 9 was intended to draw out views of the facilitator role and the part the facilitator played in their experiences and practice.

3.11 PARTICIPANTS

Nine females (75%, including 1 female for the pilot) and three males (25%) took part, which is similar to the counselling population in the UK of 84% female and 16% male, (BACP, 2014) and the UKCP survey of 74% female and 24% male, (UKCP, 2017). They were aged between 38 and 65, which mirrors findings from the same surveys suggesting the average age of a UK counsellor as 53. Although the sample was representative of the counselling population generally, and so offsets to an extent, any major drawbacks, a more diverse sample in terms of geographical location, gender and age may have offered differing results. Eleven participants were white British and one was of Anglo-Indian origin. They were recruited from 4 different geographical areas; all were currently practising; five of these had additional teaching and/or training roles; one was a full-time trainer of counselling. The range of years since qualification was 6 years to 21 years and all of them referred to their PD groups in counsellor or psychotherapy *training* (i.e. not subsequent professional development workshops).

Table 2. Participant demographics

Participant	Age	Gender	Years since qualification
Stuart	55	Male	9
Tracy	49	Female	12
Millie	42	Female	7
Anne	56	Female	15
Susan	52	Female	14
San	57	Male	18
Freddie	48	Male	6
Barb	64	Female	13
Fiona	60	Female	15
Mary	58	Female	11
Rita	38	Female	8
Pilot (not included in the analysis)	65	Female	21

3.12 DATA COLLECTION

The interviews took place within a few weeks of participants contacting me and took a period of 5 months altogether. I decided to meet the participants in the context of their practice

environment, which consisted of the training organisations they were involved with, in order for them to easily make psychological and emotional contact with their client work. Two of the participants were not able to accommodate me in this way, so the compromise was a meeting at a local hotel. A short verbal introduction to the research was reiterated before the interview began, consent forms (see Appendix 3) were signed by participant and researcher and after each interview, participants were offered an opportunity to ask any questions about the process or the information they had been given. They were also reminded that they had been given a list of counselling organisations in the event that the interview had raised difficult emotions for them, although no obvious distress was assessed after any of the interviews.

The pilot study offered guidance on timing, style of interviewing and structure, I did not want to allow the topic guide to limit the issues and experiences brought to the fore by the participants, in an effort to obtain their lived experience in the fullest sense, but at the same time, I aimed to elicit the information I needed. It was also hoped that this would engender a rapport, working relationally with each individual, generating trust and confidence in both interviewer and participant and facilitate a natural flow of conversation, a little like the relational approach of client and counsellor. In fact, Dima and Bucută, (2016: 73) identify the need for “*close rapport and interviewing skills*” and to be “*deeply engaged with the participant*”. This is supported by Smith et al. (2012: 57) who describe a qualitative interview as “*a conversation with a purpose*”. I believed my psychotherapist skills, such as a good listening approach, would facilitate this style of interaction. I wanted the participants to feel able to offer a full narrative of their experiences within their own frame of understanding.

I allowed participants to tell their individual stories of their experiences and their perceptions were collected in the tradition of Heideggerian (Dowling, 2007) phenomenology, placing value on the individual’s subjective reality. I used minimal probes and noted the effect of the process on the participant (Smith & Osborn, 2003), allowing her/him to mostly take the lead. I accepted that both the subjective reality and the ‘here and now’ recall of memory is subject to filtration through one’s broader, holistic experiences. Although Giorgio (2011) criticises IPA and in particular Smith’s (2012) claim that it is an inductive method, he asserts that a phenomenological approach is neither inductive nor deductive, rather it is intuitive. The participants in the study used their subjective experience, which included their intuition, to interpret what was useful to them in their clinical practice. Moreover, the participant’s memories were very real and they recalled their experiences easily and clearly, including comprehensive aspects of an application of the PD learning to their practice, in all but one of the participants. I used a Gestalt style dialogue, which centred around my curiosity and

interest in the participant's narrative, working phenomenologically in the moment. This 'in the moment' approach allowed me to stay with a mindful frame of presence and dialogic working enabling an objective attitude, whilst at the same time allowing the co-creation (Perls et al., 1977) so familiar to me through my Gestalt training. Any potential bias emanating from my own PD experience was largely dissolved within the central constellation of the relationship between us during the interview and the uniqueness of the co-created field of findings. My Gestalt philosophy was a strong support in helping them to make sense of their experiences in a holistic way, by the use of questions exemplified in the epistemology section above.

My practitioner stance gives credence to the humanistic values and core conditions in relationships (Rogers, 1957) and a belief in co-created subjectivity resulted in rich collaborative data. In the tradition of my own therapeutic stance, this would be called a 'gestalt' or a construction of the whole in the here and now, which would be mirrored in my IPA analytical approach, in the moving between detailed narrative and the bringing together of the whole.

All participants were interviewed for between 50 minutes and one and a half hours, using the topic guide. All of the interviews were audio recorded and all (except the pilot study) were transcribed and used in the analysis. I allowed time at the end of each interview to ask participants if they wanted to add anything further and once the audio recording was switched off, I made sure each participant was debriefed by a generic chat. Smith et al. (2012) acknowledge that a phenomenological approach is traditionally concerned with the spontaneous flow of consciousness as opposed to a 'cognition' or the more formal reflection of IPA which may be co-created between the participant and the researcher. Their articulation of the layers of reflection consisting of pre-reflective reflexivity; an intuitive, undirected reflection; a more attentive reflection (in which a degree of analysis is involved) and a more formal analysis indicates a more phenomenological reflection or a true phenomenological reduction. I believe this denotes a potential for the researcher to influence the process, without the bracketing of the natural attitude that Giorgio (2011) insists as being true to the phenomenological approach. He emphasises the lack of a reductionist attitude but the intuitive and descriptive aspects of IPA created a 'fit' for my own aim of a co-creation between researcher and participant.

It is this aspect of IPA that van Manen (2011) also declares as being not true to phenomenological principles, although Smith argues that it is natural human nature to make sense of experiences in true Heideggerian hermeneutic fashion. van Manen (2011) maintains that IPA focuses on the person and the person's experience rather than the

phenomenon itself, which could be seen as a weakness of IPA if it is placed in the arena of a phenomenological approach.

I have taken the position that pure experience is not completely accessible in the Husserlian tradition, with my aim being to make sense of my participants' sense-making. I can only interpret from my own position which is inevitably a co-construction. I acknowledge that my own experiences of personal development groups and my responses both as a previous trainee and as a trainer will impact on the research process. I rejected descriptive phenomenology (Langridge, 2007) in which the viewpoint of the experiencer is primary *because* of my belief in co-creation and that anything else would not do justice to the relational nature of humanity.

The IPA approach uses a strong primary focus on interpretation, rather than pure description. I was very aware that IPA was an approach that would allow me to engage in this meaning making process and I regarded this as an advantage rather than a disadvantage or a limitation.

3.13 ETHICS

Prior to commencing the study, ethical approval was obtained from the University of Huddersfield Ethics panel. Potential participants were invited through an information letter (Appendix 4) posted on the noticeboards of 6 training institutions. Potential participants were asked to contact me and any further information required then was given. A consent form (see Appendix 3) was signed by participant and researcher before the interview commenced.

The right to withdraw at any stage during the interview was emphasised and participants were informed that after transcription, they would be offered a copy of their interview and invited to identify anything that they felt was not an accurate representation of what they had said. None of the participants took up this offer. Anonymity was achieved through adoption of pseudonyms and any real names, and names of organisations, mentioned in the interviews were changed. They were informed that the material could be used for teaching, publication and thesis purposes.

Potential for distress through the re-telling of experiences was highlighted in the information sheet and a list of counselling organisations was given to each participant (see Appendix 4). It was important to monitor any distress during the interview (Smith & Pietkiewicz, 2014) or any awkward or avoidant moments which might indicate this. Participants were informed that

if any distress occurred during the interview, they could choose to stop at any time and they would receive a list of appropriate mental health support agencies.

3.14 DATA ANALYSIS

IPA is an interpretative method giving emphasis to rich detail and an understanding of personal lived experience and relatedness to, or involvement with a phenomenon (Smith et al., 2012). In IPA, the important thing is that the researcher does not just reproduce what the participant says but also a description of how the researcher perceives it (Rettie & Emiliussen, 2018), interpretation of the participant's interpretation, or in other words, a blend of participant's and researcher's meanings, which is the double hermeneutic. IPA synthesizes ideas from phenomenology and hermeneutics "*resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognizes there is no such thing as an uninterpreted phenomenon*" (Pietkiewicz & Smith, 2014: 8).

Also, as Brocki and Wearden (2006) explain, when one theme emerges it may assist in the explanation of another aspect of the research. IPA is a method giving emphasis to rich detail and an understanding of personal lived experience and relatedness to, or involvement with a phenomenon (Smith et al., 2012).

I initially read through each transcript six times, although Smith et al. (2012) recommend twice; since there was so much rich detail and complex reflection in the interviews, I needed to immerse myself completely and repeatedly and make notes whilst reading. This was to achieve a sense of how the participants made sense of their experiences and at the same time document how I was making sense of their accounts (Smith et al., 2012). I also listened to each audio recording twice, for any nuances such as hesitations, voice changes, and emotion, each reading or listening brought different insights which were noted. The notes consisted of anything that seemed important to the participant, which helped in the search for the participant perspective (Smith et al., 2012). The note taking also assisted with noticing language, language usage, and phrases. Key words, figures of speech, metaphors or phrases were highlighted alongside my own assumptions or feelings. During the last full reading, I undertook line by line coding, (Smith et al., 2012) which serves to shift the focus further to the participant's understanding.

To help this process, I wrote codes on post-it notes each time they appeared to give me some indication of how often they were recurring. The 'reading between the lines' as described by Wertz (2005: 172) is an attempt to access the implicit underlying the explicit.

My own contextual knowledge and experience came into play here, such as participants' use of therapeutic language and their frequent referrals to situations in the PD group. I made further reflexive notes on this as it offered me an opportunity to set aside my own preconceived ideas and assumptions, to 'clear the way' for the participants' realities.

The next step was to form phrases which Smith et al. (2012) refer to as psychological conceptualisations or abstractions which was an attempt to make sense of the whole in relation to the part, or the initial code. I then looked for connections, collecting them together in terms of any similarities, which formed the emerging themes.

The emergent ordering of themes resulted from a long process of changing and moving around themes and sub-themes, naming and re-naming them. The identification of themes and subsequent clustering led to discarding some, when it became obvious there were better fits. Smith et al. (2012) state that not all researchers carry out their data analysis in the same way and the provision of guidelines are intended for adaptation and development rather than rigidity.

This continuous iterative development involved a long drawn out and repetitive interchange between minute detail and the overall whole in order to work with field and changing figure, whilst staying within the significance of the meaning. My personal reflexive note taking throughout the process helped me to identify to what extent I was becoming too embedded in looking for material to support my assumptions. When this happened, I physically stepped away from the whole process, relocated myself in the wider field of the environment and came back later in a more open frame of mind.

I worked through these stages for all eleven of the transcripts to produce a final table of themes, representing each of them. The themes were given titles based on the essence of participants' experiences, relevant to the research aims. Constant checking of the transcripts enabled me to ensure that I was adhering to the actual words of the participants and the ongoing backwards and forwards process of checking earlier themes with new themes emerging was continuous (Smith et al., 2012). Each of the themes were written up one by one and exemplified by quotes from the transcript and analytic comments. All themes were reported on in the thesis. The process was finalised with three superordinate themes and a number of sub themes, which will be discussed in the next chapter.

I came into the research with my own negative experiences of PD groups as a trainee, although also with a balancing realisation that I had learned much from the encounters associated with them. I expected to find negativity and I expected a diverse range of experiences, which may

have influenced the early stages of the research. However, as themes emerged, in their unique perceptions of individual experiences, my reflective and reflexive process continually allowed me to examine the premises for my thoughts and observations. Mezirow (1991) referred to a need for a critical reflection or an analysis of assumptions through dialogue, with an aim to judge the validity of our interpretations and beliefs. I believe I achieved this through supervision work, discourse with colleagues (both like-minded and with little understanding of the PD process) and the data analysis process itself. The focus of the research was not only on reported experiences but also how participants made sense of these experiences and used them in their client work, which illuminates the very individual perspectives reported on here. However, in the words of Steedman (1991: 54):

“Nothing means anything on its own. Meaning comes not from seeing or even observation alone, for there is no ‘alone’ of this sort. Neither is meaning lying around in nature waiting to be scooped up by the senses; rather it is constructed. ‘Constructed’ in this context, means produced in acts of interpretations”.

CHAPTER 4 FINDINGS I.

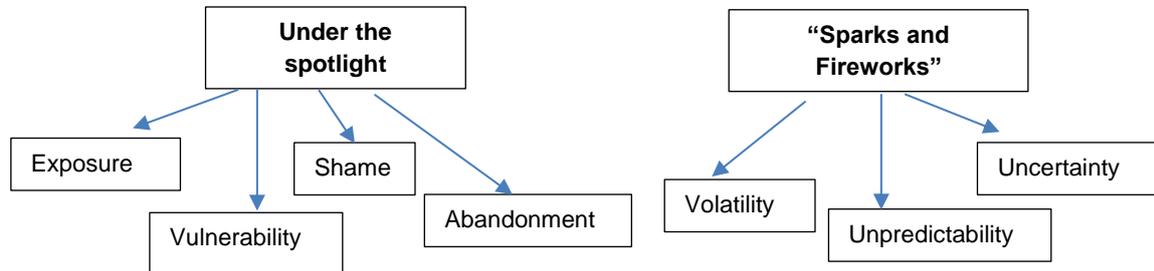
EXPERIENCES IN PD GROUPS AND PROCESSING AND PERSONAL CHANGE

This chapter presents two themes focusing on participants' emotional journeys in their PD groups in counsellor and psychotherapy training. The findings are presented in two separate chapters, the first focusing on the participants' experiences with the following chapter showing how they used these experiences in their client work. All themes emerging from the data are reported. At the centre of these experiences, which were often perceived as unsafe, arduous, difficult, and sometimes traumatic was a process of learning, either through positive or negative experiential learning. Participants described a diverse range of self-development, including shifts in perspectives, and finding new insight into themselves or others. This was underpinned by an unexplainable anticipation and acceptance of potential difficulties and a tolerance in staying with their experiences over a long period of time.

The first theme, 'Feeling Unsafe and Unsupported', highlights just how difficult some of these experiences were and the sub theme of being 'under the spotlight' emphasises experiences of feeling exposed, vulnerable, shamed and abandoned. The second sub theme is encapsulated by one of the participants' descriptions of the volatility, unpredictability and uncertainty in PD groups feeling like "Sparks and Fireworks", which was a quote from one of the participants. Some participants emotionally revisited past experiences, triggered by these events, which felt traumatic and dangerous; some participants felt overlooked by group members or facilitators when self-disclosing and some experienced what they described as projections and transferences within the group environment.

The second theme of 'Processing and Personal Change - A New Vision', demonstrates the concepts of reflection and a new vision or insight leading to learning or development. The first sub theme of 'implicit trust in the PD process demonstrates participants' belief and conviction in their learning even though their experiences were sometimes extremely difficult. The second sub theme denotes their 'tolerance' in staying with this commitment in order to reflect and process their experiences in some way, which sometimes took a long time. The third sub theme represents the 'development and difference' they were able to eventually arrive at. This often consisted of a new self-acceptance, self-valuing or personal insight.

4.1 THEME 1 – FEELING UNSAFE AND UNSUPPORTED



The first superordinate theme of 'Feeling Unsafe and Unsupported' encapsulates two subordinate themes, the first being 'under the spotlight' highlighting participants' feelings of exposure, vulnerability, shame and abandonment in the PD group. These were related to a range of experiential incidents such as personal disclosures, perceptions of being criticised or judged, feeling shame, particularly with a group audience and undergoing rejection, or a feeling of abandonment, particularly by facilitators. Taking risks in the PD group is often encouraged in order to develop self-awareness, but participants often felt too unsafe and unsupported to do this. Under the spotlight is intended to portray the extreme and added exposure felt when participants ventured to take personal risks in a group setting.

The second subordinate theme highlights the volatility, unpredictability and uncertainty of some group experiences, as 'Sparks and Fireworks'. These experiences indicate the precariousness, threat and danger some participants felt, represented by the metaphor of the explosive nature of sparks and fireworks. One participant, for example used these words to describe how scared she felt when situations were out of control and the unexpected could erupt. The theme also emphasised a lack of safety, and a sense of instability, which was often expressed as a physical feeling. Some participants reported seeing experiments getting out of control or not being safely managed by facilitators and so the danger was present in the group itself. Others felt personally in danger, manifesting as physical or psychological, arising from self-doubt, sudden anger towards others, or feeling helpless in the face of their sudden emotions.

4.1.1 SUB THEME 1 – ‘UNDER THE SPOTLIGHT’

EXPOSURE

This sub theme conveys the powerful feelings of being under the spotlight or exposed within the group, which raised issues for some from their childhood or threatened their self-esteem or confidence. For others, there was a fear of getting things right or there was anxiety about revealing aspects of themselves.

Some participants connected experiences in the group to difficulties in the past such as Anne:

“... it was probably embarrassment on my part, wondering would I be criticised, and not wanting [to be] because I know I have an issue about being criticised, you know, I have that sort of issue from childhood really. I had a very critical father, so if I feel I’m being criticised, I’ll sort of go into my shell...”

Anne feared criticism from the facilitator, which tapped into her “*issue about being criticised*” by her father. She described a common pattern for her of “*going into a shell*” as though trying to protect herself from the danger of exposure, like a tortoise hiding and disguising itself from predators.

Fiona also talks about hiding:

“So, the facilitator would step in if it was getting..., because at some points, it seemed to be this could potentially be wounding and destructive, then this person [the facilitator] would come in and ease things away. But it is a, it’s kind of a very difficult place and you could see whereby, erm, over time, not to begin with, where people would hide behind other people”.

This was about group members hiding behind each other, fearing exposure and hoping someone else would be in the line of fire. The intensity of her experience is demonstrated in the words “*wounding and destructive*”, as though there was a possibility of being attacked and destroyed. If it was bad enough the facilitator would “*step in*” but she didn’t complete the sentence as if she was unable to name the potential danger here. She said the facilitator would “*ease things away*” which sounded very child-like as though a parent was coming in to soothe a child.

Not all participants found exposure so distressing and some, moreover, seemed to learn from it as well as expect it, such as Freddie:

“I suppose I wanted to get the most out of it, [the PD group] but I could see right, this is going to be quite exposing, I could see that it was going to be exposing and I was, and I was nervous because, erm, I couldn’t see any way round that from my own sort of convictions of how I like to participate and so erm, and then here’s the thought “oh well, what will it reveal, what will it reveal about me? This mystery of myself that I’m not completely acquainted with which I’m much more, you know, not nearly so scared about now”.

Freddie was scared of being exposed, which made him nervous but he wanted to “*get the most out of it*” even though he sounded reluctant, demonstrated through “*I suppose*”. He repeated “*exposing*” twice to emphasise his anxiety but he used the word ‘nervous’, as though he needed to play this down. Even the way he expressed his nervousness was hesitant, jerky and unsure (“*I was, and I was nervous*”) as though he was so anxious, he could not get his words out. His fear was connected with the unknown as there are parts of himself, he is not acquainted with, which may be a shock to him (“*what will it reveal?*”). He declared the inevitability of being exposed as he “*couldn’t see any way round that*” as though he would rather avoid being exposed but knows that it is a certainty.

However, Freddie went on to describe his exhilaration in the group space:

“I liked the freedom of the PD group, I loved this open ended, erm, undefined space that J, the facilitator had created.”

His use of the words “*undefined space*” suggested an openness or an uncertain space which could be exposing but the facilitator has “*created*” it, denoting the trust he has in him to enter into this space, to explore his feelings:

“...because it was about owning your feelings in the group... because I went away feeling, it was like feeling as high as a kite and it was very, very strong. So, it was almost like I’d been so encouraged, it was like I’d got this, it was almost like an injection of something into my brain...”

Freddie was stimulated by the encouragement and support he got to do this exploration, he felt “*high as a kite*” which metaphorically speaks of the exhilaration and freedom of being in this space, not vulnerable and exposed but rather invulnerable and impervious, flying high and free and unrestrained. “*An injection into my brain*” sounded like a stimulating drug that he has been given resulting from exposing or owning his feelings in the group.

However, some participants' experiences manifested in bodily reactions, like Rita, who felt an intense burning, from her anxiety:

"...in those PD Groups, that's when I realised how anxious I was, because all of a sudden, in a room full of people, that's when I realised how anxious I was because I just felt this intense burning or anxiety all around me..."

"In a room full of people" and "all around me" demonstrated her exposure as though she was being revealed under a spotlight, on display, with the number of people only intensifying her anxiety as she was revealed in a public arena.

She goes on to say:

"...and I just couldn't speak, I couldn't do anything. So that's when I realised how anxious I was... it was terrifying and that's why I was anxious and we were all anxious, but some of us were more anxious than others, mmm".

Her repetition of the word anxious or anxiety six times in a short passage emphasised the degree of distress she was feeling. The fear she felt immobilised her (she can't speak or do anything) which denoted the degree of exposure, frozen under the spotlight of this exposure, with an inability to move.

VULNERABILITY

Many of the participants talked about feeling vulnerable for a number of reasons and in a variety of circumstances, such as being unsupported, like Fiona:

"Yeah, very critical, there were some real critical things within the group, it was not a very nice place in many ways... Now I'm not used to sisters and I've not got any sisters and that was a bit scary because it's a different dynamic altogether from a brother... So, I think the fact there was a guy in the room made it a bit safer for me... I mean it is the stuff actually, the traumatic stuff... I sat holding back the stuff in the PD Group, thinking all this critical stuff that's coming my way... So, I decided I was going into this, that I was going to go into it fully, which was probably a bit, well, a bit dangerous to say the brave, yeah, a bit sort of stupid... Right and that's the scary part because it kind of puts you in very, err, vulnerable positions where maybe you wouldn't really want yourself to be in".

