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“Philosophy in practice: an exploration of the relationship between existential philosophy and the practice of existential therapy.”

Vicki J. Smith

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Philosophy

The University of Huddersfield

March 2021

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Disseminated findings

Papers

1. Smith, V., Leeming, D. and Burr, V. (2016). Philosophy and Identity: The Relationship Between Choice of Existential Orientation and Therapists' Sense of Self. *Existential Analysis,* 27.2.

Oral Presentations

1. Smith, V. (May 2014). The power of relational work in existential therapy. 20th Annual BACP Research Conference: 'researching the special relationship.'

2. Smith, V. (November 2015). Philosophy in Practice: the therapists' perspective. Society for Existential Analysis conference, London, UK.

3. Smith, V. (May 2016) Philosophy in practice: an exploration of how existential therapists view the relationship between existential philosophy and their therapeutic practice. 22nd Annual BACP Research Conference Research matters: 'evidence for an evolving profession.'

4. Smith, V. (2017). The naked self: challenges posed by existential therapy training. Society for Existential Analysis conference: Naked and Dangerous. London, UK.

5. Smith, V. (January 2018). There 'ain't no hiding place: the challenges faced by existential therapy trainees. ERPBSS Conference, Middlesex University, Dubai, UAE.

Philosophy in practice: an exploration of the relationship between existential philosophy and the practice of existential therapy

Abstract

This research project aims to explore how existential therapists, trainees in the orientation and their trainers perceive the relationship between existential philosophy and therapeutic practice. More specifically the focus is to: explore how participants draw on existential philosophy in their therapeutic practice; to gain insight into what they see as the value of existential philosophy for informing training and practice and what they regard as some of the challenges of using and learning to use existential philosophy in practice.

The research comprised a study in two parts with the first part consisting of five interviews with experienced existential therapists and the second involving interviews with six trainees and newly qualified existential therapists and two of their trainers. In keeping with a qualitative methodology, all interviews were analysed using thematic analysis (Braun & Clarke, 2006). The first part of the study provides an insight into the perceived theory/practice relationship in existential therapeutic practice, whilst the second explores this relationship at the point of training when issues around establishing and understanding the relationship are foregrounded.

The key findings include a challenge to the traditional narrative of theory and practice as separate entities existing in a dualistic paradigm. Instead, existential ideas were seen to form an existential identity and way of being which is embodied by the therapists and conveyed via the therapeutic relationship, as opposed to drawing on theory in practice. Perhaps as a result of this, many participants appeared to have a rather paradoxical relationship with theory in that they had a strong commitment to what they regarded as the radical philosophical ideals of existential therapy alongside an ambivalence towards ‘using’ theoretical concepts in therapeutic practice. At the same time, many appeared to employ theoretical frameworks and concepts in more conventional ways, which sometimes conflicted with professed existential philosophical ideals. A key perceived value of the approach was the significant challenge involved in both training in, and practising, this therapeutic orientation as it involves in-depth personal change; this perceived value, at times, implied the perceived superiority of the approach which was rarely acknowledged by the participants.

Implications for therapy training are various and will be discussed in chapter 9.

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Chapter 1: Introduction

> *"Learn your theories as well as you can but put them aside when you touch the miracle of the living soul. Not theories but your creative individuality alone must decide." (Jung, 1953: 73).*

The overall aim of this thesis is to explore how experienced existential therapists, trainee therapists and trainers perceive the relationship between existential philosophy and therapeutic practice. More specifically it aims to:

(1) explore how participants draw on existential philosophy in their therapeutic practice;

(2) explore what participants see as the value of existential philosophy for informing training and practice;

(3) explore what participants regard as some of the challenges of using and learning to use existential philosophy in practice.

This chapter will focus on the rationale for this choice of research focus and locate the research in the wider therapeutic context. The key issues surrounding the relationship between theory and practice in the therapeutic community and in relation to existential therapy, in particular, will be briefly introduced. These issues will then be discussed in more depth in chapters 2 and 3. Finally, the process of undertaking the research will be outlined as will the structure of the thesis.

The following section focuses briefly on the main personal and contextual issues which led to my choice of PhD subject. It is designed to illuminate how my social and cultural background, as well as my professional background, have had an influence on this choice.

1.1 The influence of my background on choice of PhD subject

As an English literature undergraduate, I developed an intense interest in exploring individuals' perspectives on the world and was fascinated by the philosophical themes of writers such as Emily Bronte and T.S Eliot. Looking back now, I see a strong connection between my interest in literature and in existential ideas. Indeed, existential therapy is seen by many of its proponents as more of an art than a science. Eliot (Pani, 2013) incorporates existential themes such as anxiety and meaninglessness into his work and Bronte (Tong, 2016) explores issues around freedom in her novel *Wuthering Heights*. Existential philosophy foregrounds the idea of existential anxiety as a defence against both boundless

freedom and the inevitability of death (Cooper, 2003). Similarly, another key theme is the need to create one's own meaning in a meaningless world (van Deurzen, 2012).