She felt as if she had been opened up to feelings from her past, connected to being unsafe with too many women around. She felt safer with men which was linked to her past feelings of being safe with her brothers, but the women in the group were being critical towards her, which exacerbated her feelings of vulnerability. "It was not a very nice place" led into her following words of scary, traumatic and critical, allowing us to see just how vulnerable this situation made her feel. The one safe thing for her was "the guy in the room".

She felt forced to hold back the “*stuff*” or the emotions and criticisms but decided to let go eventually and move out of this position of vulnerability, to “*go into it fully*”, meaning to confront the women. This felt “*stupid*,” “*scary*” and “*dangerous*” but brave at the same time, as it had the potential to make her feel even more vulnerable, and in “*positions where maybe you wouldn’t really want yourself to be in*”. The latter phrase sounds as if she made the decision to confront but might now have put herself into an even more exposed and helpless position.

Experiences of vulnerability surfaced in different forms. For Susan it was in the form of what she describes as transference with her facilitator:

“...even though I was a trainer... and presented in a very confident way and you know, felt, you know, very confident, when I sat down in that group, I really regressed at times. It was quite, erm, it was quite difficult actually, I felt quite young around the, err, the trainer and I remember saying I feel about like I’m just coming back into the classroom when I see you and so the transference stuff started to, to emerge then and err, that was worked with in the group”.

This seemed to instigate a feeling of moving from adult mode (or a “*confident*”, “*professional*” “*trainer*”) to child mode or feeling childish (what she calls regression).

Susan emphasised the change in her, through describing it as though she is “*coming back into the classroom*” like a child with a teacher. She used the word regression in terms of it being an abnormal reaction to the facilitator or a transference and counter transference reaction, in which past feelings towards a person are projected in the present. (In some psychotherapeutic modes, this is worked with in the ‘field’ or the relationship between people), which is what happened in Susan’s group, so she went on to say:

“Actually, people have said about that group, that we were kind of parented in there and I think for a time we were in some ways, but it was like a controlling parent sort of thing. So, there’s a notion that we were invited into child in that group and err I got into that very quickly. So, it may have been two-way street there, it may not have just been my own sort of transference stuff, it may have been, erm, the way it was set up...”

The words “*controlling parent*” conflict with “*we were parented*” the latter conveying a sense of nurturing but the former suggesting being dominated or restricted in some way, particularly when she also suggested the group were manipulated (or “*set up*”) in some way, possibly for learning purposes, if deliberate. The feeling of regressing combined with a sense of being controlled led to her feelings of vulnerability, and immaturity suggested in her words “*I got into that very quickly*”, as though she got into child mode very quickly, indicating the power of the happenings in the PD group.

Stuart emphasised a high level of support in his PD group which enabled him to safely experience his vulnerability:

“...we were challenged by each other, err, it was, err, it was very, very supportive, very challenging and very sociable, ...probably to feel part of something and feel so valued or important, it was so fantastic a feeling, to have that kind of support... It was like being part of a very close family and a very positive family, you know, it was nice, I felt, err, very valued... But to have that experience there and to feel that fulfilled by, it probably gave me a real belief in the therapy, in the person-centred approach...but there was something about that group that encouraged embodiment of, you know, lived it and it wasn't an easy group, you know, they were very, very... could be very, very challenging.”

They challenged each other in the group but it was “very, very supportive” and at the same time “very challenging”, both of which he repeated, using the words together. It is as though he tried to balance the two, although his words referring to challenge were not as prominent as the words about “support”, “sociable”, “positive”. We see the other side of this in his last few words about it not being an easy group and that they were “very, very” challenging, although he qualified it with “could be” as though he just reminded himself at the end of the passage that it wasn't all about being a nurturing environment. “Being part of a very close family” offered him a sense of belonging; he felt “fulfilled” to such an extent that it engenders a belief in the therapeutic approach he is studying. Stuart used the word “embodiment” and “lived it” denoting the value of the depth and intensity of his experience, enabling him to have “a real belief in the therapy”.

SHAME

Shame featured in many participants' transcripts, such as Susan:

“...there was something about being shamed... Because, you know, these, this is tapping into what can be quite traumatic feelings because you know, we talked about trauma earlier on and erm, you know, to be aware of people's family of origin, how we share and how shame in a group like that can re-emerge and erm and just err, yeah, to do more harm than good...”

She indicated her experience of being “shamed” or exposed by the presence of others. She related her shame to it being generated in the group with, “shame in a group like that can re-emerge”. Her use of “tapping into” suggested events in the group triggered something from her past, particularly with her indications of “family of origin” and “re-emerge”. She signified a re-experiencing of these feelings and there was a feeling at this point, that she re-experienced them in the interview itself in her words, “this is tapping into” and “traumatic”. The feelings were so powerful that they were just below the surface in her present moment.

Susan's words "*more harm than good*" indicated her experience was disturbing, and this trauma outweighed any possible good that could come out of the experience. (I decided at this point not to probe any further with Susan as she began to get upset in the interview, although we did move on to other subjects).

This frequent referral to PD group experiences generating distressing reactions to PD situations was seen in Barb's account of her disclosure of a painful incident in her life:

"But she never went back to it, the therapist never went back to it and ...I thought, I mean I thought, I sort of thought that was, I was left feeling really sort of, erm, that I'd done something wrong or I felt ashamed or and somehow that what I said was boring, even though it was quite a big issue actually and erm, so I thought next week I will say something about it. But somebody came in with a really big issue the next week and I never got opportunity."

The facilitator did not support her by acknowledging what she shared openly, and neither did she refer to it at a later date. This left Barb re-experiencing her shame and feeling humiliated, which is what she felt after the earlier incident, that it was her fault, or "*that I'd done something wrong*". The fact that one member (a man) felt bored (he actually said this in the group) only exacerbated this for her, demonstrated in her words "*it was quite a big issue actually*". This man being bored minimised the magnitude of the incident for her, as though it isn't even worth being interested in. Barb sounded sad, disappointed and distressed at being prevented from bringing it back the following week because someone else had a big issue which minimised Barb's issue yet again.

She goes on to say:

"... because of my childhood, there was a lot of shame around and when I, I brought to the group, quite a big incident from my childhood, it felt like it was a jump for me to do that. Erm, and I think it was handled really badly in fact, really badly... they were predominantly men in the group and I felt, because of the nature of the disclosure, I felt really shamed, and I think that, shame is more probable in a group because of, there's more people really looking at you, more people that you can project onto I suppose."

It has taken such effort for Barb to talk about this incident in her life; she said "*quite*" a big incident, but she minimised it for herself here. This was a huge incident which she very bravely took a risk in sharing, ("*it was a jump for me to do that*") only to be dismissed. She perceived it as being "*handled really badly*", which she repeated twice to emphasise it, as though she can hardly believe how badly. She brought in the subject of shame once again, in relation to the men in the group, which seemed to increase the degree of shame, "*because of the nature of the disclosure*". We get a sense of exposure alongside the shame,

as well here with Barb, because of the number of people in the room, like being in a public place, and being undressed. There are so many layers of shame here for Barb; the original incident, being able to self-disclose and then not being acknowledged, not being able to bring it a second time, the man in the room, and the number of people she was exposed to.

ABANDONMENT

Participants' experiences of abandonment were recurrent, emanating from being missed or overlooked by facilitators or group members, not being validated and feeling rejected.

Rita talked about conflict in the group:

"No, they left us to deal with it [conflict in the group]. They only summarised at the end and they only spoke in the middle of that if someone had gone off track. When I say off track, I don't know what I mean, but something like how many hours of supervision do we need to be doing a month or something, you know, like an admin related thing or that wasn't about personal awareness at all or you know, something like that. That's the only time they'd ever intervene, which I suppose contributed to the lack of safety".

Her words "left to deal with it" gives us a sense of her abandonment and the lack of support she is feeling from the facilitators. She says "only" three times conveying a feeling of being given the absolute minimum. The facilitators offered no "personal awareness" help, unless people went "off track" summarising at the end and admin. ("Like an admin related thing") and she sounds angry about this. "I don't know what I mean" sounded as if she still isn't clear about what they were offering. Her mention of the low intervention contributing to "the lack of safety" is a good example of the need for containment and some active facilitation in the PD group.

She goes on to further say:

"...there was always that feeling of am I doing it right, I'm not sure if I'm doing it right, which then makes you realise your relational patterns are around am I good enough or not or any other relational patterns about being part of a group, family, because a group's like family isn't it, err, and then triggers to do with peers at school, you know, in your past and am I in or out of this group, so yeah".

She repeated her self-questioning about doing it right twice, and sounded insecure, self-doubting and very vulnerable. Not only was her facilitator not really present, but this tapped into some childhood issues for her, seen in her mention of "relational patterns". "Am I doing it right" and "am I good enough" was such a 'cri de Coeur' or a cry for help and reassurance, evoking a sense of the abandonment she was feeling. She sounded like an unsure and

helpless child. The experience made her wonder whether she was in the group or out, like being in school, when one doesn't feel a part of the in-group and consequently abandoned and alone in the playground.

Fiona similarly talks about her abandonment:

“So, it was, for me, the negative side, this is a real negative side which is glossed over, because we don't really talk about the negative side of being in psychotherapy or counselling, we talk about it being positive. But everything's got a bad, you know, everything is black or white...so I was bringing this stuff in and the fact that as I say, this is how I am, was like well it wasn't, it wasn't being validated”

Her feelings were about not being validated when she “*was bringing stuff in*” (self-disclosures or responses to others, or just sharing parts of herself) and it wasn't acknowledged. She also said, “*everything is black and white*”, meaning there are two sides to everything and the bad side might be “*glossed over*”, “avoiding the negative aspects of the group. She emphasised the “*negative side*” by repeating it twice for extra force, which sounded as though she was talking about an ugly, or rejecting side of the PD group, which wasn't talked about or confronted. Fiona was almost implying that this was not an honest aspect of the group, and she wanted to say look at the bad side too.

Rita powerfully relays her experience of abandonment:

“I can remember putting something out there and nobody doing anything with it and just thinking I've just said something really important and nobody has responded, but not being able to sort of say to people I've just said something really important and I'd really like some feedback from the group, because the rules were kind of like not made very clear... so I didn't even know whether it was ok to ask... So, I remember doing that, I remember putting stuff out there and not getting anything back and just sitting there and feeling like really angry or frustrated...”

This account was not dissimilar to Fiona's in the lack of validation she felt. “*Nobody doing anything with it*” and “*putting something out there*” felt as though she offered something of herself and it has just dropped into a hole. She made almost a desperate plea with “*I've just said something really important and nobody has responded*”, in which there was a sense of astonishment or shock. She repeated this four times in slightly different ways as though she could not quite believe what had happened and needed to keep reiterating it in order to assimilate it, like we do when we are shocked and not taking things in. Her feeling was made worse by not being able to confront people with it and ask for feedback, because the group rules were so unclear, she was not sure whether she was allowed to do that. She felt she had to keep it all to herself and “*just sit there*”, repressing it, making her even more angry and frustrated.

One of the most powerful accounts of experience was Barb's:

"Yeah and also what had happened was that the person I'd told when I was a child didn't support me and it replayed that and it also, on some child level, I picked up there's something wrong with me, that people, I'm invisible or I, you know, or it's alright if, you know, it's not ok if this happens to other people, but for some reason when it happens to me, it's a small issue or it's dismissed. But she never went back to it, the therapist never went back to it... and I felt so shut down and so let down by the [facilitator]... even if the, erm, facilitator had missed me, if she'd come back to it at some stage. She never did and it was a big disclosure."

This linked to her earlier account of feeling shame. Her self-disclosure was not responded to by the facilitator as though she is invisible, or abandoned, which is a familiar theme for her (*"when it happens to me, it's a small issue or it's dismissed"*); she was used to being dismissed. This experience connected her with her past childhood experiences or her *"child level"* where she questioned herself. In doing this, she lost her self-support (*"there's something wrong with me"*). As children often do, she questioned whether it was her fault, but she said, *"on some level"*, as though part of her recognised her regression (or *"replaying"*) and part of her was in touch with her child. She was abandoned when she disclosed as a child and the same thing was happening to her in the group. It felt like a familiar happening, when she said, *"when it happens to me it's a small issue or dismissed"*. The sense of abandonment was emphasised in her feelings of *invisibility* and being *shut down*. Shut down and let down epitomised her sense of abandonment and *"she never did"*, was a childlike cry.

SUMMARY OF THEME

This sub theme of Under the Spotlight illustrates the very powerful feelings participants described through their experiences in the PD group. Abandonment and rejection were particularly intense for participants, often through not being acknowledged by facilitators when they had disclosed something very emotional for them. Being in a group of people exacerbated issues such as shame and vulnerability, resulting in some regressing to child-like parts of themselves, self-questioning and self-blaming at times. The exposure they perceived was intensified by being in this spotlight of other group members. However, some were able to accept and work with challenge and their vulnerabilities safely, if support from the group facilitator was present.

4.1.2 SUB THEME 2 – “SPARKS AND FIREWORKS”

This is a quote from Fiona’s transcript which encompasses the hazardous and risky feelings experienced by her and other participants perceiving themselves to be out of control, or of situations in the group being unstable. The sense of fireworks exploding creates a picture of danger and heightened emotions in colour. The sub themes of volatility and unpredictability represent this, whilst the third sub theme of uncertainty conveys concerns about PD ground rules being unclear or about participants’ feelings of self-doubt.

VOLATILITY

A number of participants used words which indicated extreme physical or psychological experiences, as though they were feeling threatened or experiencing danger. There was some use of metaphors, such as images of fireworks bursting or being violently stabbed. Volatility is intended to portray the precariousness or explosive nature of the experiences.

Fiona used two exceptionally intense images of sparks and fireworks:

“...the fact that it’s all women makes it for me a very scary place because I don’t really trust these women because of experiences in the past... there would be sparks everywhere and it felt like sparks and fireworks, that’s the only way I can describe this group, it was really kind of scary” .

This indicated her fear of being in the group with these women, with which she already had some conflict with but also related to her past experiences with women. She repeated “scary” twice, calling attention to her heightened fear.

She stayed with the metaphor of fire and heat with:

“I think the facilitator in some senses managed that ...like putting hot coals in a pan of water if you like, kind of moderated that...”

The facilitator attempted to put out the fire with a pan of water as though he is trying to soothe this dangerous situation, although she said, “in some senses managed that”, as though the embers were still burning and the fire wasn’t out.

The language used by some of the participants was of power, strength and force, almost elemental in their images.

Mary talks about feeling unsafe when conflict occurs in the group with another member:

“...she was very nasty and personalised about it. It was, I know, it was this competition about who was right, not how are we going to resolve this, it’s back to they were both going to be the winner. She was a very difficult..., I had some run-ins with her [a group member] myself, yeah, one particular one where I just felt she went to give me a hug and then she knifed, you know, Julius Caesar, I don’t know if he [the facilitator] should have trusted that kind of confrontation...”

She referred to attempts by the facilitator to resolve the issues (“*they were both going to be the winner*”). She also implied that the facilitator entered into a confrontation with the group member, which was unsafe, and may have done this more than once (she said, “*it was this competition*” and “*it’s back to*”). Mary painted a very violent image (“*she knifed*”) linking it to the assassination of Julius Caesar, betrayed by Brutus and his own senators. The betrayal for Mary was being given a hug one moment and then ‘knifed’ the next, which felt unstable for her, as though she didn’t know where she was.

Some participants expressed their volatility of feelings such as anger and rage, appearing suddenly, although some implied that they were holding emotions back or simmering under the surface. Susan was an example of this:

“...there was tension in the group, erm, where I remember one occasion when one of the group had said something about, erm, women who were sex workers and...and I was, I was infuriated by the, erm, the, the glib sort of way in which the complexity of these women’s lives was being presented in the group... it was impacting on me and the fury... I remember feeling really, really angry...”

She had a sudden uprise of emotions relating to prejudice in the group, although she gave the impression that tension had been rising for a while in “*there was tension in the group*”. “*Infuriated*” is a powerful word, sounding as though she had been ‘on the boil’ for some time. She described her peer as being “*glib*”, meaning shallow, (not understanding the lives of these women) not caring or unempathic in this case. “*It was impacting on me*” also sounded as if she was being battered by this emotion and she was more than just angry, she was “*really, really angry*”, as though her anger was out of control.

UNPREDICTABILITY

A number of participants’ experiences demonstrated the unpredictability of situations in the PD group. There were sometimes experiences of feeling dangerous chaos, and situations getting out of control. Instability or precariousness is suggested in Fiona’s description:

“...Erm, I’ll have to think really hard about that because I suppose, well she was right on the edge. We were right on the edge, that group was right on the edge... Yeah, our group was right on the edge.”

She described the group as “*right on the edge*” as though they are teetering on the brink of a cliff and about to go over to plummet uncontrollably into the unknown. She implied in her words “*that group was right on the edge*” that the situation had been ongoing for a while, (which she repeated twice for emphasis), that this is not just one incident.

Rita also described a sudden change in a situation in the PD group:

“Erm, I can remember seeing something seemingly getting out of control, which I didn’t understand, where one of the, erm, students was upset because we used to go out and smoke, and this particular student didn’t like it and she voiced it in the group and it ended up being a conflict situation, you know, well I think we should be able to do what we want, why shouldn’t we go out for a cigarette if we want to go out for a cigarette... I think we were all crying; I think we were just crying.”

She highlighted the group “*getting out of control*”, which involved an argument between group members. The unpredictability was conveyed in her words “*I didn’t understand*” as though it happened too quickly to prevent it and as though the speed of it was beyond her comprehension. She described a situation where one minute the group was functioning normally (“*we used to go out and smoke*”) and the next minute, there was conflict. It sounded as if emotions were already high, as they “*were all crying, I think we were just crying*” sounding as if they were releasing emotions in one (previously suppressed) mass.

UNCERTAINTY

Experiences of uncertainty were apparent in many of the participants’ stories. Uncertainty was linked to insecurity, feeling unsupported, and having self-doubt. Some of these feelings were related to group rules or boundaries being unclear, or from a facilitator’s lack of support, or from an uncertainty about what might be happening in the group, particularly when situations were out of control.

Anne’s uncertainty related to her need for clarity from the facilitator:

“Well the first facilitator, I would say you needed to be more present in the group, we needed to know whether you were part of the group or not part of the group and to make that a bit clearer... erm, but to be clearer because, you know, for weeks we just sat there half looking at her and thinking and then thinking are we saying it wrong, are we right?”

She talked about her uncertainty about the facilitator's role, "*we needed to know whether you were part of the group or not part of the group*" as though it hadn't been initially discussed and they are left wondering how to work in the group. The need for presence was expressed in therapeutic terms – to be present is to work in relation to each other or to connect in some way. In terms of the facilitator, Anne was asking for clarity and feedback as well as support ("*are we saying it wrong, are we right?*"). There was also some personal self-doubt and self-questioning in Anne's words, "*are we wrong or right*", which would inevitably rise in this situation of uncertainty.

Anne goes on to express her helplessness:

"...you've got to give some indication as to don't let us just sit around there month after month not knowing what the hell we're doing, whether we're in the right direction or not. At least give some, some guidance, you know... a bit more facilitation to be a bit clearer."

This was a plea for clarity and guidance. All of her words here were full of anguish; particularly "*you've got to give some indication*". The torment of sitting there month after month was a powerful expression in "*don't let us just sit around there month after month not knowing what the hell we're doing*". She begged for "*indication*", "*direction*", "*guidance*", and "*facilitation*", which total a high number of words expressing her uncertainty in such a short passage.

Fiona made a similar appeal for reassurance:

"...and I'm kind of sat there thinking what on earth is going to happen in here then, because I haven't a clue, and you'd be there, sat there thinking oh god, what's going to come to me now."

Her uncertainty was about being attacked by others as she said, "*what on earth is going to happen in here*" and "*what's going to come to me now*". These two phrases encompass all three subthemes of volatility, unpredictability and uncertainty. "*I haven't a clue*" summed up her despondency and hopelessness with "*Oh God*" a plea for help and guidance.

San's uncertainty is about his fear of what and how much he can say about himself:

"Yeah and also, I suppose it's the sense of uncertainty as to what's actually kind of going on here, what's all this all about and am I kind of exposing myself too much, too little, how are other people kind of seeing me, all of that, kind of issues, come to the play."

He expressed his worry about "*exposing himself too much, too little*", related to whether people might judge him; but also, his "*what's all this all about*" suggested his lack of

understanding of the situation and what he needs to do. *“How are other people seeing me”* makes us wonder why he hasn’t had any feedback on himself in a PD group. *‘All these kinds of issues’* imply that either there are other similar ongoing concerns in the group or San himself has other group issues.

He goes on:

“So, I suppose the first half hour sessions were always, not fraught, but were always a bit kind of tentative, people probably weren’t as open or expressive as they were in the kind of break-out groups afterwards...”

Using the word tentative, or in other words, uncertain, after changing it from fraught, his first choice, indicated his feelings of doubt and being unsafe about sharing aspects of himself. The contrast between these half hour sessions and the break-out sessions is notable in his words *“expressive”* and *“open”* related to the break-outs, signifying more freedom, confidence to express themselves and openly communicate.

This sub theme indicates some very powerful experiences of volatility, unpredictability and uncertainty, expressed by some participants as though they are waiting for the touch paper to be lit for the ‘sparks and fireworks’. A lack of clarity and guidance by offered by some facilitators was a sure spark for triggering anxiety about themselves, the group process, the facilitator’s role, and their more intense emotions which were often sometimes to the surface.

SUMMARY OF THEME

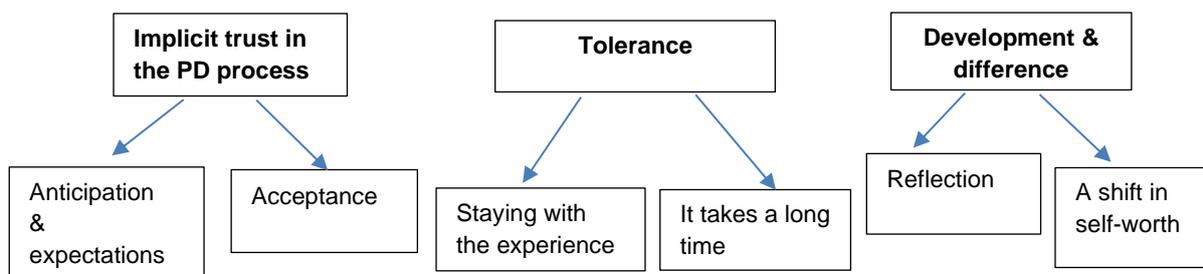
This theme of feeling unsafe and unsupported encompasses two subordinate themes demonstrating how participants powerfully recounted feelings of being exposed, vulnerable, shamed and abandoned. ‘Under the Spotlight’ portrays the intensity of these experiences, with some participants describing shock, and intense transference and counter transference reactions.

The subordinate theme of ‘Sparks and Fireworks’ portrays the volatility, unpredictability and uncertainty of some of the PD experiences, which they likened to being out of control, especially when unsupported by facilitators, with one participant indicating a feeling of violence, through metaphors. Some participants felt unacknowledged and overlooked, adding to confusion and vulnerability. However, not all participants had such negative experiences; some had exhilarating and positively challenging experiences, although this related to the amount of support they received and a sense of being valued in the group. The clarity which the participants recounted their experiences was extraordinary in the light of the

time elapsed since their PD training groups. They seemed to have little trouble recalling them and some seemed to be still continuing to reflect during the interview.

The following section is an analysis of theme two which highlights how these experiences were anticipated and processed by participants, until they are able to see or feel some shift in themselves or find some insight – from an exposing spotlight into ‘a new vision of understanding and personal change.

4.2 THEME 2 – PROCESSING AND PERSONAL CHANGE A NEW VISION



The second theme involved the ways participants processed their experiences, particularly in terms of tolerating the distress and discomfort that was often present, and how they found enough insight or self-awareness to bring about some shift in the way they perceived themselves.

The first sub theme illuminates an ‘implicit trust in the PD process’ and its outcomes. This was underpinned by an ‘anticipation or expectation’ of potential difficulties or struggles in the PD group, and an ‘acceptance’ of them. Acceptance and expectation was seen in statements such as: *“you knew that you had to sit down with your Group... So, it was quite, it was quite traumatic, but that was what was expected and that’s what you had to do”*.

The second sub theme of ‘staying with the experience’ focuses on how very difficult experiences were tolerated both during and after the PD group with participants not only seeming to somehow accept this distress, but finding ways to stay with it, through their own internal support systems. This process of seeing a need to stay with the experience sometimes took a long period of time, which they were able to reflect upon during these

interviews which were taking place at least 5 years (and often a lot more) after their PD training.

The third and final sub theme is 'development and difference', encompassing a recognition of a development of self-awareness, an insight, a shift in perspective or perception of a different way of thinking or being in the self, found through their experiences in the PD group. For example, one participant highlighting her development said: *"I guess through that, I was able to find a lot of resilience"*.

4.2.1 SUB THEME 1 – IMPLICIT TRUST IN THE PD PROCESS

This sub theme highlights the trust placed in the PD process, demonstrating a conviction that they will learn from it and therefore had a commitment to stay with it. None of the participants stated where or how they had come to believe this, but it was a recurring feeling for many of them. Phrases such as *"you just have to go away and deal with it and then come back"* and *"that's what you had to do"* indicate a type of certainty or conviction of faith in the experiences having an outcome for them. This is highly complex and revealed their motivation and commitment to learn, or a resilience, which is also indicated in sub theme 2 of tolerance and 'staying with' for a long time.

ANTICIPATION AND EXPECTATIONS

Many of the participants demonstrated a belief that the PD group would be difficult and challenging. Rita talks about this expectation:

"So, at the end of the training, you know, at the end of each day, you knew that you had to sit down with your Group for an hour and a half Friday night and then an hour and a half Saturday night. So, it was quite, it was quite traumatic, but that was what was expected and that's what you had to do ...and that's what I see the Groups as being about".

She said, *"it's what you had to do"* and *"that's what I see the Groups as being about"*, suggesting that the expectation is firmly understood and rooted for her. *"You knew"* also implied that others in the group were a party to this too. The fact that she highlighted the time - for an hour and a half, on Fridays *and* Saturdays made it sound like this was a necessary process and an important job to do; and the repeat of *"had to"* twice, linked with her understanding of what the group was about, entrenched the expectations.

Rita's use of the word "*traumatic*" though, removed us from the routinized subject of expectations and transported us to her difficulties of entering this discussion on Friday and Saturday nights, at the end of the long days. Traumatic suggested a disturbing or distressing experience but still she expected it.

Susan highlighted her concerns about group members:

"I'm not sure, you know, all of the group members had an understanding of what the PD Group was about because often we would, you know, people would say this is really uncomfortable, what are we doing, we're just sitting here and so and I don't know how you prepare people for that to be quite honest, you know, as a trainer as well. Erm, I don't know how you, erm, and particularly in the person centred way of working, erm, sitting, just sitting with them not knowing, you know, the uncomfortable feelings and then how people interpret the silence and you know, some people rolling their eyes and tapping their feet and all that kind of stuff."

She talked about group members not understanding the purpose of the PD group; they were "*rolling their eyes and tapping their feet and all that kind of stuff*" because they didn't know what to do – they didn't know what to expect and expectations or aims had not been given to them at the onset. This was difficult and uncomfortable for them – "*we're just sitting here*", not realising that this was the purpose of the PD group, to sit with their own feelings. Susan's comments highlighted their very unrealistic expectations of actually doing, rather than being and this was "*really uncomfortable*". Susan's concerns are also about preparing trainees for this process in her words, "*I don't know how you prepare people for that*" which is exacerbated and highlighted by her experience of frustration and misunderstanding in her own group.

ACCEPTANCE

An intense acceptance of very difficult experiences was seen in many of the participants, even when experiences were painful or disturbing.

Susan illustrated this acceptance with:

"...so there were some very painful moments in that group... very painful where myself and others have left at the end of the day, you know, kind of feeling, erm, regressed and hurt, erm, and you just have to go away and deal with it and deal with it in your therapy and then come back a little bit, or come back and confront it..."

Her acceptance of the pain and distress of her experiences is quite remarkable in "*you just have to go away and deal with it*". She talked about very painful moments, repeated twice, and then feelings of regression, (or triggering painful historical memories) and hurt. "*Come*

back a little bit” suggested that she could only bring part of herself back into the group as the pain has been so bad for her or as though she needed to repair pieces of herself before she could come back. “*Come back and confront it*” gave an impression of stoicism but also strength in her acceptance.

Freddie’s acceptance manifested in his willingness to put himself forward:

“... and I think that was why in the PD group I was quite happy just to sort of pitch in and say ok well I’ll be first, I’ll talk about myself, I don’t mind doing that... and I think therefore what that does, that creates and helps me to learn self-awareness and erm. Err, I felt like, you know, oh this is uncomfortable, I feel I’ve got to learn through” this...”

He talked about how he was able, “*to pitch in*” and talk about himself. “*I don’t mind doing that*”, suggested his acceptance of going first to learn or develop his self-awareness, despite the discomfort and difficulty (“*oh this is uncomfortable*”). His valiant declaration of “*I’ve got to learn from this*” evoked feelings of embarking on an intrepid journey into the unknown. His acceptance of putting himself forward offered him the benefits of learning.

SUMMARY OF THEME

The use of the word implicit in this theme is intended to denote a trust that is not overtly expressed and for the participants, it is a trust strong enough to help them accept some very difficult experiences and seemed to be supported by some kind of psychological preparation for difficult experiences, highlighted in their discussions They seemed to know and understand the importance of this in their development, without it being spoken or prepared for overtly, in fact participants indicated that often there were no rules or clarity of group aims and outcomes.

4.2.2 SUB THEME 2 – TOLERANCE

This sub theme relates to how the participants describe ways in which they ‘stayed with’ difficult experiences alongside their expectation of some form of learning. Tolerance in this case denotes participants having an ability to manage these difficult experiences which sometimes continue over a long period of time. The demonstration of a kind of endurance resilience and capacity to withstand distress was observed in many of the participants’ stories.

Millie portrayed her PD involvement over a two year period:

“Yeah, I think for me personally, the PD Group was excruciating... I probably didn’t speak or disclose anything till the last session in the two years. But for me, it was about getting used to the discomfort of the group, there was something very challenging in that, sitting as a whole group and sharing and processing and it took me a very, very long time to sort of, I can’t even say become comfortable, because even by the, you know, by the beginning of, well probably the whole of the duration of the Gestalt, I think I found it quite uncomfortable and I think there’s learning in that, I think it was I couldn’t tolerate it for the two years of the initial training group and just staying with it allowed me to tolerate it.”

Her PD experience is described as “*excruciating*” suggesting an unbearable suffering. She was so distressed that she “*didn’t speak or disclose anything till the last session*”. This sounded like an immobilisation or paralysis for her, but two years in this state is a very long time. She needed to increase her tolerance levels by “getting used to” the uncomfortable process of the group but was unable to share and process “*for a very, very long time*”, which demonstrated her levels of tolerance and resilience. It sounded as if this sharing and processing was particularly difficult as she referred to it as being challenging and even after a long time, it still didn’t become comfortable. Even by the end of the course, she still wasn’t comfortable, as though she tolerated it up to the absolute limit and could do no more. However, this was learning for her, as was the staying with the discomfort.

She did then go on to say:

“...So, by the time I got into the more advanced training and for the longer four year psychotherapy training, where there was Group Process every weekend, my tolerance was increased and I could stay with more discomfort. I think there’s learning in that and I suppose, you know, you could write a whole book on that, about the process of staying with yourself and staying with others and being present and stuff like that.”

This process of getting used to the discomfort or tolerating it more stays with Millie into the next stage of her training but suggested she can still only stay with some discomfort. Her statement about writing a book (a whole book) on it emphasised the length of time all of this takes. She repeated her earlier statement of “*there’s learning in that*” as though this process of learning is gradual and again emphasises the concept of time.

In response to the researcher’s question on how she managed to ‘stay with it’, she said:

“I don’t think I always did, at the beginning, I know trainers observed that I was very accomplished at appearing to be present when I wasn’t. So, I was physically there, but I wasn’t always there...”

Millie coped by detaching part of herself for protection – it was difficult for her to take part in the group, so she put up a pretence, to try to fool the facilitators, (although they do eventually notice), pretending to be physically there but not really present at all.

This learning through tolerating these difficult experiences is also apparent in other participants, like Anne:

“...I think just a willingness to, just keep your eye open, you know, willingness to sort of look at yourself really ...I think I probably learned that ...perhaps the start of it [the learning] came towards the end of the second year...”

Anne indicated the lengthy route involved in self-development. The tolerance and the extensive process added to the notion of an almost willing (she used the word twice here) acceptance, indicating a particular form of endurance. She said, *“just keep your eye open”* referring to watching yourself develop over a period of time. Her willingness to stay with this long process of learning, which took her nearly two years to only just begin, portrays the scale of the ‘staying with’ before any rewards are realised.

IT TAKES A LONG TIME

Many participants talked about this long journey, drawing attention to their struggle through these difficult experiences and their need and hope to find a way through eventually. The outcome of this prolonged process, for many, is the intense emotional learning that they acknowledge (*“It was therapeutic, and challenging and painful”* and *“suddenly something happened where I could just start to accept myself”*).

Susan emphasised the conflict between pain and therapeutic value:

“So, it was a kind of, sometimes a very painful but quite a therapeutic process for me. Erm, yeah, it was hard, it was hard, I think without being in therapy at the same time, it would have been very difficult... Yeah, but it was therapeutic and challenging and painful and if I hadn’t been in therapy at the same time, I would have found that, well I might have left actually, mmm... to unpack that and to process it... very painful and err and helpful in the end.

She repeated her experience of pain three times, but her words about *“in the end”* suggested the length of time it has taken. She also reminded us twice that she needed therapy to get through the process, to prevent her leaving the training. Susan’s words offered an impression of the intense difficulty she has had, to achieve a therapeutic outcome,

“unpacking” her experiences, but also suggesting in the interview that she is unpacking the memory of it too.

This lengthy process was tolerable for some through the support and acceptance they felt, such as Tracy:

“Erm, I think it’s about being in a group, I think it’s about feeling like you’re accepted whoever you are, because I could get quite emotional now, because it takes me back to a time when... I didn’t have a very, sometimes I don’t have a very high self-esteem now... I think it was the environment and having, giving myself that space... suddenly something happened where, err, I realised that I could start to just accept myself as I was... that acceptance of self and that awareness was the start of my personal development. But it took quite a long time for it to really happen.”

She talked about finding self-acceptance but it “took quite a long time for it to really happen”. Tracy’s emotion was not far beneath the surface in the interview when she connected with the feeling of being accepted. She only hinted of her prior experiences with: “it takes me back to a time when... I didn’t have a very, sometimes I don’t have a very high self-esteem now”. The hesitancy and fitful way she said this portrayed her reluctance to discuss the difficulties of it. Giving herself space (which she implied took time) helped her to shift her self-concept but it sounded as if her experience was as a result of something happening quite quickly and suddenly, like something slotting into place.

Barb also emphasised the extent of the time it took to recover from her earlier experience:

“But I suppose just an acknowledgement of that [she refers to her self-disclosure in the group and the facilitator’s non-acknowledgement] was awful, I mean that’s all it would have taken and I think it took me another sort of fourteen months to get that [an acknowledgement] and realise that’s exactly what I needed”

It was fourteen months before Barb obtained learning from her experience and the journey for her “was awful”. She had disclosed something in an earlier group, which the facilitator did not acknowledge, which was painful, resulting in distress that caused her to leave the group. Her next group offered more support, meeting her with kindness and helping her to reframe her experiences and emotions. The fact that she was able to remember fourteen months precisely, suggested the importance of this long and difficult time for her.

SUMMARY OF THEME

These two sub themes, underpinning the notion of tolerance demonstrate how long processing experiences can take, but also the resilience needed to stay connected with their experiences. Millie in fact, detached part of herself but stayed partially in the group, which

was enough to fool the facilitators for a while. Susan almost left but managed to stay with some support and Barb did leave her first group but came back into training after a period of time. All of these participants demonstrate their resilience and their struggles, but their tolerance is so remarkable over the lengths of time they stayed with this process.

4.2.3 SUB THEME 3 – DEVELOPMENT AND DIFFERENCE

This sub theme illustrates a diverse range of personal growth, self-learning and some revelatory discoveries in participants' development. The word difference is intended to highlight the difference participants could see in themselves (for example, *"I probably felt stronger as a person"*) or a newly developed insight about the self.

Some participants had clearly reflected deeply on their experiences, some describing profound changes in themselves and others talking about their experiences changing or shifting in some way, resulting in changes in their self-worth. This seemed to involve some reflective processes or a kind of de-briefing or examination of experiences (for example, *"I reflected on it and I had to process the emotion it left me with, the shock"*).

REFLECTION

Many of the participants illustrated their process of reflection, through a 'making sense' of their experiences or a feeling of resonating or finding clarity or a better sense of self. This process of assimilation, in its various forms seemed to play a vital part in their learning and self-awareness but required an energy and some support to develop new understandings.

Tracy highlighted her reflection:

"But it were quite an intense space... and it were a very intense place and then you would go home after it and there'd be some chatting in the car and then I'd have all that journey to process it I'd say it were quite important to come down and then I'd kind of come round from it or I could reflect on it in a journal or something. But yeah, it were quite powerful really doing that."

She used the words "space", and "place", referring to the PD group, but qualified this with "intense", repeated twice. The intensity of it created the need to "come down" from it and "come round", almost like an anaesthetic wearing off but a grounding for Tracy, which helped her to process her experiences. She did this during her journey home and "all that journey" suggests there is a lot of reflecting to do. It sounded as though she had been in a different place in the PD group and then had to get back to reality. The words "come down" and

“*come round*” depict a movement or a need to get into a different place. She emphasised how “*important*” and “*powerful*” this whole process of reflection was.

Millie revealed how she used a whole variety of methods to reflect:

R – “How did you get the richness from that experience? Did you think about it? Did you reflect? Did you write it down? Or all of those?”

P – “All of them, yeah, I’d write up each weekend, so it was written down and I reflected on it and I had to process the emotion it left me with, the shock, the feelings, the strong feelings it left me with and yeah, it was just full of learning”.

Millie experienced an incident in the PD group that left her reeling with so much shock that she needed to process it in these different ways. She talked about feelings but not just feelings, these were powerful feelings, (“*the shock, the feelings, the strong feelings it left me with*”) leaving her with such emotion that she knew she needed to do something with them, (“*I had to process the emotion it left me with*”) she could not just move away from them.

“*Emotion*”, “*shock*”, “*feelings, the strong feelings*” are all words denoting power or force, so intense that they needed all these ways to reflect on them. The reflection enabled her to learn, and the learning was “*full*”. The end of Millie’s sentence sounds uplifted, “*it was just full of learning*”, said with a sense of relief and almost wonder.

A SHIFT IN SELF-WORTH

The ongoing reflection and development participants were able to identify demonstrated a movement towards some form of change for them, or a shift in how they viewed themselves. This sub theme indicates a development of insight, a different way of thinking or feeling about the self or others, or some form of self-acceptance or awareness of newly discovered strengths or capabilities.

Freddie’s experience was very positive:

“...it was so encouraging, I remember J [the facilitator] making comments that I’d got insight into the group process and that he felt I’d make a really good group leader and it was so affirming and because it really sort of encouraged me because of my past experience, where I’ve experienced difficulty in leading groups, and it was just incredibly encouraging and so the very strong, incredibly strong feeling of encouragement and it was almost elation, I just felt, the rest of the day, I was kind of felt like I was floating almost, it was very encouraging.”

Freddie expressed his elation at the facilitator’s recognition of his competence as a group leader. The encouragement (repeated five times) he received was affirming (“*it was so*

affirming) and validating signifying the impact of feeling stronger and almost a more grounded feeling. He qualified his sentences with words like “so” and “*incredibly*” (repeated twice) and “*very*” to emphasise these feelings of confidence and optimism. He compared his new feelings to past experiences in which he had difficulties in groups, drawing attention to the change in him. He likens his feeling to floating, feeling buoyant, as though he was rising above the old feelings of his difficulties in groups.

Mary’s story involves conflict with her group facilitator:

“At the time, I didn’t think it [the confrontation] was enjoyable, it was upsetting, I didn’t like it. I didn’t like it when he was challenging me, but I liked it when I was challenging him. But yeah, it was an ok part of me that was actually quite, err, quite valuable and I think I’ve, with hindsight, I probably felt stronger as a person that I would stand up to him because he could be quite intimidating so I think it probably could have been, err, very difficult and yeah, or fall to pieces very easily...”

She defined her new-found strength in standing up to him and drew the difference between the old and the new: “*I didn’t like it when he was challenging me, but I liked it when I was challenging him*”. Her shift, or her self-learning was preceded by her expression of how upsetting it was at the time though, and her dislike of the confrontation but she was able to find a part of her that had the strength to confront the facilitator’s intimidation. “*But yeah, it was an ok part of me that was actually quite, err, quite valuable*” and “*with hindsight*” again denotes a new found self-value and her words, “*I felt stronger as a person*” signifies her comparison to her previous self-assessment which is: “[I could] *fall to pieces very easily*”:

Barb also finds a tougher “*resilience*”:

“...it was a group that was kind of really difficult and I guess through that, I was able to find a lot of resilience. You know and I was able to actually, I’d forgotten about this actually, strangely, I’d forgotten about this, but I was actually able to, to say what I wanted from the trainer, when it happened the second time after me [to two other group members], I was able to say what was needed or what I thought what was needed.”

This resulted from an incident where the facilitator did not acknowledge her self-disclosure. The same thing happened to two other group members and seeing this confirmed to Barb it wasn’t her fault and gave her the strength to challenge the facilitator by stating her needs. Conversely, this tough and challenging experience, rather than defeating her, helps her to develop a tenaciousness to fight for her needs. This combined with her difficulties with the group (“*it was a group that was kind of really difficult*”) seemed to offer Barb the impetus to ‘toughen her up’ and she was able “*to find a lot of resilience*”. Barb, like some of the other participants was reflecting and remembering her experiences during the interview itself, “*I’d*

forgotten about this", (which she repeats twice) as though the learning or the shift was so deeply assimilated that it was part of their being.

Tracy's testimony of her discovery of her own value is a profound revelation:

"...doing a diploma course, that was the big turning point for me in terms of personal development, where I started also to do more of that accepting of self and becoming aware of who I was, ...sorry, I need to think this through because it's quite hard... but I found that [the PD group] a place where I could experiment with being myself and get feedback from other people... like a turning point in realising who I was... and becoming more accepting of myself, becoming more aware of things in myself, and like... becoming a new person, but I wasn't really becoming a new person, I was becoming more myself, I suppose... I sometimes have rubber banded back to that stage when I aren't very confident and where my self-esteem has gone down. But because I've gone through all this personal development, I'm able to pull myself back easier than if I hadn't gone through it in the first place."

The PD learning was a "turning point", for Tracy in which she could "experiment with being myself". The word "experiment" suggested she found looking at herself or finding some self-acceptance was very different. "Becoming more aware of who I was" and "of things in myself" and "realising who I was" sounded like a slow and a new process, of changing identity. Additionally, she said "I started to do more of that", reinforcing this shift she began to see. She found it "hard" to formulate her thinking during the interview, indicating that the shift or the process of change is still emerging, or she is still assimilating it. The development for her was clearly shifting and shaping her in the moment, seen also in her word "becoming", repeated six times. This was almost a visible process as she spoke and she repeated "new person" twice, as though she was reinventing herself.

Tracy's use of the phrase "rubber banded", portrayed her worry that she would be pulled back into the place she was before, the under confident person with low self-esteem, but this shift in herself has grounded her more so that she is to pull herself back, as though she has more control over that rubber band.

SUMMARY OF THEME

The theme of processing and the movement to some kind of personal change or development was demonstrated in the participants' illustrations of how they reflected on their experiences, even when difficult, to find some self-insight and particularly to find a new self-worth or self-valuing. The expansion of self-awareness seemed to denote a trajectory or ongoing process leading to their new-found insights or shifts in ways they regarded

themselves or others. Participants seemed to have developed a new vision of themselves, through both positive and negative experiences.