Indeed, some of the most prominent existential thinkers such as Sartre, De Beauvoir and Camus wrote works of literature as well as texts of non-fiction and focused on existential themes such as freedom and choice, existential angst, authenticity and meaninglessness (Kruks, 2019). At this time in my life, I also had a strong sense of wanting to help others in some way but was clear that I did not want to deal with the emotional distress that might arise if I were to engage with individuals' deep-seated mental health problems. My choice to train and work as a careers counsellor enabled me to help others to explore their interests and motivations at an emotional intensity I could deal with at that time. As I matured, I began to feel a desire to engage with people in a more profound way, which led to my training as a counsellor.

A common theme throughout my adult life has been the importance of engaging with other people at a deep emotional level and finding ways to understand both myself and them. I recognise that I have been engaged in a constant search for a deeper understanding of what it means to be human and how to make sense of the world, which is another central concern of existential philosophy and therapy (van Deurzen,1997). Literature and therapy both focus on issues of identity and meaning and have provided me with a channel for exploring how I might create and develop a purposeful life: my choice of degree, of careers and now of my PhD subject have all been influenced and driven by that ongoing search.

I qualified as an integrative counsellor in 1989 and worked mainly with young people, while also continuing to work as a careers counsellor and then as a trainer of careers counsellors. During that time, I explored a range of counselling approaches through reading, attending short courses and undergoing my own therapy. I was initially drawn to the person-centred approach but concluded that this was not an orientation that really fitted with my view of the world. I found the belief in self-actualisation unconvincing and overly positive and did not believe in the idea that effective therapeutic change could be brought about entirely through establishing a set of core conditions. It was not until much later, in 2007, when I started to lecture on a Counselling Studies course at the university of Huddersfield, that I discovered existential therapy. I immediately felt that this approach reflected my own therapeutic perspective as well as my broader world view. I was attracted to existential therapy because of its openness to uncertainty, its links with philosophy and its antipathy towards the medical model of understanding mental health. My belief in the importance of not labelling or pathologizing the client and in not imposing rigid theoretical ideas of human development or

prescriptive concepts about how problems develop or are maintained, seemed to be echoed in this therapeutic approach. Although I am not trained in this orientation, I am, nevertheless, mindful of how this strong attraction to, and indeed strong investment in, the approach may influence my response to the research findings. I am a strong advocate and yet also an outsider in that I am not an existential therapist. This is clearly an issue that I have needed to reflect on throughout the research process and which will be discussed further in chapters 4 and 9.

I recognise that my social background has had a part to play in my choice of research topic. As a white middle-class woman, I have had a relatively privileged educational experience and my various career roles have involved working predominantly with individuals from similar backgrounds. By these means I have gained access to academic subjects such as psychology and philosophy. In terms of this research topic, the irony, of course, is that while existential philosophy and therapy purport to focus on what it means to be human, irrespective of defining categories such as class and race, the vast majority of existential therapists are white and middle-class (UKCP, 2019). I suspect that most clients of existential therapists are also white and middle class. This is another issue I will reflect on later in terms of the potential influence of my background on the outcome of the research.

Doing a PhD seemed like a natural progression for me when the opportunity arose to study one as part of my career development. Aspects of my teaching focus on the theory and practice of counselling so the theory/practice connection and how best to help students make sense of it has been a current issue for me. From my own reading I realised that this was a complex issue and that there seemed to be a wide variety of different attempts to explain the connection in the clinical literature ranging from manualised approaches, such as certain forms of cognitive-behavioural therapy (CBT), to individual ways of interpreting the theory/practice relationship. Indeed, counsellors, including myself, when discussing the issue informally at training events or conferences, often referred to the fact that they did not consider theory directly when working with clients. I was interested in the assertion that it is vital, as therapists, to be clear about the relationship between theory and clinical practice (Feltham, 1999; Feltham & Horton, 2006) and yet that therapists often do not see a well-defined link between ‘espoused theory’ and ‘theory in action’ (Feltham & Horton, 2006).

When I began the research, I was very drawn to the existential approach in much the same way, I discovered, as many of my participants were. I regarded the approach as significantly different from other approaches and, to some extent, likely to be more effective as it focused in depth on issues to do with the human condition. I brought some assumptions with me at

the outset, which included the idea that translating existential ideas into practice would be a complicated undertaking, but that participants would, at least to some extent, be able to explain how they translated the philosophical ideas into practice. I realise in retrospect that I was heavily influenced by the cultural dominance of the conceptualisation of theory and practice as dichotomous entities. I will discuss how this initial assumption impacted on the process of the research in chapter 9.