4.3 CHAPTER SUMMARY

This chapter presents findings indicating the very difficult, and at times, traumatic experiences participants underwent in the PD group, but also how they were able to process these to find personal change or insight. The first theme of 'Feeling Unsafe and Unsupported' includes the sub theme 'Under the Spotlight', which encompasses how exposed participants sometimes felt when they disclosed aspects of themselves or were challenged in the group. Feelings were often shocking and felt dangerous to participants, particularly when those feelings elicited some sense of shame or rejection. Some participants actually named a process of regression which emerged from transference and counter transference feelings in the group. Facilitators played a major part in either supporting and affirming participants' processes or being key in feelings of rejection or abandonment.

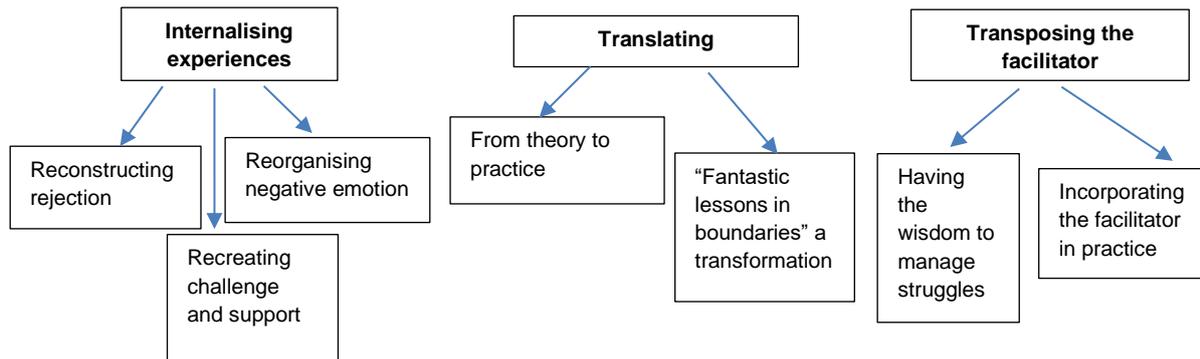
'Sparks and fireworks', forming the second sub theme, highlights the volatility, unpredictability and uncertainty that participants often experienced, either within themselves or in the group situation. At times, their experiences felt explosive or out of control, which was exacerbated by unclear guidelines and the absence of aims in the PD group or feeling unsupported by facilitators.

The second theme of 'Processing and Personal Change – a New Vision', illustrates a complex process of how participants tolerated difficult experiences, processed them and arrived at a new development or self-valuing place. The first sub theme includes evidence of 'An Implicit Trust in the PD Process' encompassing forms of Anticipation and Expectation in beliefs that the PD learning would be difficult, but that they 'had to get through it' somehow. This was portrayed through the second sub theme, 'Tolerance', by the manner in which they appeared to find a patience and forbearance to stay with their experiences, sometimes for a length of time, until they were able to find learning or development at the other side. The third sub theme, 'Development and Difference' highlights the insight or shift in self-concept which participants manage to find.

The following chapter presents my findings on how participants used their experiences, insights, developments and changes in their clinical and training work.

CHAPTER 5 FINDINGS II.

USING EXPERIENCES IN CLIENT AND TRAINING WORK: METAMORPHOSIS



This chapter focuses on the ways in which participants perceived how they used their experiences, in their clinical work. The name metamorphosis is intended to denote the transformation or psychological alteration of their experiences in PD groups into their learning and use in clinical work. The metamorphosis exhibited by participants involved growth or development in some way, which was often seen as a profound change, such as: *"...and so then it really kind of a massive mind shifting was kind of taking place"*. Three areas emerged which were firstly how they seemed to internalise experiences by reconstructing sometimes very powerful and distressing emotions, particularly around feelings of rejection or being missed in the group. The second sub theme encompassed how they were also able to create some sort of self-support through challenge (either being challenged or through self-challenge). I called this a recreation, as they described processes of either structuring or restructuring this support. A similar process was observed in the ways very negative emotions were re-organised into being of use to them in their work, which formed the third sub theme.

The theme of translating experiences involved descriptions of learning in an embodied way that was different to textbook learning. Sometimes it was as if there was a 'clicking into place' or a 'light bulb moment' when a theory or concept became more meaningful. The

need for boundaries, or the absence of boundaries, either in the group or in relationships was particularly important learning.

The last theme of transposing the facilitator encompassed participants' learning in the context of their facilitator. Some learning was through inadequate facilitation or poor practice (for example, one participant said, "...and I thought I'm bloody trusting you here") and some through such positive reinforcement from facilitators, that participants talked about 'carrying the facilitator with them' (such as one participant saying [I] "*maybe wonder what [the facilitator] would say, you know*").

5.1 THEME 1 – INTERNALISING EXPERIENCES

The internalising of experiences encompassed differing processes of reconstruction, recreation and reorganising of emotions, and a demonstration of abilities to find challenge through being challenged. The theme encompasses the notion of participants being able to gain insight about their experiences, with even very difficult encounters or emotional disturbances being incorporated and used in practice. Their responses to events and experiences evolved into new understandings or insights related to their work. Some of these insights originated from 'being missed', either by the facilitator or other members of the group or feeling invisible. Reconstructing rejection was relayed by participants as a rejection or abandonment, but in the interviews, participants described an important transformation from this to making a deeper understanding of what they needed to do differently in their practice, (e.g. "*I'm really pissed off...that nobody's picked this up ...but it informs the way I work...*"). In other words, they were able to process these experiences of rejection in some way. Participants were able to demonstrate how they were affected by challenge and, whether this was a positive or a difficult experience, they were able to learn from it. Sometimes this support was triggered through being challenged by others (e.g. "*I didn't get challenged at all..., which has probably prompted my style...*").

Participants clearly identified incidents, emotions or new understandings that they were able to use in their work as practitioners, either changing their practice or offering new understandings of themselves in relation to clients. They seemed to internalise even difficult experiences, through a process of reconstructing, recreating (or in other words, seeing things in a different light) or reorganising experiences and resulting feelings from them into different perspectives to aid their learning. This was not a linear process and neither did every participant experience each of these; rather they were processes observed in terms of how they used their experiences. All of the participants were able to highlight how their practice or way of thinking or feeling had changed in some way.

RECONSTRUCTING FEELINGS OF REJECTION

Some participants described incidents of not being responded to when sharing a disclosure or needing help, for example, Rita said:

“Yeah, like I was saying, I never said to anybody in my group I’m really pissed off that I just said something and nobody’s picked it up. But it informs the way I work with my PD Groups now, I’ll say I’ve noticed that nobody’s responded and that it feels like you’ve just said something really important, you know...so, you can use your experiences that you’ve had yourself to help your training.”

Her words “*nobody’s picked it up*” and “*nobody’s responded*” sound as though she was invisible or what she said was inconsequential. However, she also said that she was unable to confront this and say how angry she was at being missed. There was a feeling here that the hurt and rejection she feels stops her from being able to put anything else into the group. She tucked it away, sounding as if she was hiding it out of sight as if to keep it safe because of its importance but not appropriate to make contact with right now. Rita’s feelings of hurt and rejection and being “*pissed off*” were thick with anger, but the abandonment was so powerful she wasn’t able to share it, as though it had closed her down.

However, through this feeling of being missed, she was able to see how she could use it in bringing inclusivity to her work with training groups; she now goes out of her way to notice people and invite them into the group. An unacknowledged disclosure in the group was also a powerful learning experience for Barb, which she hadn’t processed fully at first:

“No and like when I was in that group where I think that I was missed, I didn’t know, I just felt the effects of it, I didn’t, it wasn’t until quite a bit later that I thought that wasn’t my responsibility and I think and I think as a therapist I am going to get things wrong and I think people can work with that, but its knowing that I’m available to be told that I’m wrong or that I missed it or I said something which actually to them wasn’t, erm, you know, I’ve worked a lot, erm, as a couple’s therapist, with erm, arranged marriages and I really say right at the beginning, you know, like I don’t have any experience of that in my own immediate culture, so if I say something to you which is not, you know, and that really helps the work...”

She said, “*I just felt the effects of it*”, (as though she hadn’t immediately made a cognitive connection with the experience, as it was so painful). Her realisation or the reconstruction of this rejection was a rationalisation of her own feelings of something being wrong with her and feeling she is responsible for being missed. She felt unaccepted, unrecognised and it was all her fault, but she eventually changed this round completely to “*I am going to get things wrong*”, with the emphasis on *am*. This came not from her original perception of getting it wrong in the group but translating it into a recognition that the facilitator and other

group members got it wrong for her so she was then able to find space within herself to accept that we can all make mistakes:

Barb goes on to talk about her next, very different group:

“I was in the group, the next group for two years and it took me a year to take it, erm, and it was met in such a different way. It was met as, well just normally like how you would expect someone who discloses something big ...and it was like I was stopped after every kind of thing to say how are you feeling now, which I realise it’s about, erm, how you pace things, [with clients] erm... So, I think because of that, I’d done, I’ve done a lot of training in shame, I think out of that experience.”

Her next experience enabled her to put the experience into some perspective. It took her a year to be able to attempt to talk about her experience again, but because they accepted and validated her disclosure, this normalises it for her. She was able to explain how different this was – she was “*stopped after every kind of thing*” for them to make sure she was OK. She said “*how you would expect*” people to be with such a big disclosure, which indicates how abnormal she began to view the previous. The experience of the group ensuring she was coping has been taken into her work with clients, illustrated through pacing things, or slowing clients down to check out they are not being overwhelmed with emotions. The shame was so devastatingly significant for her that she enrolled on some training in shame, to support her clients. She said: “*out of that experience*” which is a direct reference to how she learned from the experience.

Anne’s experience is different:

“...this is going to sound quite personal, but like a sleeping Buddha, you know, she was like a sleeping Buddha honestly, seriously. I think the learning was erm, to be clear to students, to be very clear to students. To try and pick up, you know, I think, you know, I do scan the students all the time to be aware that actually does someone want to say something, has something impacted on another student and they’re not quite ready to talk, to speak out. Erm, so I’m very aware about scanning the students... Erm, I try and make it a very safe group, even though I’m very challenging, you know, and I do perhaps give them a warning, they’re not, I can be quite challenging but at the same time they also know that I’m very supportive”.

Although, like Barb, her quote denotes her rejection and feelings of being missed, for her it was more about a ‘nothingness’ from her facilitator. She described the facilitator as resembling a “*sleeping Buddha*” in her detachment from the group’s interactions, as though they were just left to get on with it. Her feelings were of being overlooked, but also the whole group being unnoticed and unsupported. Anne reconstructed this into a lesson to be learned in her training of students. She twice described making sure she “*scans*” her students, repeating “*to be clear to students*” twice, as though she is still fixing it into her practice with

this emphasis. The experience has made her almost hypervigilant with her students – she scans them “*all the time*” and she’s “*very aware*” as well as “*making it a very safe group*”. She constantly ensures that she balances safety with challenge, but at the same time she conveyed in her interview that she does not over nurture them. She seems to have learned that students can still be safe even when challenged.

RECREATING CHALLENGE AND SUPPORT

This subtheme captures how participants found enough self-support and resilience after negative experiences, to be able to help others. Some of their feelings were of helplessness, incompetency or inadequacy in staying with distressing experiences.

Susan’s reflections indicate that facilitators did not have enough robustness to challenge them in the group fully:

“...I think the facilitators were...but maybe the facilitators hadn’t had as robust a personal development experience of their own to be able to feel strong in challenging us. I think the PD Group, that training ...has facilitated my robustness as a psychotherapist and you know, whoever comes through the door, erm, I have absolutely no fear that I won’t be able to do something and I wouldn’t get that, you know, the old stuff when I was first practising, oh god, am I competent and blah blah blah. I just, just really relish whoever’s coming through the door and I do think, you know, I know that I would be a different therapist without having had that experience”.

Her experience with these ‘non-robust’ facilitators resulted in Susan not experiencing enough challenge in the group. This seemed to challenge her sense of her own strength and robustness, as though she searched and found some within herself to be able to use in her work. The comparison between herself and the facilitators is implicit in what she said: “*...that training...has facilitated my robustness ...I would be a different therapist without having had that experience*”. She said, “*whoever comes through the door*” and “*no fear*” as though she is now ready for anything; any difficulty or challenge won’t faze her, because her robustness is now so improved. Her words “*the old stuff*” indicated she has really moved on and developed, implying that she would have doubted herself previously. The phrase “*really relish*” demonstrated her absolute enthusiasm and confidence in handling anything. From a place of not having had enough challenge, she developed this challenge to herself of growing into a confident practitioner. Her reflection on being a different therapist sounded very strong and steady:

Anne similarly had no challenge at all:

“I didn’t get challenged at all, nothing, in fact to be honest, I don’t think hardly anything was said the whole year, I have to say, which has probably, erm, prompted my style... in PD groups [as a trainer] ever since. I think my personality is one of being quite active... I’m really quite challenging... So, I’m very, I’m probably very challenging because of my experience because I really feel that I lost out an awful lot on my own personal development whereas, by several years”.

She had so little challenge that she said it in three different ways: “*didn’t get challenged at all*”, “*nothing*”, and “*hardly anything*”, to emphasise her point, and sounded angry about it. Her word “*prompted*” is a curious one, meaning stimulated or induced here. She continued to sound angry throughout this passage regarding this losing out “*an awful lot*” on her development. This was a complete catastrophe to her, it was “*several years*” of lost learning. The direct link between not having enough challenge and her development to being a challenging practitioner is spelled out in the words “*because of my experience*”.

On the other hand, Millie felt she had too much challenge:

R- “Looking back on that experience, how, if anything, how has that perhaps translated into your client work?”

“I think it’s, what immediately springs to mind for me of the learning in that is assertiveness to actually be able to support myself and stand up for myself verbally maybe and to stay, to be able to stay with discomfort and to feel my own discomfort and witness others’ discomfort and to stay with it, not to try to change it or fix it or anything like that. Its, I think the ability to be and to stay is the overall massive learning for me.”

Millie’s challenge came through having distressing conflict, with a PD group member, but this taught her to stand up for herself, or toughened her up, but she was able to support herself through it. The staying with discomfort, feeling it and even being able to see and feel others’ discomfort was “*massive learning*” for Millie. The extent of the development was demonstrated in the power of the word massive. Not trying to change it or fix it suggested she avoided conflict in the past, changing it or lessening it, for herself and others, but found self-support through being highly challenged in the group and needing to “*stand up for herself*”.

This capacity to find support through the very absence of support caused Barb to leave her original group and re-join another:

“I joined another group and obviously I wasn’t going to disclose a big disclosing in the first thing. But, in the second session, something someone did, erm, moved me and I felt quite tearful. I felt quite tearful and someone held my hand and that movement actually moved me so much that I really, really started crying and really got upset and

erm, in my work now, and it's the way I've chosen to work now, with kindness and with a mind, you know, obviously the mindful, I've chosen to work mindfully, because I think challenge is ok, but unless it's got a real, erm, bedrock of kindness, then actually it can be very dangerous. Erm, and I think the way that I work with, erm, my clients is to make sure that they, they're feeling my support"

In this new setting, a group member both physically, and consequently, emotionally touched her with kindness. The physicality of touch helped her to feel the support from another person and was just right for her in that moment. She was able to release some of the emotion from her previous distressing abandonment in another group which allowed her to soften and take in this kindness. Her emotion was demonstrated in the twice repeated "*I felt quite tearful*". She also repeated "*really*" three times, intensifying the impact of the depth of her emotion. There is dramatic impact in her words "*it's the way I've chosen to work now*" as it moves her to such an extent that it creates a "*bedrock of kindness*" in her own practice. The word bedrock has such an impact on the listener in its connotations of foundational support; otherwise it can become "*very dangerous*". She is referring to the notion of too much challenge and not enough support. The added impact is in the way she has "*chosen*" to work, sounding resolute and as though she is choosing this consciously from other options. It was important to balance challenge with kindness, but also, she understands the importance for the client to feel her support, otherwise she would be repeating her own experience of having no support at all.

Freddie was able to generate a new kind of self-support:

"...I don't know what the client's thinking apart from what they reveal and erm, but it helped me to realise, you know, ...learning to be secure in myself, that I'm, its ok, this person, this client needs me to be able to contain their chaos, whatever it is and I'm ok, I can, I can do that and they're expecting me to do it and they need me to be a container and to be consistent":

His facilitator had pointed out his chaotic thinking, which was very challenging for Freddie. This realisation of how disorganised he was in his head allowed him to see that his clients needed more order. His meaning in this passage is in his development from feeling insecure with the unknown ("*what the client's thinking*") to letting go of the need to know and to stay calm and contained. In other words, he realised that he needs to be self-supported like the roots of a tree for others to lean against him. The word *container* in this sense is a description of safely enclosing or holding the client safely and '*consistent*' shows his recognition of a necessity to have order and balance in the face of the client's disorder or confusion.

He went on to reflect on a whole series of challenges he'd had in the group:

“... I felt like, you know, oh this is uncomfortable, I feel I’ve got to learn through this and what it really was about is, and I think it goes to this lack of confidence, actually I need really to say what I mean. If I really feel, if I’m feeling something about a situation, I need to come out with it, I need to be open, honest, erm, so how and this, I noticed in my client work therefore, instead of pussy footing around with a client, like oh I don’t want to hurt their feelings or something like that, you know”

His discomfort almost forced him to learn (“I’ve got to learn through this”) not to avoid (“I need to come out with it”) and accepting that he could tolerate the need to confront both himself and the client rather than “pussyfooting around”. This was almost like an exposure therapy, when before he had been a little afraid of both receiving and giving challenge. His confidence with client work seemed to have increased and developed, empowering him to stop prevaricating.

REORGANISING NEGATIVE EMOTION

Disturbing and difficult experiences were a common pattern in participants’ stories, but almost all of them described being able to somehow perceive them differently and use them as learning. Responses to receiving them were initially distressing but they were processed and assimilated and turned into something useful, rather than just being discarded or moved away from, as one might normally expect. The actual experiencing of unpleasant feelings that might have been scary, or that they might have avoided in the past, seemed to help them become less afraid and also more able to face the unknown in terms of their own emotions or those of clients.

Tracy expressed her experiences of spending a lot of time crying:

“I spent a lot of time crying, ...I spent quite a lot of time crying in my personal development group, there’s something there that, you know, really touched on about myself and the fact that I’d not really felt very good about myself in the past before, you know, doing my training and I spent a lot of time crying...But that were therapeutic as well, to go through that and it also helped me working with clients, not to be frightened of emotion and I’m a big believer now, having gone through all that, that emotions are important and crying is important because it’s a form of self-expression not being scared of emotion”.

She emphasised this three times, adding to its importance. She described this process of crying as a kind of release, as though whatever she experienced in the PD group enabled her to let go of old ways of thinking about herself. The tears seemed to be a form of grieving and of loss (although positive loss as she said it was therapeutic). It was clearly a difficult process as she specifically said, “to go through that”, but the actual experience of the emotion has made her less afraid of it in working with clients. She seemed to see it as a form

of self-expression which is different to how she viewed it in the past, which was to be afraid of emotion. This self-insight came from contacting (she said “*touched on*” as though she made contact with her emotions) something previously alien to her, and consequently a reorganising of her values and judgements.

This development of insight and touching emotions was not uncommon with participants. Millie described being able to feel differently about being isolated or alone:

“...there’s something about being able to sit with yourself and stay with yourself before you can do that for another [a client] and I guess in one sense, I may have been a step ahead with that, [in the group] although I’ve described how traumatic the group was for me and that people with siblings and families already have a sense of that belonging to a group, that I certainly didn’t have. You know, the aloneness may have developed in me at quite an early age, that ability to be with myself... “For me I think there’s something about, there’s value in it, in the Personal Development Group itself and for me there’s something about learning to value myself and learning to value others as well. It’s definitely pushed my valuing up very many notches of myself, of my validity, ability, worth and the same of others” [clients].

She did not feel a sense of belonging in the group, in fact the group was an isolating experience for her, but she comments on being used to it because of her family circumstances. So, being isolated in the group allowed her to “*sit with it*” (or sit with herself in this isolation, with only her feelings). She was able to link this feeling of aloneness to the need to be able to be alone both with the client and also with the client’s aloneness. Staying with this compelling set of connections and seeing the value of her own experience helped her in validating her experience and so pushed up her self-valuing, through seeing how she was able to do this for clients. Moving these connections around, strengthening the existing links and making new links, demonstrates the reorganisation implicit in this theme.

SUMMARY OF THEME

This theme encompasses ways in which participants were able to reorganise their intense emotions, including severe feelings of abandonment or rejection, into some kind of learning, sometimes finding the ability to self-challenge and to bring challenge into their clinical work. For some, this involved making sense of some form of rejection or being missed in the group, whereas for others it was about self-acceptance or learning not to be afraid of emotion. Some participants discussed not having enough challenge in the group, others talked about having very difficult challenges and being able to reframe and learn from them. It seems evident that challenge is a difficult concept to manage in the PD group, with some facilitators getting it right and others offering too much, not enough or none at all.

5.2 THEME 2 – TRANSLATING EXPERIENCES

This theme encompassed the ways participants were able to use their experiential learning in the PD group, which they sometimes described or implied as an embodiment, in their clinical practice. Some of this learning was related to ways in which textbook concepts became more meaningful through experiences. For example, one of the participants referred to a theoretical concept in the way she had translated meaning from it: *“it was amazing because it was like it spoke... the language”* which indicated her realisation of the deeper meaning of the theory experientially learned in the group. This theme highlights the translation of cognitive knowledge to a modifying or adjusting of ways of being in their practice to make better affective connections or understandings in their work with others.

Transformation is intended to represent the alteration in ways of thinking about concepts such as core conditions or group boundaries that participants described. These concepts were given experiential substance through the actuality of experiencing something they had only read about in the textbooks or practised superficially. The concepts of core conditions, transference and counter transference and boundaries were of particular importance and the experiencing of good or bad examples of these created the change from merely understanding them theoretically to integrating them into their mode of practice.