1.2 The theory/practice link in psychotherapy

I noticed that there is often an assumption that a well-defined link exists between theory and practice in psychotherapy. Much of the clinical literature has titles such as “Theory and Practice of Counselling and Psychotherapy” (Cory, 2013) or “Existential Thought and Therapeutic Practice” (Cohn, 1997) and training courses are focused around learning how to conceptualise and use a core theoretical model, whether it derives from a single theory or an eclectic/integrative approach. It could be argued that more ‘manualised’ approaches to therapy, such as some forms of cognitive-behavioural therapy (CBT), have a relatively well-defined structure where the theoretical concepts - such as negative automatic thoughts giving rise to negative feelings, which then influence behaviour - can be translated into specific techniques, such as the identification and challenging of negative automatic thoughts (Simmons & Griffiths, 2014). However, there is some considerable debate around the connection between theory/philosophy and therapeutic practice with Horton (2012: 241) stating that there does not tend to be a strong connection between “espoused theory (what they say they do) and theory in action (what they actually do)." So, therapists may not always do what they say they are doing. Indeed, he goes on to say that “it is not always apparent how what a therapist does actually interprets his or her philosophy or theory of human development in a consistent and coherent way."(Horton, 2012: 241). Therefore, there may be an issue around lack of clarity and consistency.

Another idea eloquently expressed by Giorgi (2005) is that it can be very difficult for therapists of whatever theoretical persuasion to know, in a cognitive sense, what they do in practice and that experience and intuition can come into play. This clearly has significant implications for my study where the focus is on therapists’ perspectives on how they use theory in practice. Loewenthal (2011) suggests that not having theories as a framework, but instead allowing theories to come to mind when working can be a positive feature. Buckman and Barker (2010) suggest that each therapist develops a very personal, individualised approach, based on his/her personality, attitudes and training background. So, it appears

that the theory/practice connection in therapy is more complex than it is sometimes assumed to be.

1.3 The movement towards eclecticism and integration

A further factor which mitigates against a clear delineation of theory in practice is the increasing use of integrative and eclectic approaches to therapy. McLeod (2009) highlights the fact that an increasing number of therapists are working in an eclectic or integrative way. Indeed, a series of studies in the 1960s and 1970s (McLeod, 2009) already demonstrated that this was the case. A lot has been written about theoretical purity versus integration, with Horton (2012) arguing that all therapists become, to some extent, integrative practitioners, through the acquisition of experience, with 'integration' being defined as "providing an overarching framework which incorporates and integrates more than one theoretical perspective" (Smith, Collard, Nicolson and Bayne, 2012: 143). This echoes the findings outlined by Correia, Cooper, Berdondini and Correia (2017) who found that one of the characteristics of existential practice was use of methods from other therapeutic approaches. According to Skovholt and Ronnestad, (1995), most therapists, including those who profess to practice using a 'pure' approach, often go on to develop more personalised theoretical models and individual ways of working.

This movement towards integration or eclecticism raises issues around defining a simple link between theory and practice, particularly when therapists are drawing on concepts and techniques from different, and sometimes philosophically conflicting, theoretical approaches depending on client need. It becomes increasingly complex to clarify the theory/practice connection when therapists do not adhere to a clearly defined theoretical model which is based on an overarching theoretical framework. In addition, existential therapy is often presented as providing an overarching world view or set of philosophical ideas within which theoretical ideas from other orientations can be incorporated (Eliason, Samide, Williams & Lepore, 2010; Correia, Cooper, Berdondini & Correia, 2017).

It certainly appears that the theory/practice connection may be particularly complex in existential therapy due to a number of factors, among them being the way in which the approach has developed since the 1950s which has resulted in the emergence of a number of diverse branches which sit under the umbrella of existential therapies (Cooper, 2003).

1.4 Some issues with the philosophy/practice link in existential therapy

Certainly, the philosophy/practice relationship in existential therapy seems to be a particularly complex one partly due to the nature of the approaches, as well as the ways in which they have developed over the past seventy years in somewhat diverse ways. The earliest form was Daseinsanalysis (Langdridge, 2013) which was heavily influenced by psychoanalytic ideas. On the other hand, the existential-humanistic approach, while still retaining some psychodynamic influences, also draws significantly on humanistic concepts, including Rogers' (1995) person-centred approach.

The School which is most commonly practised in the UK is the British School. The key influences are Heidegger's philosophical ideas and Husserl's phenomenological method. (Cooper, 2003). What differentiates the British School from other existential schools is its rejection of explanatory interpretation and its focus on the client's lived experience (Cooper, 2003). Having said this, there have been, and continue to be, significant disagreements within the School, with the perspectives of some of the key figures such as van Deurzen, Spinelli and Cohn presenting somewhat differing perspectives on the approach by foregrounding different features. (Cooper, 2003). For example, van Deurzen foregrounds the philosophy while Spinelli emphasises the phenomenology (Cooper, 2003). Therefore, the use of the term 'School' can only be applied in a very loose sense. While some authors of the approach welcome this diversity (Madison and Barnett, 2012), others adopt a more critical stance questioning the possibility of a coherent philosophical and practical framework (Correira, Cooper & Berdondini, 2015). Clearly this variation contributes to the difficulty of clarifying the philosophy/practice link in existential therapy.