FROM THEORY TO PRACTICE

Some participants talked about being able to understand, make sense of and use theory in their practice. Rita’s experience illustrated this:

“Yeah, we didn’t even get to realise that it was about the Johari Window [a model representing the development of self-awareness] until the end. Oh, thank god that makes sense and it was like if only they’d told us that at the beginning, but it was done on purpose to try and, you know, in a person-centred approach, it’s about being aware of distortions and denials of perception or whatever. In our training, it was largely psychodynamic and systemic, so they wanted to instigate our intense awareness of all sorts of stuff, do you see what I mean?”

Rita sounded angry at not being able to make connections at the beginning of the group when the aims of PD in developing self-awareness would have made more sense to her. She stressed the importance of this by naming a beginning and an end of the PD process, accentuating the distance between the two. The relief was palpable – *“Oh, thank god”* – that it makes sense. *“We didn’t even get to realise”* suggested that *even* this basic detail, which would have helped, was not imparted to them. She felt it was done on purpose to encourage group members to make their own experiential connections with the theory (*“distortions and*

denials of perception or whatever”). The “intense awareness” however, was worth the wait, which she was keen for me to understand during the interview, when she said, “do you see what I mean?”

Rita went on to explain how this has been useful in her work with trainees:

“I think that you do need clarity of direction and I think you need to be shown the Johari. Window first and to explain that that’s what this is about, it’s about you understanding your blind spots and so then you can get feedback from others. It’s about you developing your adult self, so that you can work with a client safely, so that you can be aware, you can be aware of what’s going on and you can articulate it without responding from the gut, you know, with anger or with fright, with fear or whatever. I don’t see how they can teach that in any other way, that’s my concern.”

Her experience of not being given information on the aim of the PD group led her to believe the theory should be shown first rather than allowing them to have anxiety (“anger, fright or fear”) in the PD group as she had. However, she expressed her realisation that the experiential learning, which she explained in detail, is valuable for clinical work to prevent the response “from the gut” when working with a client, making it different to how she was in the group.

Fiona’s sense making is also about putting theory and practice together through experiential work in the PD group:

“When we came to do some of the stuff in lectures, erm, things like object relations, I absolutely thought what is the point in it and so I was there but didn’t really kind of engage with the stuff. But when we came back to it [in the PD group] it was amazing because it was like it spoke and the language, and it’s about letting go of the language, so then suddenly stuff that I’d had previously really came in and I was able to make sense of in a different way. So, I guess it was about deepening that.... and so then it’s really kind of, a massive mind shifting was kind of taking place.... But I do think there is an element of the, relationship is much more as it develops and there’s more trust between the two people, is developed, say that there is a realness that can come into that. But it’s not something that I particularly think oh, that’s what I’m aiming to do, it’s something that might happen... So that’s in a nutshell my model, the kind of psychodynamic theory that I really draw on, [in practice with clients] are, much to my amazement, is object relations really”.

She expressed her frustration with learning theory, and felt it was a waste of time, seen in “what is the point in it” and “didn’t really kind of engage with the stuff”. However, when they were able to work with the theory experientially, in the PD group, “it was amazing”. Her image of the meaning of the theory to her as “speaking” to her was a particularly vivid one as though she “suddenly” received an interpretation of a foreign language. It was a revelatory experience, letting go of one fixed language or way of speaking, to find another that she can

speak more fully or be with more naturally. There was a sudden connection or transformation for her, a “*massive mind shifting*”. She went on to explain how she made the connections to her relationships with clients, which she saw as more real and more trusting. This felt like two jigsaw pieces of theory and practice slotting together to make a whole.

Rita also highlighted new understandings of theoretical concepts:

“... it (the PD group) was quite traumatic, but that was what was expected and that’s what you had to do and the purpose of it was, was to reflect on theory and apply it to yourself, ...and that’s what I see the PD Groups being about, about application of the theory into practice, because you can notice, you know, that’s where I noticed transferences, that’s where I noticed counter-transferences, that’s where I became aware of my attachment pattern, which was just a theory before that and so that’s how I see the purpose of them and that’s why it’s important for client work...”

Despite Rita’s traumatic experience, she was able to reflect on theory, and make sense of it to understand herself more fully. Her expectation (“*that was what was expected*”) was that she had to apply it to herself as well as to her practice, and in doing this, she began to understand her attachment patterns and the concepts of transferences and counter transferences better. These were “*just a theory before*”, so too abstract to be able to make complete sense of it until she was able to embody it.

Rita went on to say:

“Yeah, so you could be unsafe because it could overwhelm you, couldn’t it, with a client, you could suddenly for the first time realise something or something could affect you, that you don’t really know what it is and so if you haven’t experienced it elsewhere first in a potentially hopefully safe environment of the PD Group, then it could crop up with a client couldn’t it.”

She picked up on her earlier comments on the need to understand herself beyond just theory as “*you could be unsafe*” if you didn’t recognise aspects in yourself, when working with a client. It was important to be aware of these patterns and triggers in herself in case she was caught unawares with overwhelming emotions in the practice situation.

There were other instances of participants using their experiences to make sense of theory in order to be able to integrate it into their practice. The subject of core conditions appeared in a number of participants’ interviews, with reference to having experienced them in the group and being able to better use them in their practice. Participants in the study had already theoretically learned about core conditions, but to have examples of these being role modelled by a facilitator or within the PD group setting was a particularly potent form of learning for some.

Stuart illuminated this in a particularly positive and compelling way:

"It [the group] was intensive, it's like, err, it was, it just, we lived it and because of that connection between us all, it err, I had utmost belief in person centred approach, I had no doubts that it worked,[with clients] ... It's like I'm absolutely committed to it. ... I love the theory, I've always loved reading theory, I liked reading person centred theory, but there was something about that group that encouraged embodiment of, you know, lived it ...but you know we offered those conditions [core conditions] to one another...it was rather than kind of taking something from a book and then applying it, it was like in you, you know, it's in me, to, how it was facilitated and looking at process [clients' process in his practice]".

Stuart's use of words like "intensive" and "we lived it", "utmost belief" and "absolutely committed" exemplified his intense embodiment of learning in the group. "Lived it" suggested an absolute living, breathing and being of the person centred approach which left him in no doubt how it would work with clients. In fact, the whole group lived and breathed the core conditions, so they were able to feel the effects of having them at an intense level, with each other. His description of "rather than taking something from a book" sounds like he is contrasting the theory on the page of a book and embodying the core conditions, with the book being less effective.

"FANTASTIC LESSONS IN BOUNDARIES" – A TRANSFORMATION

Transformation is intended to illustrate how the negative and difficult experiences participants underwent, were converted into some form of learning in their clinical work. This quote, referring to "*fantastic lessons in boundaries*" was from Stuart, who had a very positive experience generally, in his PD group:

"...knowing, err, from my experience from in the PD Group, of how erm, how splitting it can be when friends start talking, you know, people who have become friends within the group or begun relationships start talking about others. So that has influenced how I work with groups... it was a really fantastic lesson in boundaries and how not to and what really didn't work ... because nothing, no book would have taught me in that way...so just to see that worked with, facilitated, to see the effect on us all, that's fantastic training, you know".

He described his experience of finding group members discussing him outside of the PD setting. The impact of this breach of confidentiality devastated him at the time but he described it as a "*lesson*", indicating learning from needing to process a painful experience. The splitting referred to the potential for divisiveness when boundaries are violated. His use of the words "*lesson*" in conjunction with "*no book would have taught me in that way*" also signified his awareness of the difference between a textbook lesson on boundaries and an

experiential one. Feeling the impact of this and others also seeing it was “*fantastic training*”. He emphasised how this had influenced him in his training work, particularly in his observations of how the facilitator handled the breach in the group.

Experiencing boundaries in a positive way can contribute to a feeling of safety but a feeling of being exposed or out of control can emanate from insufficient or inadequate boundaries. Boundary violations can arguably be harmful and exploitative, and the concept of learning about boundaries emerged in a number of ways, from group members crossing boundaries, or observing dual roles, or boundaries within the group itself.

Susan’s ‘lesson’ was involving dual roles:

R – “*The boundary stuff was quite a learning experience for you...in terms of your client work, you know...from the mistakes the facilitator made with boundaries?*”

P – “*Definitely, definitely, yeah. Just in terms of, erm, knowing that, you know, that simple example that I gave when I said you favour the people who are in therapy with you and she said I probably do, that was a real permission for me in terms of that level of congruence and yeah, I probably do, I’d probably say [to clients]...what was that like for you, how are you experiencing that or whatever... but it was true, I didn’t like it, but it taught me something and it taught me about honesty...I think the thing that I was most impacted by was the boundary stuff*”.

This experience involved the facilitator already having been in a training/ therapist/client relationship with some group participants, before the PD group formed. Susan challenged her facilitator on the dual roles she had with group members resulting in very honestly admitting to it, which seemed to surprise Susan, as though she might have been expecting a ‘cover up’. Susan learned the value of “*congruency*” and “*honesty*”, which she said “*gave her permission*” to use in her client work. It was as if she had been previously unaware that she could be as open and honest as this in a general sense but now would use it with clients. The ways in which she knew she used this learning related to checking for clarity and understanding with clients, reflecting this transparency demonstrated by the facilitator.

This theme involving descriptions of how participants translated or embodied experiences from textbook concepts, such as core conditions or making sense of patterns of relating to others, was for some, revelatory and offered them opportunity and ability to apply their learning in their clinical work. They talked about making some sense of theory they had learned or developing insight or feelings towards the theory, allowing them to see how it would work in their practice. The connections participants were able to make from boundary violations, particularly offers the reader an insight into the potential dangers of these situations and the need for sound facilitation when they occur.

5.3 THEME 3 – TRANSPOSING THE FACILITATOR

This theme portrays how participants were able to learn from facilitator role modelling, some discussing things like bringing to mind the voice or actions of facilitators in their practice, (e.g. *“I’ve often, I’ve often thought in my client work, ...I’ve reflected questions back to the client, I would imagine [the facilitator] saying these questions”*). The impact of facilitators’ styles, behaviours and processes on participants’ practice was significant, whether it was good practice or poor practice or demonstrations of role modelling, there was often an embodiment or a process of assimilating the facilitator in some way.

There were particular comments on unsupportive attitudes, lack of clarity, and incompetent or unproficient facilitator actions but also examples of skilful practice and interventions. Some reported that facilitators were unable to work with intense emotions, frequently arising in PD groups. Transposing or transferring aspects of facilitators, or keeping them in mind in their practice, took two forms; one epitomised the phrase ‘don’t do as she/he did’, or in other words, they learned from negative experiences. The second was a more positive learning involving imagining how the facilitator might behave in a similar situation or a kind of modelling which participants seemed to absorb or assimilate into their personal state of being in their practice.

HAVING THE WISDOM TO MANAGE STRUGGLES:

This sub theme is intended to denote how facilitators are different in the way they manage PD groups and situations in the groups. I used the word wisdom to portray the use of knowledge and experience in keeping group participants safe when they struggled with emotions and experiential learning in the group. Some facilitators were described as being unable to manage the intense emotion occurring in the PD group. Mary, for example described an incident in the PD group:

“...and it went back to a very traumatic childhood experience that was showing itself in her body and she just kind of completely regressed and was hysterical in the room and she got to the door and I thought she was going to run out and it looked like the facilitator was like completely flummoxed. So, the other trainer came in... Now if I’d have been that woman, I’d have never come back to that group again, ever, I would never have trusted the facilitator... but then it was actually not that long... I had a short term client who started to get very hysterical in the session, it was only about session two and I remembered that experience and actually drew on it in the room, you know, talked her down, asked her if it was ok to touch her, asked her to look at me, can she see me and really grounded her again and I think that really frightening but powerful experience is one of the things that stayed with me”.

Mary's long description here relates to a group member who had a violent physical reaction to a group experiment triggering a childhood trauma, but which was badly handled by the facilitator. Mary's very powerful words, "*hysterical*", "*run out*", "*never come back to that group again, ever*", and "*never have trusted*" conveyed her fear and feeling out of control in observing this incident. Mary said she was "*completely flummoxed*" which sounds understated in the light of what she was describing. The facilitator was unable to contain this situation, and the severity and potency ("*I'd have never come back to that group again*") of it stayed with Mary ("*I think that really frightening but powerful experience is one of the things that stayed with me*"). She also lost her trust in the facilitator, demonstrating the importance of safety and containment in the PD group ("*I would never have trusted the facilitator*").

However, soon after this, Mary worked with a client who had a similar reaction to her PD group member:

yeah, yeah. ...Yeah it was very frightening, I thought she was going to lose her mind, I did."

Mary was able to use this experience of her facilitator's poor management of the situation in managing it differently in her own work. She described how she "*talked her down, asked her if it was ok to touch her, asked her to look at me, can she see me and really grounded her again*", which were managing techniques the facilitator was unable to do.

Trusting the facilitator was crucial to many participants but inadequate handling of situations was a recurrent theme. Taking risks in groups such as personal self-disclosure is arguably dependent on feeling psychologically safe and this in turn relies on the leader or facilitator of the group to assess and manage safety issues. Group members need to believe the facilitator has experience and ability, but some, like Fiona had no confidence in the facilitator:

"...and I thought I'm bloody trusting you here and here I am like this, like this kid and my knee were going up and down, I said I can't stop my knee, I am aware my knee is shaking, I am aware that I am shaking, ...and I did kind of learn a lot in that... Well what I do is I'm, I do kind of take notice of clients I think it's important to anchor, so if a client's going off, I'll get them to try and anchor... it's about anchoring, so I think it's really important that we're able to anchor when we're working with traumatic material, whatever that traumatic material is and so I'm watching clients and will say, so, I'll just hold it, so its holding."

Fiona described the facilitator's inability to handle group conflict and her anxiety and uncertainty in him manifested itself bodily for her when she felt herself shaking in fear. She felt "*like this kid*" and repeated "*shaking*" twice and "*my knee were going up and down*" and "*I can't stop my knee*" as though she was afraid or apprehensive about what was to come.

Like Mary, Fiona's situation felt out of control in that moment, but the learning stayed with her and became a focus on anchoring (or grounding) her clients. She said *it's about anchoring, so I think it's really important that we're able to anchor when we're working with traumatic material, whatever that traumatic material is*. This indicates that she herself felt traumatised by her own situation in the PD group. Her body needed anchoring to stop the shaking and the dread she felt. It was as if she embodied the instability of the moment in the PD group and realised the importance of an anchor or a stabilizer. She said: *"so, I'll just hold it, so it's holding"* signifying the need for stillness and security after turmoil.

This sub theme indicates how participants observed the varying ways facilitators practised in the PD groups and how they learned to incorporate good practice and reject the not so good in their own work. Much of the poorer role modelling, included lack of clarity and poor emotional management in the group. Some participants talked about loss of trust in a facilitator or the inability to handle conflict. However, all were able to use these experiences in some way in their own practice.

INCORPORATING THE FACILITATOR IN PRACTICE

This sub theme represents how participants assimilated or absorbed ways in which facilitators managed or led groups or incidents in the groups. Their impressions of facilitators being *"very human"* and *"very experienced"* was juxtaposed with others depicting facilitation as *"an example of the trainer being imperfect and making mistakes and getting it wrong"*.

Some participants had confidence in facilitators and talked about how they had assimilated aspects of their style in their clinical practice, such as Stuart, who seemed to hold his facilitator in high esteem:

"Yeah, the facilitator did it really well, she was very experienced, very human and err, you know, very strong, challenging, yeah. So, you know, because she did that, she encouraged us to keep looking at the process of it and how we were all being, it just made it such a, probably the best part of the training... it was like an absolute foundation stone in the err, to becoming a practitioner... it was rather like kind of taking something from a book and then applying it... So that, to experience that, it became in me and then, erm, and to hear that, that facilitator working is like you're constantly seeing a person centred, err, practitioner working and working really well and working very humanly with different dynamics. It was priceless".

The facilitator encouraged them to keep looking at the process as though she was reinforcing the practice of developing an awareness about themselves and how they related to each other. Stuart used words like *"very experienced, very human"* and *"very strong, challenging"* to reinforce her strengths and expertise. She kept the group on task in looking

at their relationships with each other which was *“the best part of the training”*. He suggested that she was able to apply the ways of *“becoming a practitioner”* from the textbook into practice. Other words Stuart used such as *“keep” “becoming” “applying”* and *“constantly”* suggest this process of the facilitator keeping them on the track of this becoming.

Stuart’s use of *“foundation stone”* indicates the strength of this whole group process in informing his way of practicing. This is reinforced when he went on to use the words *“it became in me”* as though he *becomes or embodies* the experience. The word *“priceless”* signifies a valuable treasure worth its weight in gold and something beyond *“a book”*:

Freddie’s experience of the facilitator is also very positive:

“I think the, I think the most, I’ve often, I’ve often thought in my client work, when I’ve been in the middle of counselling and I’ve reflected questions back to the client, I would imagine J [his facilitator] saying these questions and often think, you know, maybe wonder what J would say, you know, I would, so in a sense, there’s a kind of, erm, learning by example that took place and erm, yes, so I could imagine, at times, I’d imagine J saying something to one of my clients and err, you know, something would be in my mind and I’d say it”:

His experience with his facilitator was an example of good practice that he described using when working with clients, when he is *“in the middle of counselling”*. He also defined this happening as *“often”* as though he had absorbed aspects of his facilitator to use almost automatically. The vision of his facilitator being with him, in an embodied way, supporting him is vivid; he was able to imagine what he might say or do. Freddie clearly invested trust in his facilitator’s experience and knowledge, so much so that he described hearing J’s voice prompting him: *“something would be in my mind and I’d say it.”*

Millie’s experience is slightly different:

“...another time was during a Gestalt experiment, that hadn’t been explained very well, very clearly by the facilitator, we all seemed to, or I and somebody else seemed to start that experiment too soon without the ground rules having been set and it all went a bit awry and there was, which culminated in me feeling quite shocked at what had happened and unsupported and I did withdraw, I did sort of go into shock...”

“I’d write up [reflecting in her personal journal] each weekend, so it was written down and I reflected on it and I had to process the emotion it left me with, the shock, the feelings, the strong feelings it left me with...”

She saw her facilitator set up an experiment that went wrong which left her feeling *“quite shocked”*. The lack of clarity and explanation left the experiment unboundaried and she was confused in remembering it (*“we all seemed to, or I and somebody else seemed to start that experiment too soon”*) as though in telling it, she had withdrawn or was distant from it. She

was so shocked (she repeated shock twice and then again in the next part of her transcript), it caused her to emotionally withdraw in an effort to protect herself or survive the incident. “A *bit awry*” seems like an understatement in light of her being so shocked it caused her to withdraw. She repeated “*the feelings, the strong feelings*” twice telling us she was left with these, they did not dissipate.

However, she was able to process this eventually:

“it took a long time to process that experience and actually get anything rich from it because it was so uncomfortable... , it was just full of learning... took a lot of separating out of what had happened... gave me an example of the trainer being imperfect and making mistakes and getting it wrong, which she acknowledged as well. So, there was, that felt very, very valuable learning...we’re all imperfect in some ways, it depends how you look at it. But the acceptance perhaps of imperfection in ourselves, in our client work, as well as imperfection in our clients”.

It took a long time to process, by “*separating out*” the good from the bad, but she did go on to find something rich and “*full of learning*”. The learning was transformative for her as she emphasised it twice using the words of “*just full of learning*” and “*very, very valuable*” to increase the impact of it. There was also learning here in her acceptance of imperfection (if the trainer got it wrong then it’s only human) or getting it wrong, which she felt she could incorporate into her client work. The trainer acknowledging getting it wrong, was important to Millie’s learning, particularly in her connection to the potential acceptance of “*imperfection in our clients*”, which of course helps us to more fully accept our clients.

This theme demonstrates the impact of the facilitator on participants’ learning through their actions and attitudes in the PD groups. Incorporating aspects of the facilitator’s practice is a powerful demonstration of experiential learning. Both bad and good practice was exemplified as being valuable, and participants described both. However, all participants who illustrated this assimilation of aspects of the facilitator were able to develop and learn from it, highlighting how they used it in their practice.

5.4 CHAPTER SUMMARY

This chapter conveys the absolute depth of learning participants shared in the interviews, which encompasses both positive and negative experiences. In fact, the more negative experiences, such as feelings of abandonment or rejection seemed to provide greater learning in terms of helping participants to find resilience and self-support and providing insight into their work with clients. The internalising, translating and transposing processes, apparent in their interviews, epitomises the depth of assimilation and reorganising of their

experiences to not only make it more comfortable for them but to go on to use this in their clinical and training work.

A number of them referred to experiences, where they were able to make sense of theoretical concepts, often describing their development of a more embodied connection and significance to them. Boundaries, or lack of them in particular, were important learning for client work, offering safety or conversely, engendering feelings of insecurity when they were not maintained.

Challenge was a recurrent theme, with some participants indicating that being challenged by others or being enabled to use self-challenge, strengthened their ability to challenge in client work. Some achieved in depth insight into their own process through very difficult challenge in the group. Facilitators were also central in many of the experiences, either through good practice and sound role modelling, or through ineffective or deficient support and attention in the group setting. Some participants described facilitators acting dangerously in setting up experiments without due care and attention, others experienced facilitators as being untrustworthy in terms of holding their emotions. However, a number of participants highlighted ways in which they carried aspects of their facilitators with them into their practice, with one participant describing the group process as “*one of the greatest learning experiences*”.

All participants found aspects of the PD group difficult, even those with more positive experiences overall, but all were able to identify a more profound learning applicable to client work.

In the following chapter these findings are discussed within the context of the literature review, with the main themes of safety and challenge, processing experiences, change in the self and transforming experiences into client work being central. Table 3 summarises the number of participants reported and unreported in each theme.

Table 3. Participants represented in themes

Themes	Presented in thesis Findings	Not presented in Findings	Not represented in theme
Theme 1 – Feeling unsafe and unsupported	Anne, Fiona, Freddie, Rita, Susan, Stuart, Barb	Mary, Millie	San, Tracy
Theme 2 – Processing and personal change	Fiona, Mary, Susan, Rita, Anne, San	Tracy, Millie, Barb, Freddie, Stuart	
Theme 3 – Using experiences in client and training work metamorphosis	Rita, Barb, Anne, Susan, Millie, Freddie, Tracy, Fiona, Stuart, Mary		San

CHAPTER 6 DISCUSSION

“One can choose to go back toward safety or forward toward growth. Growth must be chosen again and again; fear must be overcome again and again.” (Maslow, 1954).