However, it is not only the significant differences between the various existential approaches which result in a complex relationship between philosophy and practice. Even the commonalities between these approaches can hinder a clear delineation of how the philosophy works in practical terms. The use of a phenomenological approach - a common feature of the approach which focuses on description of the problem situation rather than interpretation of it - requires the therapist to minimise their application of philosophical concepts. This results in a conundrum of sorts in that using the phenomenological method requires therapists to put aside their assumptions and yet they are inevitably influenced by existential philosophy in their practice.

In addition, the minimal use of techniques or strategies make it particularly challenging to elucidate the process of translating philosophical underpinnings into practice. Added to this is the fact that it is a relational approach such that the unique therapeutic relationship is a

central element of the therapy. As such, what happens in a therapeutic encounter is likely to vary significantly depending on the particular interactions between client and therapist. Where skills or methods are made more explicit (Spinelli, 2007; van Deurzen & Adams, 2011; Langdridge, 2013) authors tend to offer a personal (this is how I do it) perspective on how to apply theory to practice rather than a more prescriptive, generalised approach (this is how it is done) approach. This is in keeping with the fact that there are many ways of interpreting existential philosophy and its application in practice (Cooper, 2003). So, for example, when Spinelli (2015) presents his three-phase model of existential therapy he clearly indicates that he is discussing his own perspective on putting existential phenomenology into practice and is in no sense offering a 'tool-kit' or the 'final word' (Spinelli, 2015: 6) on how to do it, even though the assumption is that it may be helpful to others. Langdridge (2013) frequently mentions this is how *he* works, even though he does also discuss the models used by other authors. Such offerings sometimes present approaches which oppose each other, for example van Deurzen's four worlds model (van Deurzen & Adams, 2011) provides a clearly defined structure, whereas Spinelli (2007) emphasises a more relational, phenomenological stance. As a result, it is very difficult to generalise both about the core philosophical underpinnings and how the approach works in practice. It could also be argued that teaching and learning the approach is likely to be a complex process.

1.5 The limited evidence-base in existential therapy

Another issue which drew me to undertake research in existential therapy was the relative lack of an empirical evidence base and my desire to augment it. This relative paucity can be explained by a number of factors. As counselling and psychotherapy have become more mainstream and are being supported by publicly funded bodies such as the NHS, there has been an increasing emphasis on the need to provide an evidence-base to demonstrate the effectiveness of the treatment provided. One of the contentious issues has been that the National Institute for Health and Care Excellence (NICE) used positivist, evidence-based approaches to counselling for its Increasing Access to Psychological Therapies (IAPT) initiative (Clark, 2011; Loewenthal, 2017) and because there has been far more of this type of research undertaken into CBT than in other orientations, CBT became the 'gold standard' and was duly recommended by NICE for treating mental health issues such as anxiety and depression. Existential therapy, with its rejection of the medical model and its frequent suspicion of evidence-based practice, is not one of the approaches which is recognised by NICE and is thus excluded from approaches offered by the NHS. According to Proctor and

Hayes (2017), IAPT has adopted a ‘medical model’ which focuses on symptom-reduction and, on a more critical note, is employing therapy “as a tool to reduce costs” (Proctor & Hayes, 2017: 418). Clearly, the existential approach, with its emphasis on a phenomenological perspective, does not easily lend itself to research based on a positivist paradigm and such research is often not highly regarded by many existential therapists. As a result, there has been relatively little focus placed on empirical research in this type of therapy although more, mainly qualitative, research is now being undertaken. While sharing some of this scepticism, I concluded that there is a need to expand the evidence-base of existential therapy and that the process research I am undertaking will contribute to this end.

1.6 Defining existential therapy

Although I will engage in a detailed discussion of the nature of existential therapy and which therapeutic approaches sit beneath the existential umbrella, together with more detail about some of the key theoretical concepts in chapter 3, suffice to say that the main existential approaches comprise: Daseinanalysis; logotherapy; the existential-humanistic approach and the British school of existential analysis (Cooper, 2003). I am not including R.D. Laing’s work as he did not regard his approach as a direct application of existential philosophy (Laing, 1965). I will use Langdridge’s (2013: 1) definition of existential therapy as a starting point for discussing the main tenets of the approach: "existential counselling and psychotherapy involves the application of ideas from existential and hermeneutic philosophy to counselling and psychotherapy within a phenomenological methodological framework.”

1.7 The use of some central terms in this thesis

It seems important at this point to discuss how I will be using some of the central terms referred to in this thesis. ‘Counselling’ and ‘psychotherapy’ are terms which are used frequently and sometimes interchangeably, but there are, in fact, different perspectives on what each of these terms mean and whether or not distinctions should be made between them. McLeod (2009), while acknowledging that there is significant overlap between counselling and psychotherapy, nevertheless presents the case that there are differences which he presents in table format (McLeod, 2009: 11). These include the fact that while psychotherapy is totally ‘professionalised’ and has a central role in mental health services, counselling includes those who work within other professional roles. McLeod (2009) regards these differences as corresponding to the way the two professions are developing. On the other hand, Feltham and Horton (2006) regard the two terms as interchangeable and Reeves (2013), while discussing some potential differences, ends by disputing most of

these. He decides to use both terms interchangeably and to employ terms such as 'therapist,' and 'therapy' for ease of use. I also adhere to the view that the terms can be used interchangeably and intend to adopt a similar approach to Reeves in this thesis, using 'therapy' and 'therapist' unless a particular author uses another term.

There is a range of definitions of 'counselling' and 'psychotherapy' (Reeves, 2013). The one I will use for the purposes of this thesis, mainly due to its simplicity and broad reach, is that of the British Association for Counselling and Psychotherapy (BACP, 2012 in Reeves, 2013: 8), who, viewing the two terms as interchangeable, provide the following definition:

> an umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing.

I recognise that the terms 'theory' and 'philosophy' can sometimes be used interchangeably but can also be seen to have distinct meanings so there is a need to define their use in the thesis, particularly as some of the literature I draw on focuses on the theory/practice relationship as well as the philosophy/practice relationship. In addition, it is important to define the term 'practice.' A discussion of the complexities involved in defining these terms will be discussed in chapter 2.

1.8 A note on my 'research journey' and its implications

In terms of my own journey to understanding the complexities of the theory-practice relationship, I was initially heavily influenced by the dominant western dichotomous conceptualisations, which were not challenged by my training as an integrative counsellor in the 1980s or by my previous work experience. During the process of undertaking the literature review, my understanding that there was an alternative non-binary way of explicating this connection began to be consolidated, at least on a cognitive level, although I found it difficult at first to totally relinquish such an ingrained binary conceptual framework. With hindsight I can see that the loosening of the powerful hold of this dichotomous way of thinking was a gradual process which became more and more personally meaningful as the research process progressed. I will discuss the impact of this on the research process, including the findings, in Chapter 9.

1.9 The structure of the thesis

Chapter 2 will discuss the literature relating to the theory/practice link in counselling and psychotherapy. Prior to this, alternative epistemological positions will be discussed in order to highlight alternative ways of conceptualising the relationship between theory and practice in general terms, which will provide the foundation for going on to discuss literature relating to how the counselling and psychotherapy profession understand this relationship more specifically. This will include a discussion of how training courses conceptualise the relationship and how they enable trainees to make sense of the connection. The focus in this chapter will be on a discussion of these issues in relation to therapeutic approaches other than existential therapy.

Chapter 3 will focus on the ways in which the philosophy/practice relationship has been understood in relation to the existential approach and will explore further why this is such a challenging and complex issue for existential therapy. This will include the fact that there are a range of different existential perspectives with different theoretical standpoints and that the philosophy encapsulates a world view as well as a theoretical perspective. There will also be a discussion of what is highlighted in the literature and what is omitted and the significance of this. In addition, this chapter will examine the literature on theory/practice links in existential counselling training and the process of learning how to practise.

Chapter 4 will focus on the Methods and Methodology of the study, including epistemological and ontological positions, ethical issues and the research design. Issues of reflexivity will also be discussed. Chapters 5, 6 and 7 will present the findings of the research, with each chapter focusing on an overarching theme from the findings.

Chapter 8 will comprise a discussion of the findings and chapter 9 will consist of overall conclusions and recommendations.

Chapter 2: The relationship between theory and practice in the counselling and psychotherapy professions

There exists a general assumption that there is a relationship between theory and practice in the counselling and psychotherapy professions, with a wide range of literature focusing on both the theory and the practice being testament to this (McLeod, 2009; Reeves, 2013; Cohn, 1997; van Deurzen, 2012). There are however diverse ways of conceptualising this relationship, some of which suggest a more complex interplay between the two elements, which seem to be in keeping with many therapists' conceptualisations in the literature. In this chapter I will discuss some of these different conceptualisations in relation to the different epistemological positions which underpin them. In so doing, I will demonstrate the ways in which those underpinned by what Bruner (2002) terms 'narrative' as opposed to 'paradigmatic' knowledge arguably more effectively capture some of the complexities involved in the relationship between theory and practice.

My decision to present alternative conceptual frameworks underpinning the theory-practice relationship rather than a single overarching position is partially based on the following premise: although traditional ways of conceptualising the theory-practice relationship in counselling and psychotherapy based on paradigmatic or positivist assumptions are being challenged in some areas of counselling and psychotherapy, they are, nevertheless, worth considering as they have previously dominated the field (Ponterotto, 2005) and continue to have some influence. Such assumptions often assume a linear, dichotomous relationship between theory and practice whereby theory explains or predicts practice. Although their dominance is diminishing, one of the key issues is that some of their underpinning assumptions remain in, for example, aspects of the clinical literature and in some forms of evidence-based practice (EBP), without these assumptions necessarily being made explicit or being reflected upon. In addition, therapists are likely to have been exposed to positivist ideas during their training and, as such, some of these assumptions may still have some influence on the conceptualisation of their practice even if they are not fully acknowledged.