The aim of the study has been to examine the retrospective experiences of qualified counsellors/psychotherapists in their PD groups during their training and to understand how they use these experiences in their client and training work. Previous research has indicated that PD experiences are difficult and for some, psychologically traumatic, but the use of these experiences in client and training work has to date been unexplored. This chapter focuses on a detailed exploration of the key findings in the current study, followed by limitations of the study and recommendations for counsellor and psychotherapy training and further research.

6.1 SUMMARY OF FINDINGS AND CONTRIBUTIONS TO KNOWLEDGE

The study found that PD groups can have a profound negative emotional and psychological impact on participants but can also foster positive learning in the form of shifts in the self-concept and new perspectives on the self and others. Participants experienced significantly difficult and distressing experiences in their PD groups, including feelings of exposure, vulnerability, shame, and abandonment with situations being sometimes volatile, unpredictable and uncertain. These experiences created situations that were experienced as unsafe, particularly when participants felt unsupported. However, this did not appear to obstruct learning in the long term, evidenced in the ways participants discussed the impact of these experiences on their understanding of themselves and others. However, some of the learning participants described emanated from negative or difficult experiences leading to a formulated determination not to practise in ways observed in the PD group.

An implicit trust in the form of expectations and anticipation of the PD process seemed to underpin a psychological preparation leading to a tolerance of distressing experiences, suggesting a second new contribution to this area of research. Participants were able to describe shifts in their self-concept, emotional development and insight into ways of being with others.

The final knowledge contribution evidenced how participants were able to translate experiential and emotional learning into their clinical and training work, through internalising, translating and transposing their experiences into practice. Although the short term effects were temporary emotional or physical withdrawal for some, they were able to describe ways in which they used their PD experiences in their clinical work. Some participants highlighted how embodied experience had helped them make sense of textbook theory. Group facilitators were important to this process, with both good practice and bad practice shaping the way they worked with their own clients and trainees.

Therefore this research contributes to knowledge in the following ways:

- (i) Unlike existing research this retrospective study explores experiences of currently practising qualified counsellors and psychotherapists.
- (ii) Also distinct from contemporary research, which has been mainly carried out with trainees, this work adds new knowledge and understanding about how PD group experiences are processed over a period of time, and:
- (iii) The findings have addressed a gap in the research by adding new knowledge to ways PD group experiences, whether negative or positive, can be translated and used in client work and training.

6.2 EXPERIENCES

SAFETY AND SUPPORT

The findings add to our understanding of the impact of PD groups in counselling training, supporting existing research on occurrences of difficult, unsafe and sometimes distressing experiences (Robson & Robson, 2008; Payne, 2001, 2010; Knight et al., 2010; Schumaker et al., 2011; Moller & Rance, 2013; McMahon & Rodillas, 2018). Additionally, there are aspects of this study that contribute further to these such as participants' experiences of abandonment, rejection, shame, exposure and regression that can also exacerbate feelings of being unsafe and unsupported. Other experiences evidenced in this study are related to the volatility and unpredictability, not widely found in other research.

Evidence found in this study also substantiates some of the much earlier and alarming discoveries in Encounter groups (Kane et al., 1971; Cooper, 1972; Lieberman et al., 1973), in relation to traumatic experiences, lack of safety and absence of support. This is a concerning finding within the current study, indicating that perhaps necessary changes to the PD group environment have not occurred. However, this has been an underexplored topic, despite studies consistently calling for further research in this area. Questions have

recurrently been asked about whether personal development should continue in its present format (Hughes & Youngson, 2009; Knight et al., 2010; McMahon & Rodillas, 2018) but the findings in this current study do indicate that very valuable learning can be enabled when difficult experiences are tolerated.

Chapter 2 referred to literature sources on safety in the workplace, due to the dearth of research relating specifically to PD groups. Studies by Edmondson (1999 & 2012), Edmondson and Woolley (2006), Carmeli and Gittell (2009), Seibert et al. (2011) and Edmondson and Lei (2014) highlight the need for psychological safety in groups or teams in order to take interpersonal risks. These findings can be applied to the risk taking in PD groups which is encouraged by facilitators in order to increase trainees' self-awareness. Almost all of the participants in the study reported feeling unsafe in the PD group recounting some disturbing experiences, leading to feelings of emotional exposure, vulnerability, shame and abandonment, which led to them feeling unsafe or vulnerable. Participants in this study revealed the potential dangers in PD groups, particularly if the participant does not have adequate support to process emotions, or if they have existing psychological issues which are triggered by events in the group. Often, groups come together with a clear purpose but an unspoken and unarranged agreement of how the group will work together (Cave et al., 2016). Many of the participants highlighted their anxiety over the lack of clarity and aims in their PD groups and often felt the need to access support from outside of the group. They described concerns about unpredictability and uncertainty associated with feeling unsafe.

If emotions are not able to be processed, the result may be for participants to leave their training as some studies have found (Anderson et al., 2014; McMahon & Rodillas, 2018). Indeed, findings from the latter study, although highlighting the many positive benefits of the PD group, also emphasised that this may depend on the internal and external support available. Most of the participants in this study were able to access support, when needed, but not often from the group facilitator or other group members. Facilitators were sometimes seemingly unaware of the difficulties participants were having or they were unable to work with intense emotional situations. The support accessed was often self-support or personal therapy and clinical supervision, obtained from outside of the group setting.

However, the absence of peer support in the group, crucially, did not, in the long term, seem to affect intense and profound learning, which has not particularly been found in other studies (Edmondson, 1999; Sanner & Bunderson, 2015). On the other hand, some learning and development was in the context of determining to make their practice different to their own experiences. It must be noted though, that the current research did not consider those

individuals who may have left their training in the face of intolerable difficulties but in fact one participant did leave for this reason but re-entered at a later date, albeit into a different group.

Psychological safety is said by some, (Edmondson, 1999; Harel et al., 2011; Sanner & Bunderson, 2015) to be essential for effective learning, and research on PD group experiences (Robson & Robson, 2008; Payne, 2001, 2010; Knight et al., 2010; Schumaker et al., 2011; Moller & Rance, 2013) found that safety was an issue for participants. On the other hand, an emotional or psychological disturbance leading to challenge can be valuable learning (Powles, 2007) which was supported by Broekaert & Vanderplasschen (2003) who advocated confrontation in the group as a tool for interpersonal discovery. This, in fact was borne out by participants in the current study who indicated that tolerance and 'staying with' experiences can lead to very rich learning with the ability to apply this to client work. The findings in the current study highlight the importance of tolerating difficult experiences and needing to do so over a considerable length of time. This type of learning cannot be accessed from textbooks or classroom learning, but if there are such arduous experiences in the PD group, it is well worth considering whether trainees should be better informed about them and prepared more thoroughly from the start. Not everyone will have the inclination or in fact the resilience to tolerate and process this particular depth of experiential learning, but challenge may feel safer if there is adequate support in the group.

Fear can also distort learning and create barriers (Boud & Miller, 2002) therefore it is important that facilitators of groups know and manage this. Fear is the emotion that matters most, above all else and needs to be dealt with if personal change is to take place (Johnson, 1996, in Boud & Miller, 2002; Hutchison, 2015). Fear affects our thinking, actions and emotions and disables learning, although the findings in this study seem to contradict this, in that unsafe experiences did not appear to hinder long term learning. Participants described their own fears in the group, but experiencing these fears appeared to reduce their anxiety about experiencing their own emotions and working with those of clients'.

Issues of safety were also linked to facilitators in terms of their perceived inability to contain emotions in the group or offer support. They were also the subject of ethical issues which similarly arose in other studies (Davenport, 2004; Payne, 2001; Robson & Robson, 2008; Schumaker et al., 2011; Ohrt et al., 2014; McMahon & Rodillas, 2018). Ethical issues reported in these studies were breaches of confidentiality between course trainers, violations of boundaries such as dual roles of course trainers and assessors, concerns about personal information being shared and mandatory participation in the PD group. However, it was not

specified whether this affected learning for participants. Findings in the current study do indicate however, that despite these issues with facilitators, learning can still take place.

Slavich and Zimbardo (2012) view transformational leadership as involving the fostering of dynamic relationships between students and teachers to promote learning and personal growth. Life changing experiences by motivational leaders were highlighted as key to learning, emphasising Rosebrough and Leverett's study (2011) on inspirational leadership which can promote student growth. Many of the participants in this study reported feelings of being unsupported, a lack of guidance or disinterest from group facilitators, which created feelings of anxiety, vulnerability and abandonment. Transformational leadership can transform self-belief, activate self-discovery and can aid the development of attitudes, beliefs and values. I would contend that these skills are vital for learning how to be in the therapeutic space with clients, which the PD group strives to achieve but not all participants found inspiration in their facilitators. This connects with Piaget's (1926) notion that transformational learning is achieved when successful interaction between individuals is achieved. Few participants felt that they had guidance and support from facilitators and perhaps more importantly felt a lack of guidance, or identification of their needs within the PD group. However, some participants did describe facilitators as being "*strong and challenging*" (Stuart) or a good role model (Freddie).

Profound and volatile emotions were found in groups in the extensive studies reviewed by Lieberman et al. (1973), but those experiencing psychological distress or intense emotions such as anger and rage, did not seem to indicate any enhanced learning compared to those who did not. However, the use of a control was only present in some of the groups so it is difficult to draw conclusions about whether change had taken place without these events occurring. Yet, findings from the current study indicate the value of emotional challenge through difficult experiences, evidenced in ways they described how 'disturbances' had led to a shift in their way of thinking, feeling and being with clients and trainees.

This is undoubtedly an area for further research development, particularly on the need for improved facilitator vigilance to participant distress and the need for increased support for group members. This would involve the development of training for group facilitators and providing clinical support for them.

6.3 SUMMARY

Participants' experiences predominantly involved issues of safety with the current study highlighting experiences such as exposure, shame and abandonment, not found in other studies. Volatility, uncertainty and unpredictability were among the more dangerous experiences offering new insights into PD group concerns. The absence of support in groups was not uncommon, particularly where facilitators were unable to offer feedback and guidance. However, these challenges did not appear to hinder learning, although those participants who did experience sound support had more positive experiences overall. Nevertheless, these distressing experiences and feelings of being unsafe did not appear to obstruct emotional learning in the long run.

6.4 PROCESSING AND PERSONAL CHANGE

ANTICIPATION AND TOLERANCE

The processing of experiences seemed to underpin perceptions of anticipation and the expectation of difficult times to come in the PD group. Participants seemed to use this psychological preparation to help them to tolerate difficult experiences until they were in an emotional place where they could find development, or a shift in their self-concept, which consisted of self-insight or a movement towards understanding themselves or others differently. Many participants talked about finding self-acceptance or self-valuing, often consisting of a significant change in themselves.

This is a finding related to the PD experience, which is as yet unexplored in existing literature thus contributing new knowledge and understanding of the PD process of learning. Although there are studies (Rogers, 1959; Robson & Robson, 2008; Edmondson, 1999; Harvey et al., 2019) suggesting that learning is enhanced when there is little interpersonal threat, the findings in the current study suggest that participants did indeed feel a variety of interpersonal threats, related to emotional danger, and a lack of psychological safety, but as long as they could tolerate the discomfort, then learning and personal change was an eventual outcome for almost all of the participants.

This 'staying with' their experiences, seemed to be set within a framework of anticipation, expectation and acceptance of disturbances from the outset. There was also a definite retrospective time frame for some before they were able to recognise a shift in their way of being or their self-concept. This self-implied need to tolerate some disturbing and dangerous experiences suggested they almost inherently knew there would be ultimate learning from doing this, despite the anxiety, fear and the feeling that the group was out of control.

The expectation of difficulties or conflict can create a 'priming' activity (Van Zomeran, Fischer & Spears, 2007; Birtel & Crisp, 2012; Greijdanus et al., 2015) or an anticipation of steeling oneself against member contact that is perceived to be harmful, with anxiety hindering the ability to positively make contact with others. One of the participants in the current study talked about protecting herself against the feeling of potentially 'being knifed', another reported 'hiding behind other people', and another said, 'I did go into shock and withdraw'. This anticipation can lead to a rise in threat levels when the group first forms, but Greijdanus et al. (2015) found that this 'steeling' did not result in the defensive 'toughening up' they expected but led to positive consequences such as increased group solidarity. This was not expressed through group cohesion in the current study, rather that they found an individual strength or 'toughening up'. They accessed self-support or external support such as clinical supervision or personal therapy and some of them used informal debriefing such as 'on the drive home'; yet others used the personal journaling, described by Luke and Kiweewa (2010).

This 'priming' (Greijdanus et al., 2015) also seemed to relate to the need for tolerance over a long period of time, with participants connecting the anticipation of difficulties to a movement towards toleration or 'staying with' experiences. Ieva et al. (2009) talked about trainees needing to 'bottom out' their own issues in order to work more efficiently and safely with clients, but findings in the current study suggest a much more intense and complex process than this.

According to Williams et al. (2015) anticipation, can increase if we are distressed but the anticipation and expectation observed in the current study participants was more of an acceptance and a 'knowingness' of difficulties to come, or an intense mental preparation, as though they were putting into place some form of self-support. This was indicated by their use of words like therapeutic and painful in the same sentence, as though they understood that it would be painful but knew the therapeutic value of this. Or they discussed the difficulties of being in the group next to their need to find resilience. This emphasised their trust in the process, and their acceptance of the need to tolerate the experiences, not found previously in literature.

The environment of experiential learning, such as that in the PD group may create a "*strong emotional or feeling dimension*" (Merriam, Caffarella, & Baumgartner 2007: 194) and although the learning is holistic in that it encompasses body or sensory, behavioural, emotional and social perceptions (Dirkx, 2008), it may trigger an historical understanding, such as anxiety or fear from our past. Some participants in the study did experience bodily

reactions linked to emotional disturbances, which often linked to past childhood issues, triggering shame or feelings of being very young and helpless or unsupported.

Shame can be characterised by a threatened social image, or a perception of one's own failings or misdeeds (Allpress et al., 2014; Sznycer et al., 2016). This emotion can be particularly strong in group-based activity where someone in the group says or acts in a way that may trigger shame (Branscombe & Doosie, 2004; Iyer & Leach, 2008). Allpress et al. (2014) suggest this is due to identities in the group environment moving from individual to inter-group which I would suggest is part of a transference and counter transference process. Some of the study participants talked about hiding, feeling rejected or feeling exposed which parallels with Shen's (2018) assertion that shame-driven, hiding strategy is an evolutionary strategy to help stabilise us.

Shame is also one of the most primitive and universal emotions and Brown's (2018) extensive empirical study found shame to be "*an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging*" (Brown, 2018: 45). Some participants emphasised how a group setting can embody the potential for feelings of shame and isolation, drawing a parallel with Brown's (2018) findings on the idiosyncratic nature of shame triggers being a shared experience in groups, which can be created by social expectations of the self and others. Some participants in the study revealed feelings of regression, family relational patterns, being "*invited into child*" (Susan) and exposure linked to shame. My own experience of PD groups helps me to recall how facilitators or other group members could encourage the exploration of shame in the hope of developing self-awareness, but this is difficult when the participants may feel vulnerable and exposed.

Anxiety and distress were also related to lack of trust, loss of safety and not being heard, (Robson & Robson, 2008; Knight et al., 2010; Moller & Rance, 2013), which in some studies (Anderson et al., 2014; McMahon & Rodillas, 2018) led to participants opting out of the process. Participants in the current study demonstrated various ways of processing these experiences with many highlighting this sense of expectation and anticipation of forthcoming difficulties in their PD groups. This took the form of a belief that they 'just had to get on with it in order to do the learning. This conviction or trust in the process ultimately seemed to help and support them in staying with their progression of learning. Reflection was also important, demonstrated in their reflective attitudes during the interviews and ways in which they told their stories, such as an unfolding or making sense of the experiences in a deliberate and thoughtful way, until they arrived at the telling of how they had changed or shifted in their

thinking, being and behaviour. All of the participants related some development in their self-knowledge, insight or relationships with others in the PD group.

Some participants talked about the length of time it took to process experiences, which I relate to Kolb's (1984) theory of experiential learning. Some did not take part in the general interactions in the group for quite a length of time, (some stated as long as a year or two years), which suggests a gradual 'dipping a toe in the water' until they felt safe enough to relate with others. This equates to Kolb's (1984) fourth stage of experimentation, with the implication that experiencing the group, reflecting on this and learning precedes their coming into the group more actively. On the other hand, some entered into group activities almost straight away, despite anticipating difficulties in this, suggesting either a difference in learning style or feeling more supported to do this. Those that were able to 'jump in' did seem to have sound facilitator support to do this.

The expectation of difficulties or priming as discussed by Greijdanus et al. (2015) described by participants, combined with tolerance and a length of time to reflect on experiences (Kolb, 1984) seems to indicate a trajectory or process of assimilation for the experiential learning in the PD group to be useful. The PD group is an unusual format, and the processing of learning is inevitably more complex than traditional groups due to the experiential nature and the need to transform their learning from experience.

6.5 DEVELOPMENT AND DIFFERENCE WITHIN THE PD GROUP

Studies on groups (Tuckman, 1965; Wheelan 2005; Gilley, Morris, Waite, Coates & Veliquette, 2010) generally identify a model of the formation and maturation of groups, where support (from leaders and each other) and safety is necessary for learning and functioning. However, the PD group is like no other, in its unstructured format and absence of formulated clear aims, other than the exploration and development of self-awareness in the here and now. Moreover, the absence of common goals makes it difficult to come together as a functioning 'group as a whole', offering in-group support to each other, as described by Agazarian (1989). The PD group is not focused on therapeutic development, as a group, only on individual self-development, which may be connected with the determination to learn, or the 'priming' (highlighted above) found in the current study. The challenges participants experienced did not seem to depend on group cohesion and in fact results indicated the opposite, in that only one of them talked about a true group climate of support.

Although research studies reviewed in chapter 2 point to a greater self-awareness according to current trainees' self-observations (Robson & Robson, 2008; Luke & Kiweewa, 2010; Moller & Rance, 2013; Ohrt et al., 2013; Brison et al., 2015; McMahon and Rodillas, 2018) I am unaware of any long term follow up on how self-learning from PD experiences are used in client work. The two studies by Ieva et al. (2009) and Pascual-Leone et al. (2013) do focus on perceptions of how the PD group experiences might help trainees' development as counsellors, but again, attention was only given to students in training and there was no long term follow up to assess their progress. The latter authors found a *perceived* increase in competency as counsellors with an added clarity about their professional identity. The current study indicates the diverse ways participants reflect on their learning through a process of transforming their experiences for use in practice but also, they emphasise the importance of the facilitator in this course of development. However, even when the facilitator is unsupportive or even emotionally absent, the findings show that learning can take place.

An ongoing reflection on their experiences, and making sense of difficult challenges, seemed to lead participants into exploring aspects of themselves or finding a clearer or more developed self-concept. One participant declared her self-insight as a "turning point" and a "new person", with another as "feeling stronger as a person". All but one of the participants in the study talked about experiencing profound personal change or insight in relation to their experiences in the PD group. (The remaining participant highlighted learning, but not such intense development as the others). This developing self-acceptance and shifts in self-perspective helped them to understand themselves more fully and consequently move towards a different engagement in their practice.

This was not development emerging from a whole group process but rather, participants demonstrated an individual ability to translate experiences into their client work, particularly when experiences were negative or difficult. They seemed to develop what Bion (2007) termed a critical reflective space which varied in the amount of time it took to feel, tolerate and make sense of their experiences, which moved them through a process of reflection and a shift in self-belief. Bion's (2007) view of group process is that self-awareness or self-knowledge is always constituted within a group environment or in other words, learning from an experience with others or a transformation of emotions and experiences. However, in the context of this study, the group participants did not seem to learn from each other directly, but the group environment served as more of an inter and intra subjective process in helping participants to learn about themselves. Williams (2013) discusses Bion's (2007) notion of Alpha and Beta functions within a group setting where the latter are raw experiences not

connected to thoughts with Alpha elements aiding transformation through thought processes leading lifelong learning. The participants described traumatic and volatile experiences but were able to stay with and tolerate them until they found some self-learning. This also links with Mezirow's (2003) theories on transformative learning in which transformation can result from a disorientating dilemma, or a struggle to make sense of an experience.

McMahon and Rodillas (2018) noted in their study that although there was meaningful personal and professional growth for participants, more significant evaluation of change is needed. I interpret this as a need to evidence the effectiveness of this growth. They also point out that explorations of trainees' experiences could be subject to internal pressure to justify their investment in a training course. The findings in the current study address both of these issues by providing insight into how learning in the PD group is used in client and training work, by ascertaining qualified counsellors' and psychotherapists' experience in their clinical practice. The participants in the study had also undergone training in various geographical areas, training courses and therapeutic modalities, rather than a single cohort of training, unlike many of the studies presented. The study offers examples of how experiences in the PD group have been individually interpreted, but also how they have been translated and transformed into clinical work.

Ways of processing learning and making changes in the self from PD group experiences has been, up to now, an under explored area and there has been little understood about how learning in these specialised groups can bring about change in participants.

6.6 SUMMARY

Participants appeared to demonstrate a form of psychological preparation for difficult emotional experiences, suggesting an internal process of developing support and self-challenge. This seemed to lead to a long term tolerance, allowing them to stay with their experiences in order to reflect or process them into self-insight or a different perspective on themselves. Their self-learning was demonstrated through profound 'turning points' or 'shifts in being' not identified in contemporary studies.

6.7 USING EXPERIENCES IN CLIENT AND TRAINING WORK

Emotional learning through interpersonal encounters was particularly important to the participants and although a number of the studies cited in the literature review (Payne, 2010; Brison et al., 2015; McMahon & Rodillas, 2018), identified this embodied emotional learning, the application to clinical work was not examined. Many of the participants in this study were

able to explain the connections between experiences and their clinical practice, identifying new ways of working, overall.