On the other hand, I will demonstrate how conceptualisations which espouse the theory-practice relationship as more complex and interactive, such as the idea of therapists embodying theory or developing a pluralistic perspective, tend to be based on alternative epistemological assumptions which foreground its complexity. While not presenting these conceptualisations as representing my own epistemological position, I do regard them as valuable for making sense of the ways that many therapists, from a range of orientations, understand the theory-practice relationship in psychotherapy.

My own conceptual position on the theory-practice connection, which has shifted significantly during the process of undertaking this research, also had an influence of my decision not to present an overarching conceptual framework in the literature review. Although I did not initially adhere to a positivist standpoint, I, nevertheless, had to work hard to relinquish some of my own deeply engrained assumptions about a linear, dichotomous relationship between theory and practice, a narrative which continues to assert itself in western discourse. I will discuss the implications of this for the research in chapter 9.

The aim of this chapter, then, is to discuss different conceptualisations of the theory-practice relationship in the counselling and psychotherapy field as a whole. The next chapter (chapter 3) will focus specifically on existential therapy and the ways in which the theory-practice relationship is conceptualised in this approach. Together, both chapters will set the context for my research and clarify the need for it.

However, before going on to discuss these different conceptualisations, it seems important to justify my use of literature in this chapter which discusses the *theory*-practice relationship in psychotherapy more generally in addition to literature on the philosophy-practice relationship in chapter 3.

2.1 The relevance of theory-practice literature to this research

As this research focuses on how existential therapists draw on existential *philosophy* in their therapeutic practice, which will be discussed in depth in chapter 3, it seems relevant at this point to draw out to what extent 'theory' and 'philosophy' overlap and to what extent they are distinct concepts, particularly as I will be discussing literature which discusses the *theory*-practice relationship in this chapter.

Spinelli (2007) argues that all approaches have both underlying philosophical principles and 'general theoretical assumptions.' In terms of existential therapy, he identifies relatedness, existential uncertainty and existential anxiety as philosophical principles. In terms of theoretical assumptions, he includes phenomenology, the presence and unknowing stance of the therapist and their lack of focus on the importance of client change directly resulting from the therapy. He purports that existential therapy is often misguidedly regarded as distinct from other therapeutic approaches because it is grounded in certain philosophical assumptions, when, in fact, this applies to all approaches. Instead, he states that it is the fact that the approach more overtly recognises and utilises its philosophical assumptions which sets it apart from other orientations.

So, the key argument here, with which I would concur, is that all theoretical approaches have deeply embedded philosophical assumptions, though they may not be as overtly expressed as they are in existential therapy. Such arguments challenge the idea that existential therapy is an orientation based purely on philosophy, while other approaches are underpinned only by theory. This, in turn, supports the idea that all approaches have both underlying philosophical principles and a theoretical base or framework. According to this perspective, an orientation's philosophy is not entirely distinct from its theory but forms one element -the philosophical underpinnings-of the overall theoretical stance of any orientation. As a result of this, it seems reasonable to draw on literature which discusses the theory-practice relationship in therapy- as this is likely to incorporate its philosophical underpinnings- as well as that which explores the philosophy-practice relationship.

However, existential therapy is, I would argue, distinct from other approaches in that draws from the discipline of *philosophy,* rather than from the discipline of psychology, about the nature of human existence; what it is that can cause psychological distress and how this can be addressed. Such philosophical ideas, and their underpinning epistemological position, will inevitably have a profound impact on how the theory-practice relationship is conceptualised in the therapy. As such, chapter 3 will focus on literature which explores the relationship between existential *philosophy* and therapeutic practice, while this chapter will discuss literature on the theory-practice relationship in psychotherapy more generally, this also being of value and relevance.

I will now discuss how 'paradigmatic' (Bruner, 2002) epistemological assumptions continue to have some influence in the conceptualisation of the theory-practice relationship in counselling and psychotherapy, despite the fact that their influence is diminishing.

2.2 Paradigmatic or positivist epistemological assumptions

Before going on to discuss conceptualisations of the theory-practice relationship influenced by paradigmatic or positivist assumptions, I will briefly summarise what constitute some of these assumptions in order to set this discussion in a clear context. Ponteretto (2005) identifies the main goal of positivist enquiry as explanation and prediction using a hypothetico-deductive methodology. Results, in numerical form, are interpreted in relation to the original theory or hypothesis. Another assumption, based on an objectivist perspective, is that there is a single static reality across time and space and only that which is observable or measurable can be known with any degree of certainty. As a result, there is a need for detailed observation and description of phenomena, within the context of a theory or model

(Ponteretto, 2005). It is seen as important to quantify these observations and to remove any subjective bias or value laden interpretations. Knowledge is used to explain cause and effect by means of a law or theory, which assumes a linear one directional process is at work (Anchin, 2008). Post-positivism shifts to a belief that objective reality can only be partially understood (Lincoln and Guba, 2000), but it shares a focus on the importance of explanation, prediction, cause and effect, generalisability and the importance of the 'objective' researcher. Paradigmatic ways of knowing (Bruner, 2002) are associated with positivism and aim to explain how "observable phenomena are the result of specific causal factors and processes" (McLeod, 2011). They are ways of understanding the world generally obtained through positivist systematic enquiry.

In terms of the relationship between theory and practice based on positivist or paradigmatic assumptions, a close examination of theory will enable a practitioner to deduce what to do in practice, with the outcome being predictable. Knowledge is seen as the application of scientific 'truths,' so it is possible to train practitioners, including therapists, in best practice based on pre-existing knowledge about what has been 'proved' to work (Burnett, 2006). In terms of training, knowledge is therefore transferred from 'knowers' to 'learners' and "learners are positioned as knowledge consumers" (Burnett, 2006: 316). Evans, Guile, Harris and Allan (2010) also indicate how such assumptions about the theory-practice relationship typically focus on how knowledge or theory can be 'transferred' to practice, thus relating the assumed 'abstract' nature of theory to the assumed 'real world' nature of practice. This is often conceptualised as a single, linear movement, with a dichotomy or dualistic split between the two being assumed or implied (Sieminski & Seden, 2011; MacLean & Harrison, 2015). Theory tends to be regarded as a more 'objective' body of knowledge and practice as the more 'subjective' element. According to this perspective, the 'objective' theory tends to be regarded as superior to the practice (Mass, 2000).

So, according to this conceptualisation, theory and practice are discreet concepts with abstract, objective theory being used to predict or explain what will happen in practice. In terms of therapy, therapists can draw on pre-existing theories and practices which have been shown to be effective in addressing certain mental health problems. Even where there has been a shift away from prediction, theory is seen to explain or influence practice and is applied in a linear fashion.

2.2.1 Critique of paradigmatic/positivist forms of knowing

Anchin (2008: 6) provides a critique of the process of applying the philosophy of the natural sciences -what he terms the 'naturalistic approach to scientific enquiry' to human beings. He states that the aim of applying "causal laws" or theories to "complex psychological processes," such as those encountered in therapy, is problematic, in part because such processes are unobservable in any meaningful sense and partly because it is not possible to adopt an entirely objective stance when viewing such phenomena. He also argues that the type of knowledge which is meaningful to humans-which focuses on lived experience and the meaning of this- is not the same as that which is meaningful in the natural sciences. This supports the case for considering an alternative epistemological position for making sense of human concerns.

Schon (1991) highlights the limitations of a 'technical rationalist' position when applied to the 'messiness' and complexity of the issues which are of most importance to human beings. He argues that if there is uncertainty about what it is one is aiming to achieve, or if conflicts of values are involved, which they invariably are in human concerns, positivism will not work. He advocates an alternative perspective - 'reflection-in-action'- (Schon, 1991) whereby humans are able to engage in a simultaneous process of acting and reflecting on what they are doing with a view to adapting their actions to the context. This perspective recognises the complexity and interactivity of the relationship between theory and practice.

McLeod (2011) discusses some of the benefits of adopting Bruner's (2002) 'narrative' epistemology rather than a paradigmatic one, in that it focuses on the accounts or stories we all tell to make sense of our lives in such a way that we 'construct' our social reality rather than its existing outside of ourselves. Here he is using the term 'narrative' in an epistemological sense rather than in the sense of a narrative research methodology. The assumption is that clients make sense of their issues in therapy in this way. He does, however, advocate a pragmatic approach which recognises the value of both paradigmatic and narrative positions in therapy, in that each has something to offer. For example, he indicates that if a client has experienced sexual abuse in childhood it is generally accepted that this can have a profoundly negative impact on adult wellbeing (paradigmatic or positivist knowing); on the other hand, each client will make sense of their experience of the abuse in their own way which will impact on how it affects them (narrative knowing) (McLeod, 2011). I will discuss this narrative epistemology further later in the chapter.

Clearly, then, developing universal laws and theories have their value, but have limitations when applied to the human sciences in that human issues are highly complex and

individualised, arising, as they do, out of a complex interplay of personal, social and contextual factors (McLeod, 2011). Indeed, since positivist theories about humans are built on observation (the scientific method) and given that humans are unlike natural objects in that they have a highly developed consciousness and social system, when humans enter into the research field as the subject of study, they respond to the research environment as they would to any other- as a social event. There is limited scope for acknowledging the unique nature of individual problems or for flexibility or intuition is this conceptualisation of theory.