6.8 INTERNALISING, TRANSLATING AND TRANSPOSING

A set of processes were identified, which included an internalising of experiences stemming from psychologically reconstructing difficult experiences such as rejection, finding support through challenge and reorganising distressing emotions, such as fear or anxiety. The translation of experiences took the form of making a metamorphosis or a conversion from theoretical learning into practice and fully understanding theoretical concepts, such as core conditions, by experiencing them. Lastly, there was a transposing, or transferring of their experiences with facilitators, in which participants were able to take good or bad facilitator practice into their own work. This involved them assimilating or assuming aspects of facilitators' practice, into their own way of working clinically.

There was a diversity of complex realisations, recognitions, insights and application of theory to practice seen to be going on in participants' reflections, throughout their interviews. This did not appear as a linear conversion, as depicted in the model below (Fig. 1); it was more of a series of realisations or reflections that had been processed over time and that they saw as making a difference to their practice; or gradual understandings which they had incorporated into their self-understanding and which supported their work in a different way. All of the participants related some development in their self-knowledge, insight or understanding about their responses to others in the group.

Mezirow's (2003) theories on transformative learning include the assertion that perspective transformation can result from a disorientating dilemma, and one interpretation in participants' reports is that they experienced very difficult emotional events which may have caused a rethinking or reconstructing of perceptions of themselves and others or 'ways of being'. This involved a reframing of ways they had previously thought about themselves and others, with some shifting childhood beliefs in themselves, such as not being good enough or not self-accepting. "*Experiential learning means that [kind of] learning that occurs when changes in judgement, feelings, or skills result for a particular person from living through an event or events*" (Chickering, 1977: 63, in Beard, 2018). This goes some way to explaining the transformation of learning from their experience that participants seemed to be making.

According to Edmondson (1999) there are two distinct perspectives on what learning is, - learning as an outcome or learning as a process (Edmondson, 1999; Argyris & Schon, 1978). The explanation by Edmondson (1999) who draws on Dewey's (1938) work is of a process of developing greater understanding, over time, adapting to change or improving

performance. The findings in this study show that participants' learning was both a process and an outcome. Their distressing experiences were tolerated by every one of them and for some, over a long period of time. The outcomes of this processing was a shift in their thoughts, feelings or behaviour or a profound insight about relationships with others, which they could apply to their clinical work. This was translated into their ability to help others or to put aside their own negative self-evaluations which may have been impeding their clinical work. Learning is a result of grasping and transforming experience, or doing, reflecting, judging, knowing and acting described by Kolb (1984), drawing on Dewey's (1938) notion of interacting and continuity. Interacting is related to the transmission of knowledge, from whatever means, with transaction relating to the shared concept of experiencing. This can lead to a consequent transformation for the individual, with the continuity Dewey (1938) referred to, being the notion of leading the learner into new experiences. If learning takes this form, then humans have an ability to hold a different *perspective "without the sense that one's own experience has been annihilated"* (Warner, 2009: 120) suggesting that even in adverse conditions, humans will attempt to make sense of experiences. Ways in which participants were seen to process experience were through internalising, translating and transposing facilitator practice.

6.9 INTERNALISING EXPERIENCES

There was a process of reflection and a reorganising of experiences, leading to finding some clarity or a 'making sense' of their learning, which might be termed psychic change (Bell & Leite, 2016) or 'experiential self-understanding'. This observed process in the study was a shift in their thinking and feeling about responses to challenge. This often involved a different way of seeing themselves or others or resulting from new feelings, or a different self-understanding, through their lived experience.

Some participants experienced feelings of rejection and abandonment as a result of being unsupported through personal disclosures in the group. They were somehow able to make a comeback from a seemingly traumatic event which, in one participant's words "*wiped her out*" to a rebuilding or reconstruction of themselves and their emotions. They demonstrated a resilience or recovery, although not always quickly, from the stress of the experience, which was a process of adaptation. Others managed to reorganise emotions such as fear and anxiety into a form of recognisable learning to be applied to clients or students in their training work.

Challenge and support appeared in conjunction with each other in participants' narratives. Their accumulation of a deeper knowledge of themselves and their relationships with others, gained through their difficult experiences seemed to offer direction in their clinical work. When participants were able to find some self-support, sometimes evidenced through resilience, sometimes through a lack of support in the group which caused them to find their own support, or merely to be able to stay with the challenge of the group process, this helped them to create a more in depth support for their clients or trainees.

Luke and Kiweewa (2010) found that cohesiveness and bonding factors between members of groups were much lower in their research than expected, which they ascribed to group members focusing on other more important aspects of experiential learning or simply an independent drive for survival in the group. Participants in the current study were very clear in naming types of support they accessed which comprised of personal therapy, clinical supervision, informal support, (engaging in de-briefing with group members outside of the group) and using a personal journal, which was also identified as being useful, by Luke and Kiweewa (2010) in their study. There were some participants however, who felt facilitators were a strong supportive resource. However, only one participant specified peer support as being important whereas other studies suggest that peer support is necessary for safety (Edmondson, 1999; Seibert et al., 2011; Gantt & Badenoch, 2013; Edmondson & Lei, 2014).

6.10 TRANSLATING EXPERIENCES

The translation of experiences took the form of undergoing a metamorphosis or a conversion from theoretical learning into practice, for example, understanding theoretical concepts, such as core conditions, by experiencing them. This was a particularly noticeable process of learning which manifested in participants' descriptions of *feeling* the impact of them, leading to a kind of embodied sense of integration or absorption. Participants talked about ways in which they were able to use this embodied learning in their practice, such as making sense of the theory or there was an actual experiencing of theoretical concepts such as projections or transferences which they were able to assimilate. Others had 'light bulb' moments leading to a kind of embodied understanding that goes beyond cognitive thinking, or an integration of perception and 'knowingness' into a different way of being that they were able to apply in practice. This seemed like a reinforcement of theoretical concepts taught, such as empathy, where the lived experience was the reinforcer. Participants' acceptance and the realisations of how they used their experiences was at the core of their learning.

Boundary transgressions were experienced, involving dual roles or breaches of confidentiality, which participants described as shocking. Although other studies have found

concerning ethical issues (Anderson & Price, 2001; Davenport, 2004; Haber & Deaton, 2001; McCarthy, Falco & Villalba, 2014), these findings go beyond a mere reporting of them. Participants in the study were able to highlight how experiencing breaches of confidentiality and boundary violations had such an impact on them, that they were able to incorporate the learning into their work. For example, some described ways in which they would make sure these boundary contraventions would not appear in their own work; or facilitators being involved in dual roles were powerful lessons in the avoidance of these.

Emotional learning through interpersonal encounters was particularly important to many of the participants and although a number of the studies cited in the literature review (Payne, 2010; Brison et al., 2015; McMahan & Rodillas, 2018) identified this embodied emotional learning, there was no application to clinical work as in the current study. Many of the participants were able to clearly explain the connections between experiences and their clinical practice such as one participant highlighting how she continually scanned students for any emotional disturbance as the impact of her own distress from being missed in her PD group was so intense.

6.11 TRANSPOSING THE FACILITATOR

An added dimension to the findings offering new ground to the literature is the importance of facilitators in their roles and attitudes. There are many studies highlighting how the processing of learning can be hindered by poor facilitation, such as lack of empathy or facilitator incongruence (Edmondson, 1999; Boud & Miller, 2002; Hutchison, 2015), however, the demonstration of both positive *and* negative experiences at the hands of facilitators seemed to stimulate learning for participants in the current study. Facilitators were clearly important to participants' learning, either in terms of creating a safe and supportive environment or in observations of their mistakes or poor handling of situations. Participants described ways of assimilating or integrating their facilitator styles or interventions in their clinical work, which related to good practice or perceived poor practice, such as mishandling of emotions or situations in the group or just not being present enough to offer support. Others portrayed a literal transportation of memories of how their facilitator would deal with a situation, such as imagining how he/she would act in certain situations which was positive reinforcement, but there was a reverse of this which involved a process of determining not to do as the facilitator was observed as doing.

6.12 SUMMARY

The use of PD group experiences in clinical work is an area which has not been addressed in previous research. This research suggests that PD participants are able to transform their group experiences, even when difficult and distressing, into a type of embodied learning which they could apply to client or training work or both. All participants were able to highlight how experiences, whether positive or negative, were used, albeit after a length of time processing these experiences.

6.13 TACIT KNOWLEDGE

ANTICIPATION AND EXPECTATION

Participants in the study demonstrated their expectations of difficult experiences, signposted as an inherent understanding of a requirement to go to some emotional depth, before they could work with clients and/or train students. One additional factor I have taken into account is the understanding of the importance of inherent or tacit knowledge first described by Polanyi (1966). Although there is no agreed upon definition (in fact there are broad debates in the literature) of tacit knowledge, (Kothari, Bickford, Edwards, Dobbins & Meyer, 2011; Le Clus, 2011) I adopt it here in terms of a personal knowledge gained from experiences and emotions. In the context of the current study, this embraces the kind of instinctive knowledge and learning both initially brought into (from prior experience), but also accumulated from the PD group interactions. A working definition for the purposes of interpretation and discussion of these findings is: *“knowledge-in-practice developed from direct experience and action; highly pragmatic and situation specific; subconsciously understood and applied; difficult to articulate; usually shared through interactive conversation and shared experience”* (McAdams et al., 2007: 46). The emphasis in tacit knowledge is on a form of knowing that relies on subjective emotion and modes of conversion between tacit and explicit knowledge. Participants were able to learn from their PD experiences (the tacit) and apply this to their existing knowledge (the explicit), to create a new knowledge or new way of being. This is termed knowledge-creation (Nonaka & Takeuchi, 1995).

6.14 TRANSLATING EXPERIENCES

According to Toom (2012) there are three dimensions of tacit knowledge (cognitive skills, technical skills and ‘what I know’). The latter dimension is understood to be personal and anchored to emotions, alongside a reflection on knowledge and experiences. This can be interpreted as knowledge being socialised, externalised, internalised, and expressed in an

ability to mobilise or translate it from being implicit to explicit (Polanyi, 1966). To do this, or in other words, to use this tacit knowledge, the individual needs to be in extensive personal contact with others over a length of time (ibid), through a sharing of experiences and thinking processes. The participants in the study talked about processing their experiences ‘over a long time’, using tolerance and endurance.

It can be seen from participants’ quotes that they had acquired insight and self-awareness through direct interpersonal contact with others. There is a degree of understanding in this that hard facts, or textbook knowledge need a personal element to make sense of them, which is interpreted here as making sense through encounters with others. Individual knowledge which might be self-insight or self-development, for participants in the study, has to be externalised by sharing it with others. The situational context which Polanyi (1966) refers to is seen to relate to the individual experiences shared in the group. Polanyi’s (1966: 4) work on the ‘tacit dimension’ offers insight into “*we can know more than we can tell*” (van Kruistum & van Steensel, 2017; 4) or ‘practice wisdom’. Kalisch et al. (2019) add to this in their discussion of how traumatic experiences such as this can lead to psychological growth or a maturation process. This corresponds with Mezirow’s (2003) assertion that transformative learning can lead to an ability to emotionally change.

This set of findings from the research suggests that participants found ways of applying their experiences, which is not previously represented in the existing literature. The model (see Fig. 1) below shows how a process of internalising, translating and transposing combined with incorporating this tacit knowledge and understanding with ongoing experiences in the PD group, created new dimensions or self-concepts or a different way of seeing themselves or self-valuing. The model is intended to demonstrate the number of factors involved in this process, although there was no clear linear trajectory seen in participants. There was however, undoubtedly a greater understanding of emotions and secondly, a shift in feeling, thinking and being for participants. There is a distinct difference between the ‘*what*’ or the content of learning and the ‘*how*’ or the process of learning (Barber, 2012) which refers to the synthesis of knowledge or information to create new insights. The study participants expressed this but also something extra, beyond this, which was the synthesis of emotional experiences, using a tacit knowledge and underpinned by the type of internal or external support and self-challenge they were able to access. Some participants were certainly able to independently access some form of support to aid their processing in the short term but the findings show that a combination of acceptance of difficult experiences, combined with a tolerance over a length of time, can lead to an eventual development of change. However, the findings also suggest that a much longer process of internalising or reframing of difficult experiences is needed before any kind of metamorphosis of practical application can occur.

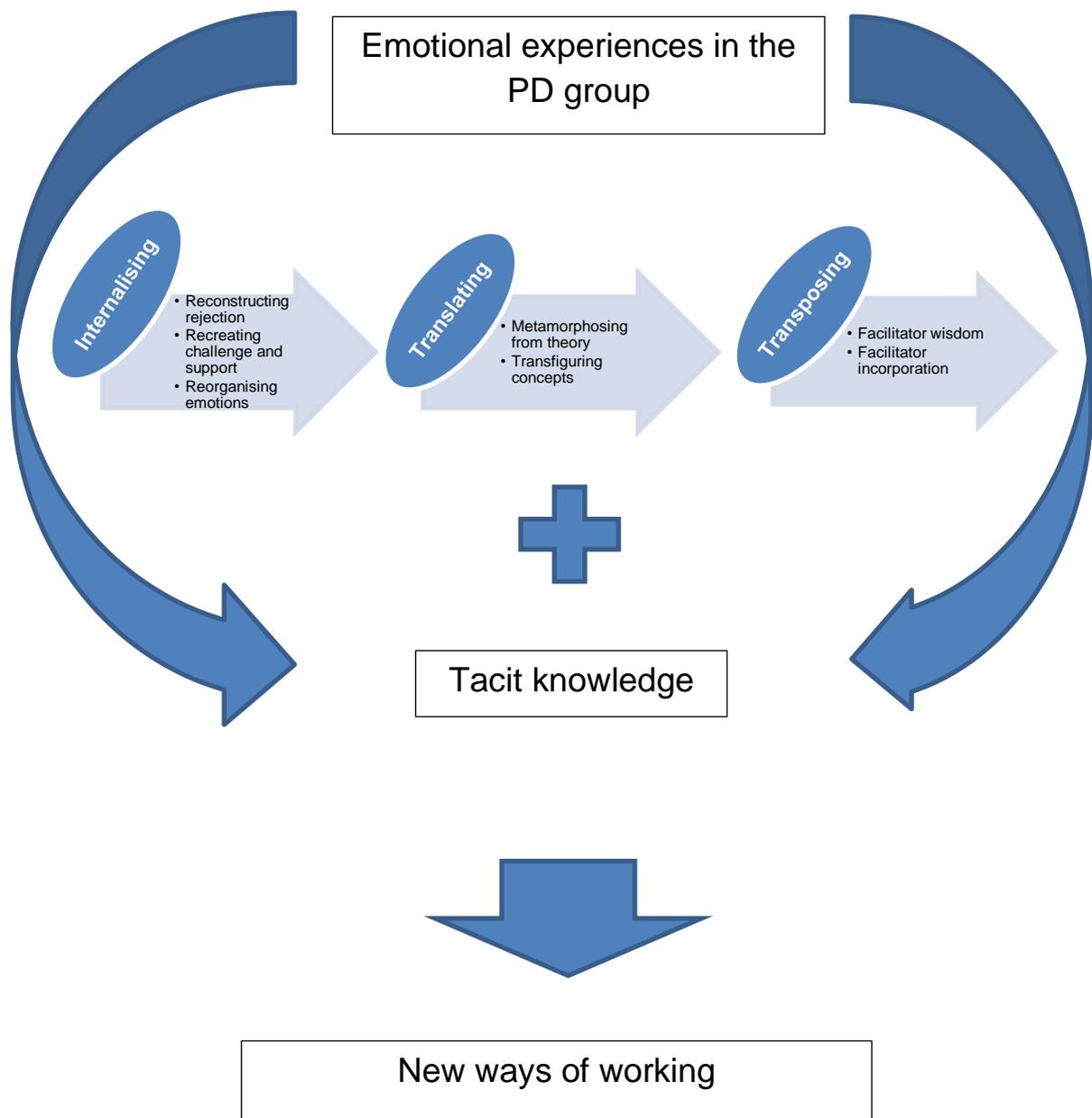


Figure 1. The application of experiences into ways of working

Much of the existing and more recent literature informing development as a counsellor is limited to counselling trainees (Ohrt et al., 2014; Ieva et al., 2009; Young et al., 2013; Brison et al., 2015) and not on how knowledge and learning is used in relational client or training work. Putting knowledge into practice is complex, as unlike explicit knowledge, tacit learning cannot easily be written down or spoken, but needs to be acquired through context (Polanyi, 1966). Tacit knowledge is personal and contextual and becomes apparent through personal

experience. The participants in the study revealed an implicit or tacit understanding of what they needed to do to embody their lived experience of the PD group.

6.15 SUMMARY

Tacit knowledge is embedded in individual experiences, and values and beliefs (Sayar, Tahmasebi, Azodi, Tamimi, & Jahanpour, 2018), often found through interaction and feedback working with others or in the context of this study, through experiential work. Participants in the study demonstrated an internalising of their experiences or body rooted experiences, as described by Berg (2008) which relates to Stern's (1985) theories on infant development through embodiment. There was a clear embodiment of experiences, even when they were profoundly difficult, resulting in an ability to apply these experiences in their work.

6.16 CONCLUSION

In answer to my research question concerning participants' experiences in PD groups and how they use these experiences in client and training work, the findings from this IPA study indicate that the PD group can be a highly emotional environment where distressing and disturbing experiences can occur. However, contributions to new knowledge, understanding and counselling and psychotherapy practice is that the PD group is also a source of rich learning, even when experiences have been distressing and is crucial to the development of self-insight, the application of theory to practice, self-understanding in relation to the counsellor's past experiences, and helps to shift ways of thinking, feeling and being in relation to others. The PD group though, can also be a source of positive reinforcement, in areas of self-development, reinforcement of models of practice and can offer sound support for some.

If participants can find ways of processing these difficult experiences, through anticipating accepting and tolerating them, self-development can occur to a significant degree. However, this can sometimes take a long time, with some participants reporting up to two years before they felt a shift in their way of being. In other words, this may be a gradual process, so some form of support is needed for this. However, group members and facilitators were not particularly found to be a primary source of care and support for most of the participants in the study, rather, they found other ways of self-support through challenge.

The process of being able to use experiences in client and training work was seen to involve a series of psychologically internalising and reorganising very powerful and potentially

destructive emotions, finding support and resilience through challenge, learning to make sense of theory through experiential learning and role modelling both good and bad practice. The study has brought new areas of knowledge in terms of how qualified practitioners use their experiences in their clinical work, long after their PD training. It also highlights how important experiential work carried out in the PD setting is in developing deep insight into the self and others. It may be that the combination of very challenging experiences offered through experiential work, with an ability to tolerate and process them is a force of intense change or transformation. These extreme and powerful experiences are to be had through the PD group, in a similar way to the early Encounter groups, but hopefully the challenges and risks concerning safety and ethical issues will be given greater attention and counselling and psychotherapy trainees will continue to personally and professionally benefit from the PD group.

These have been up to now, unexplored areas in existing literature. The revelation that participants had a tacit expectation and acceptance of difficult experiences, demonstrated a degree of resilience and the motivation to learn. It is clear that PD groups can enhance participant development, particularly in relation to emotional preparation for client work, but are PD groups the best and the only way to enable personal development? The findings suggest that the PD group is an environment where intense emotional learning can take place and that a transformation or shift in self-insight, self-awareness and potential for what Bell and Leite (2016) term psychic change or experiential self-understanding can occur. This can only happen in a group system where interpersonal relationships and feedback provide the conditions for this.

The literature review emphasises that although PD groups can offer development in self-awareness, enhanced self-understanding and increased skills in interpersonal communication, the price to pay with the existing traditional PD format is experiences leading to distress, uncertainty, exposure and ethical concerns. If PD groups are to continue to be used it seems crucial that their usefulness is clarified, particularly in the light of the disruptive emotional experiences some participants find. There would be no point in subjecting individuals to such disturbing arousals if there was little compensation in the form of self-development and insight and the use of this in clinical work.

6.17 KEY FINDINGS:

- (i) Difficult and challenging experiences in the form of exposure, vulnerability, shame and abandonment were experienced in the PD group, many of which are not highlighted in contemporary studies
- (ii) Further experiences of volatility, unpredictability and uncertainty were perceived at an intense level, recognised at times, as dangerous
- (iii) Psychological preparation in the form of anticipating difficult experiences and recognising the need to tolerate these, seems to build resilience and communicates valuable lessons in self-insight, which can be applied to clinical work
- (iv) Facilitators are not always able to handle intense emotions or complex experiential learning in the group situation
- (v) A process of internalising and reorganising distressing experiences is necessary for the use of emotional experiences in client work
- (vi) Emotional experiences in the PD group can aid the translation of theoretical concepts
- (vii) Both good and bad facilitator practice can be transformed for client and training work

6.18 IMPLICATIONS AND RECOMMENDATIONS FOR PRACTICE:

All of the following recommendations have emerged from the findings in the study:

- The aims and potential difficulties of PD groups should be explained clearly to trainees from the outset with a discussion of research evidence on process, together with the risks and the benefits of PD learning
- The establishment of ethical guidelines and the use of informed consent to the PD process
- Group facilitators need to have specialised training in group work and clinical support, particularly ongoing assessment and discussion on ethical issues such as dual roles and confidentiality
- There should be consistency in facilitator experience and training – a framework of practice for use in training courses giving guidance to facilitators
- Prospective trainees should be interviewed and assessed, paying particular attention to an assessment of their past history and their readiness to develop through an experiential medium
- Participants need to be thoroughly debriefed through discussion, preferably with an objective and external facilitator

- Allocation of a training consultant external to assessment
- A framework of personal therapy and clinical supervision should continue to be structured in line with a set criteria of PD expectations and consistent training guidelines
- Use of a case study format and continuous reflection to ascertain how trainees are using their learning in working with clients
- Support in self-care given throughout training and beyond.

6.19 RECOMMENDATIONS FOR FUTURE RESEARCH

The current research study offers new contributions to knowledge in terms of retrospective views of participants' learning, therefore a logical next step in the research would be:

- The use of longitudinal studies ascertaining trajectories of learning and development from trainee to longer term experienced practitioner.

A key finding in the current study was of the facilitator role in supporting participants' emotional and experiential learning. Therefore:

- Further research on facilitators' perspectives on learning in the PD group with comparisons made to trainees' experiences would be valuable

The current study has highlighted particularly difficult experiences in the PD group suggesting that learning and development can take place either because of or in spite of these challenges. Consequently:

- Further research explorations of particular aspects of the PD group which help or hinder learning could illustrate this further.

A degree of emotional resilience alongside an ability to tolerate difficulties was a key finding but those who don't have this may leave training courses or may not enrol in the first place, therefore future research could help:

- Identify reasons trainees leave counselling and training courses

6.20 STRENGTHS AND LIMITATIONS OF THE STUDY

This research enabled an exploration of experiences in the PD group focusing on retrospective reflections of qualified counsellors and psychotherapists. The qualitative findings illustrated a range of experiences which confirms and adds to existing literature

focusing purely on trainees' experiences. The additional new knowledge reveals and elaborates how participants processed these experiences and transformed and applied their learning to clinical work. No previous research had been reported on practitioners' application of learning from the PD experience.

The participants were selected through purposive sampling so the homogeneity and the number of participants limit the generalisability of the study. However, this was within the terms of theoretical rather than empirical generalisability, which enabled links to be explored between the findings, the author's own personal and professional experience and the literature (Lyons & Coyle, 2007). A further limitation in focusing on qualified counsellors and psychotherapists in the North West of England combined with all but one being white British/Irish restricts any potential cultural variations in participants' interpretations of their experiences. However, the strengths relating to choice of participants is their representational age, gender and social class compared to the UK counselling population. The training they had undergone was also typical of most counselling and psychotherapy courses and their requirements for PD group learning. Nevertheless, caution should be exercised in applying the findings to training courses with differing structures for PD learning.

I did reflect on the reasons why participants had volunteered for the study and wondered whether negative experiences in PD groups combined with a need to talk about them or report them in some way had influenced their decision. Motives for offering positive experiences may have been less strong and this may well have had an effect on the overall findings although it was reassuring to find that some participants had positive experiences, however. Retrospectively it may have been better to initially ask for participants with both positive and negative experiences of PD, but the overall effect of negative reports on the findings was helpful in demonstrating how they could be translated into positive learning. San was the only participant who had had neither a positive nor negative experience, but this may have been down to his training having a different format for PD learning being more self-directed rather than facilitator led. The fact that all participants had more than five years' experience did not seem to effect the findings as both negative and positive memories appeared to be very strong.

The rationale for this choice was in allowing participants' reflection and processing time throughout establishment of their practice. However, if participants had been more recently in touch with their PD experiences, feelings may have been more positive in the spirit and excitement of new learning, although equally more negative experiences may well have emerged. The aims of the study were to explore how participants were using experiences in

client work, and anything less than five years post qualification may not have produced the diversity of translation of experiences.

My own experience of both taking part in PD groups as a trainee and having a professional training role could be seen to have potential to affect both the interview process and the interpretation of the findings. However, sensitivity to context is an asset (Smith et al., 2012) in phenomenological work and obtaining strong data through the interviews was enhanced by the author's understanding of context as well as a skilled interview technique. The richness of the findings was increased by the in depth semi-structured interview.

Counselling and psychotherapy training is underpinned by western values and individualistic aims and philosophies and thus attracts those with beliefs in this culture. The resilience and emphasis participants placed on 'getting through' their experiences and their determination to learn may reflect this individualistic culture. The participants' experiences of their learning comprised of positivist understandings which may also indicate a certain resolve to succeed.

The study focuses on qualified counsellors and psychotherapists in the North West of England and as such the findings are limited to a small number of individual and cultural perspectives, although the number of participants is entirely within the recommended range for IPA studies (Brocki & Wearden, 2006; Smith et al., 2012).

6.21 REFLECTIONS ON THE RESEARCH PROCESS

Before I began this process, others told me that it would change me as a professional, as an educator and as a practitioner. I dismissed this, questioning how I could possibly change in any major way after so many changes in these areas of my life already and how could I be changed by a research project? Little did I know that it would not be the research or the findings that would bring about change, but the process itself! My feelings have ranged from excitement to despair to anger, to loneliness and frustration and to satisfaction in cycles of contact and withdrawal from the process. The revelations for me have been about the extent of my tolerance and resilience, my willpower and my determination in this journey and about who and what supports me and also about how the actual research knowledge can help in my work as an educationalist and a psychotherapist. This is all sounding a bit like the findings from my research! This journey has been one of the most difficult journeys I have ever undertaken, particularly in the face of personal and family issues that have occurred along the way. It has been more difficult than tackling Macchu Pichu or Annapurna, being kidnaped in Peru, or falling off the edge of a cliff in northern Thailand, but it has been a very powerful journey.

On embarking on the research, my interest was in the potential for psychological damage from PD groups, as this had been my experience of two peers in my own training, one who left training for this reason and one who stuck it out but left soon after. My own experience was of the PD group being very difficult with emotional challenges that tested me to the limit. It is only in doing this research that my full realisation of my own process of learning has impacted upon me. I had not realised how long the embodiment of experiential learning has taken me.

My entries in my research journal give evidence of how I initially limited my literature searches to the negative findings of PD groups. It took me some time to find a balance in this, mainly through the ongoing sharp perceptions of my supervisor, observing this bias. Even up to the point of my analysis, I was still retaining this bias, which initially impeded a full and fair analysis. It was only at the point of the realisation of my bias that the analysis began to take a more balanced shape.

My own education and experience (as detailed in the introductory chapter) has been varied and changing, which reflects my non-linear style of thinking and being, as a person generally. Moreover, my Gestalt training in psychotherapy has built on this and reinforced my already present holistic way of making patterns and shapes and integrating the whole. This has created difficulties for me in the research process, because of course one of the most important things I have learned about research analysis is that this does not work. One must break the whole down into small components, place a magnifying glass over it to inspect it most thoroughly, turn it inside out and back to front and then bring it all back together again. This did not initially make sense to me and nor did my supervisor's advice to use an 'apples and pears' analogy to find an overall group in the analysis of data and then look for categories belonging to this group. I kept seeing only the whole tree or bush, continually searching for connections and integrations, as I do with my clients, rather than disparate components.

With regard to my IPA study, I initially thought I would use unstructured interviews, but after conducting a pilot study, and accumulating a lot of irrelevant information from it, I realised that I needed semi structured interviews, in order to partially direct the participant towards an answer to the research questions. I knew my interview skills were good as I am an experienced psychotherapist, and I knew I wanted to work relationally with clients which is why I chose an IPA approach. I devised questions that would enable the participant to talk expansively and I attempted to bracket my own conceptions about PD groups, but at the same time work relationally with interviewees, or in other words, accessing the participant's subjectivity which necessitates entering the intersubjective matrix (Stern, 2004) or the in

between, in order to engage dialogically. My responses to the interviewee and theirs to mine thus directed the dialogue and in this way, I had an effect on the interviews and consequently, the overall study.

I allowed interviewees to mostly talk freely with not too many interventions on my part, but I did find it difficult to extricate myself from a therapist mode at times. I found myself probing or intervening too much, at times, although Smith et al. (2009) recommend this at intervals as long as it is spontaneous. I believe, because of my experience as a psychotherapist, I managed to journey into the unknown with participants. In other words, I did not feel the need to control the interview if it meandered, but at the same time endeavoured to keep it to the topic required. I did occasionally try to interpret and make connections (as I discussed above) during the interview but mostly I managed to be creatively indifferent (Friedlaender, 1918) which is a concept I would practise as a Gestalt psychotherapist.

The pilot study highlighted the need to pin down the interviewee more and to follow through for more information. I needed a background to some of these very distressing incidents participants were describing. I realised I was picking up new threads without allowing the pilot interviewee to reflect during the discussion which I believe was due to my personal style. This realisation allowed me to take more time and give the interviewee more space, although I still, at times, moved the interview on too quickly.

Complete impartiality is very difficult to achieve (Oliver, 2014). My influences as a Gestalt psychotherapist, as well as my life experiences, have inevitably influenced the organisation of the whole. In terms of this phenomenological study, I understand that we can never capture the total truth or fully understand an experience in any one moment because:

“lived experience is experience that we live through before we take a reflective view of it...it is important to realise that experience ...is always more complex, more nuanced, more richly layered than we can fathom...the problem is that as we focus on an experience or on a certain aspect of experiential meaning, this focus fixes experience into an object for study. This inevitably strips the living meanings of lived experience of depth and subtleties” (van Manen, 2016: 42).

I have done my best to capture experiences, but I acknowledge that it will be incomplete and the knowledge gained in this moment will change in the future.

CHAPTER 7 CONCLUSION

The aim of this research study has been to examine the retrospective experiences of qualified counsellors/psychotherapists in their PD groups during their training, and to understand how they use these experiences in their client and training work. Bion (1961) documented the potential for negative forces in groups and the dangers of intense emotions, with Nitsun's (1988) observations being that groups can be positively nourishing but the capacity for destruction and damage is ever present. In light of the extensive review of Encounter groups by Lieberman et al. (1973) combined with reports of some similar issues of lack of safety and psychological distress from contemporary research, (Hall et al., 1999; Robson & Robson, 2008; Payne, 2001, 2010; Knight et al., 2010; Schumaker et al., 2011; Moller & Rance, 2013; McMahon & Rodillas, 2018) one might assume the scene was set for a word of caution against a group environment with a purpose of offering intense challenge to the emotional self. It is thus, on the face of it, difficult to see why PD groups continued to develop and be used in counselling training after these negative outcomes indicated the risks.

However, both the early Encounter literature and the current studies on PD groups have indicated the positive value of them too. The contemporary literature (Robson & Robson, 2008; Payne, 2001, 2006, 2010; Luke & Kiweewa, 2010; Schumaker et al., 2011; Moller & Rance, 2013; McMahon & Rodillas, 2018; Orkibi & Feniger-Schaal, 2019) does highlight the positive development in self-awareness for PD participants, but not how they might use this in their work. Also, their findings do not offer anything specific about what particularly helps or hinders self-development nor how experiences might be used in clinical work. There is a paucity of research generally in this area and these researchers have called for further work to be done, particularly in light of the professional bodies' assertions that personal development is a core requisite for training.

The current study redresses this balance by offering new contributions to knowledge and understanding of experiences in PD groups. It provides a retrospective exploration of the experiences of qualified counsellors and psychotherapists who have had a length of time to assimilate their PD experiences and reflect on how they use these in their client and training work. Up until now, we have had little understanding of whether or not the PD group is useful enough to continue as a training tool as research has provided mixed results on PD group experiences, and leaving us with little idea about the impact of this learning on clinical work. The findings from this study offer rich insight into the impact of profound but difficult experiences participants can undergo, but the additional contributions to research involve

the significant value of emotional learning to be gained from PD groups. The psychological preparation for difficult experiences, demonstrated in participants, alongside a continued tolerance and resilience led to fundamental self-insight and shifts in participants' perspectives of themselves and others.

The process of this transformation is not brief; it is often a lengthy journey of making sense of experiences by a process of internalising, translating, linking an embodiment of experience to theory and assimilating good and bad practice to make differences in clinical and training work. The findings have implications for the training of counsellors, psychotherapists and clinical psychologists as has been discussed in chapter 6. The requirement and need for evidence-based practice is increasing rapidly (Minieri, Reese, Miserocchi, & Pascale-Hague, 2015) and as far back as 2006, Ronnestad and Ladany called for research on therapy training and a better understanding going beyond a focus on the acquirement of skills and qualities. If we are to practise effectively, and ethically, then a continuing empirically supported evidence base is necessary. The current study provides some evidence that PD groups can offer learning and emotional development beyond textbook theory and skills acquisition. One of the motivations for this research study was to find out how participants used the PD group experiences in their clinical work, as this was an unexplored area. The findings provide some research evidence for this exploratory work to continue.

Working at relational depth with clients means the facilitation of profound relationships between counselors and clients (Mearns & Cooper, 2005; Ray, Lankford, McCullough & Woehler, 2019), and a focus on the value of this has continued (Cooper, 2005; Knox, 2008; Knox & Cooper, 2011; Norcross & Lambert, 2011; Wiggins, Elliott & Cooper, 2012). The therapeutic relationship is a predictor of success or failure in counselling (Norcross & Wampold, 2011; Luedke, Peluso, Diaz, Freund & Baker 2016), therefore an understanding of the elements of this is in terms of the prevention of client dropouts is essential. Indeed, the therapeutic relationship itself is seen to be the catalyst of change for clients, (Norcross & Lambert, 2018; Norcross & Wampold, 2019) and if this is true, it seems crucial that the PD group, which provides such emotional learning for trainees, should continue in its present format. The findings in the current study indicate that participants found ways of accepting their own difficult emotions to be able to work with those of clients. They also particularly highlighted their own journeys of shifting their self-concepts and finding a self-value which changed ways in which they work with clients and trainees. Facilitators and peers also featured as an important element in providing affirmation and guidance and although participants without this were able to develop and learn, those with sound support, particularly from facilitators, had more positive experiences overall. Developing an in-depth

relationship with a client is difficult if the counsellor does not know and understand her/himself in any depth and a genuine in-depth encounter with a client can be frightening if one has not explored depths of emotion in oneself.

The findings from the study overall have indicated that PD experiences are extremely emotionally challenging and can sometimes be dangerously uncertain and even volatile. Interpersonal relationships within the group setting can have a potential to awaken past experiences through mechanisms such as projections and transference and counter transference and can evoke feelings of rejection and abandonment, particularly when there is not enough support from facilitators. However, there is rich learning to be had from the PD group as long as the trainee is resilient and open to new ways of being and is offered support and feedback from group facilitators.

It seems fitting to end where I started, which is with the therapeutic encounter and the literature on Encounter groups. Encounter groups have traditionally used challenge and confrontation as well as support, and the development of self-awareness through the interpersonal relationship, but have often been regarded as an enigma (Lieberman et al., 1973).

“Encounter groups excel in their ability to involve and to provide a setting in which certain basic human activities associated with productive change can occur. The opportunity for individuals to learn something about themselves by explicitly using others’ reactions to their behavior is meaningful...and being able to talk about feelings is a basic process for enhancing human potential” (Lieberman et al., 1973: 454).

The current study offers an empirical evidence base to not only developments in our understanding of a broader range of experiences in the PD group, but also how they are processed by participants and used in their client work. Challenge and confrontation is difficult and arduous but with psychological preparation, support and tolerance to staying with experiences, the learning and translation of that learning can offer productive elements to the practice of counselling and psychotherapy.

My hope is that this research will provide insights and evidence for the value of PD groups, but also that it will further enrich our understanding of the dangers to some, and that improved support for participants and facilitators will be put in place.

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APPENDICES

Appendix 1.....Information Letter

Appendix 2.....Topic Guide

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APPENDIX 1

Information Letter for interview participants in:

Experiences of personal development in Counselling and Psychotherapy: A qualitative analysis

Dear participant

I am looking for volunteers to take part in my Professional Doctorate research study, the purpose of which is to explore retrospectively the process of personal development.

If you are interested in participating in the study, you will need to have been a qualified counsellor/psychotherapist for a minimum of 5 years (as I want to discuss your ongoing personal development over a long term period) with experience of supervising either trainees or colleagues (as I want to explore how you might be using your personal development in your professional work with both clients and supervisees).

The following information is to help you decide whether you would like and be able to participate. You should be aware that you are free to decide not to participate or if you do decide to, you are free to withdraw at any time during the interview and/or after and that any information already collected from you will not be used if you so wish. You may at any point choose not to answer a question and any material recorded will not be used until you have seen it and agreed to its publication.

The study will use a narrative research approach, which means that you will be asked to talk freely about your experiences of personal development throughout your training and career. This will consist of an initial interview (you will be encouraged to dialogue at your own pace) lasting **no more than an hour**. This will be followed up by one or two more interviews of no more than an hour, to help me gain information about your past experiences (this may for example, be experiences of personal development groups in your training); your present use of your experiences in your professional work and personal life and then finally the meanings that both you and I can make from the exploration. You will remain anonymous to everyone other than me.

The interviews will be audio recorded and then transcribed and you will be offered copies of these. The transcriptions will then be analysed using my own observations.

Please do not hesitate to ask any questions about the study, before, during or after. The findings of the research will be shared with you. There are no known risks associated with this study, but you will be recommended to access counselling support if any uncomfortable issues are raised at any time or there are any issues of self-harm or harm to others raised.

My email address is [REDACTED]

My research study is supervised by Peter Jenkins of the University of Salford; email [REDACTED] The University of Salford contact email is: [REDACTED]

I am not in a position to pay any travel or time expenses; I will travel to you for interviews.

The expected benefits from the research are the findings themselves adding to the body of professional knowledge and practice in the counselling and psychotherapy arena and this will be your opportunity to take part in a qualitative research study.

When submitted for publication, acknowledgement will be made to participants but your name will not be used.

APPENDIX 2



TOPIC GUIDE

1. When was your counselling training? Which approach were you trained in?/ How long was your training?

2. What form did your personal development group take?

3. What can you remember about your experiences in this group?

4. Looking back, what do you remember about any thoughts or feelings at the time?

5. What effects did that have on you at the time?

6. How did you make sense of it at the time?

7. Now come back into the present; what do you think and feel about that/those experiences now?

8. How (if any) do you think that experience(s) affect your client work now?

9. If you could go back and talk to your trainer(s) now, what advice would you give them about personal development training?

APPENDIX 3

Carole Smith, Senior Lecturer/Course Leader in Counselling Studies, Department of Behavioural Studies, University of Huddersfield, HD1 3DH

CONSENT FORM

Experiences of personal development in Counselling and Psychotherapy: A qualitative analysis Carole Smith

1. I confirm that I have read and understood the information given above for the study. I have had an opportunity to ask any questions and have had the questions answered
2. I understand that I am volunteering to participate, that I can withdraw at any time. If I want to withdraw I do not need to give any reasons as long as the researcher is notified in some form.
3. I understand that my interviews will be audio recorded and that I will receive a copy of this. I also understand that any material gained from the recording will be shared with me.
4. I have been informed about the terms of confidentiality as set out in the information letter
5. I will remain anonymous unless I want to be named in the publication of any material
6. I would like to take part in this study

I can be contacted by: Email: _____

Telephone: _____

Name of participant

Signature

Date

Researcher

Signature

Date

APPENDIX 4



How do experienced counsellors make use of their personal development group experiences in their client work?

My name is Carole Smith and I am a Senior Lecturer in Counselling Studies at the University of Huddersfield. I am also a practising Gestalt Psychotherapist registered with the UKCP (UK Council for Psychotherapy)

PARTICIPANT INFORMATION SHEET

You are being invited to take part in the above study, which is part of my Professional Doctorate being undertaken at the University of Huddersfield. Before you decide to take part it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with me or my academic supervisor if you wish. Please do not hesitate to ask if there is anything that is not clear or if you would like more information.

What is the study about?

The purpose of this study is to explore your experiences in personal development groups during your training and how you use these experiences in your client work. A personal development group curriculum component has become standard practice in counselling training, however there is little evidence to justify this, or indeed any other method of facilitating personal development in counsellor training.

What are the potential benefits of the study?

There has been no clear exploration of the experience of personal development groups so by determining how counsellors use their experiences in their client work, the research will lead to a clearer understanding of the role of personal development groups in counsellor training and practice. This may help the development of future curricula in counselling training courses.

Criteria for taking part in this study

You will need to:

Be a qualified counsellor accredited with the BACP or registered with the UKCP

Have a minimum of 5 years post qualification experience

Have taken part in personal development groups in any of your training

Be currently practising

Be living and/or working in the North West of England

What will I be asked to do?

I will ask you to travel to my place of work which is the University of Huddersfield and you will be reimbursed for your travelling expenses. If you would prefer, I may be able to travel to your place of work. There will be a one to one semi-structured interview, lasting approximately one hour. This means that I will ask you some questions (using an interview question guide) about your experiences in personal development groups and you will be able to talk freely about your experiences. I am interested in exploring what your experiences in personal development groups are and how you use these in your client work. The transcript will be analysed and some of your own words may be used in the writing up of the thesis; your identity, educational institution and place of work will be protected by pseudonyms. You will be able to read your own transcript and you may request the opportunity to remove anything that you do not wish to be used, up to the point of analysis.

Do I have to take part?

No, your participation is entirely voluntary. If you decide to take part I will ask you to sign a consent form, but you will be free to withdraw at any time and without giving a reason. A decision to withdraw, or a decision to withdraw your data, will have no consequences for you. If you would like to take part, please contact me via email or my personal work telephone number at the address below. If you would like to talk to my academic supervisor before making your decision, Dr Burr's details are also below.

What will you do with the findings from the research?

The findings will be included in the final thesis of my Professional Doctorate. My aim is also to publish the findings in academic journals and to present them at international and national conferences. Direct quotes from your interview may also be used in publications, conference presentations, my own teaching and for other professional purposes.

Will my identity be disclosed?

The interview will be audio recorded on an MP3 player, which will be stored securely in a locked case during transportation and subsequently in a locked drawer at the University of Huddersfield before being transferred to an encrypted memory stick for transcription. The recording on the MP3 player will be destroyed after transfer to the memory stick. The memory stick will also be stored securely in a locked drawer at the University of Huddersfield prior to the interview being transcribed on a password protected computer at the University of Huddersfield; the interview will then be deleted from the memory stick. Your identity, educational institution and place of work will not be disclosed. Your transcript will be kept on a password protected computer for 5 years before being destroyed. Your permission to use your words in my thesis, any publication, conference, other professional purposes or teaching material is included in the consent form.

Will taking part have any detrimental effect on me?

This is unlikely, but taking part in the research may present a remote possibility of distress arising from the material. If this happens, you will be able to request to stop the interview at any point. Contact details for appropriate support are provided below;

Finding a Counsellor:

www.bacp.co.uk

www.counselling.directory.org.uk

www.counselling.ltd.uk/psu_organisations.php

www.psychotherapy.org.uk

www.psychologydirect.co.uk

www.tasc-online.org.uk/psychotherapyorgs

Who can I contact for further information?

If you require any further information about the research, please contact me on:

Name: [REDACTED]

My Supervisor: [REDACTED]

E-mail: [REDACTED]

or

[REDACTED]

Telephone: [REDACTED]

[REDACTED]

Thank you.