This section has briefly outlined the paradigmatic/positivist positions and pointed out some of the limitations of them when applied to human issues, as well as the potential drawbacks of their assumptions when aiming to understand the complex theory-practice connection in psychotherapy. I will now focus on the ways in which 'theory' and 'practice' are commonly defined in the mainstream counselling and psychotherapy field, arguing that, although there has been a shift away from some paradigmatic principles, there, nevertheless, remains an influential narrative that theory can be used to inform and guide practice in a linear fashion. As part of this discussion, I will highlight which elements of these definitions are helpful and less helpful for making sense of the theory-practice relationship in therapy.

2.3 The ongoing influence of paradigmatic and dichotomous assumptions on theory and practice in counselling and psychotherapy

2.3.1 Conceptualisations of counselling/ psychotherapy theory

Some clinical literature defines counselling theory as having various distinct elements or, as McLeod (2009: 49) puts it, ''levels of abstraction." Feltham and Horton (2012) indicate that a model or theory is generally made up of four elements: underlying assumptions or belief system; theory of human personality and development; clinical theory which conceptualises how clients change and finally the techniques and skills which bring about change and enable the therapist to implement the theory. While there may be some value in conceptualising theory as having different levels or categories, this definition nevertheless makes some assumptions about the discrete nature of theory in relation to practice when referring to 'theory *conceptualising how* clients change' and 'techniques *enabling the implementation* of theory. There are also assumptions regarding the linear movement between the two, with theory informing and guiding practice. In addition, in terms of (Feltham and Horton's (2012) precise categorisation of different aspects of theory, I would, for example, question their assumption that all theories apply techniques to bring about client

change. Person-centred therapists would certainly argue against this. The idea of all approaches having an underlying belief system or philosophy is more convincing, although there is an argument to say that these are not always made explicit (Spinelli, 2007) and that there is some merit in making them so. This issue will be discussed further in relation to existential therapy in chapter 3.

Feltham and Horton (2012) argue that all theoretical approaches to counselling and psychotherapy make certain assumptions about the nature of human beings, the origins and maintenance of problems and the process of change. The associated strategies which facilitate that change are designed to bring about the psychological changes as they are conceptualised in the theoretical model; in other words, they offer different ways of thinking about these issues and alternative practices and are designed to provide a coherent model. For example, the psychodynamic approach to therapy theorises that much of what goes on in our minds is unconscious and that childhood experiences have a powerful influence on later health and wellbeing (Hough, 2014), so the interventions tend to focus on making the unconscious conscious, including memories of childhood trauma. On the other hand, person-centred theory purports that all individuals have the potential for growth and that, even if they experience negative judgments in childhood, it is still possible to effectively counter those through a relationship which provides certain core conditions (Reeves, 2013). Practice then focuses on creating the conditions for personal growth. The assumption, though, is that a body of theory can be *applied* to practice in a relatively consistent, coherent and linear way.

McLeod (2009: 49) also suggests that theory comprises different levels. He suggests there are three levels, one of which comprises the "underlying philosophical or meta-psychological assumptions" such as the 'unconscious' in psychoanalysis. This level encapsulates the central values of the approach and supports the case that all therapeutic approaches have underpinning philosophical assumptions. According to McLeod (2009: 49), the next level is made up of "specific theoretical propositions that predict connections between observable events" such as the supposed causal relationship between childhood experiences and adult psychological distress in psychoanalysis. He sees this level as contributing most towards practice as it focuses on the change process; and the third level as comprising "concepts that function as labels for discrete observable events," such as 'transference. These provide the core terminology of the orientation. This definition makes the positivist assumption that there are causal relationships or predicted connections involved in applying theory to practice, while, in reality, some orientations, such as humanistic approaches and, indeed existential approaches, reject causal connections. Also, in terms of the third level, person-

centred therapy does have specific theoretical concepts or core terminology such as the 'self-concept' and the 'core conditions' (Rogers, 1957), although these could rarely be labelled "observable events." Again, this definition makes certain assumptions about theory influenced by positivism and post-positivism which do not apply to all approaches.

Despite some of the positivist language in some of these definitions, there has been a shift away from the idea of "grand theories" which aim to provide an all-encompassing version of reality and which can be applied to all clients and all issues, towards more 'pragmatic' ways of working and an acceptance that theories are 'belief systems' rather than 'truths' (McLeod, 2009: 37). So, although a linear, dichotomous relationship is implied in the above definitions of theory, there is a growing recognition that a specific theory of counselling does not provide 'the answer.' There is also a recognition that therapeutic theories are developed in a cultural and historical context (McLeod, 2009). McLeod (2009) indicates that such theories tend to be shaped by the social and cultural conditions surrounding their development as well as the individual personality of the theorist. Magai and Haviland-Jones (2002) analysed the childhood experiences of leading figures in the therapy world, including Rogers, and concluded that there was a close connection between their relationships with significant others in childhood and the focus of their therapeutic approach.

So, theory in counselling and psychotherapy is commonly seen to comprise a number of different levels, which sometimes includes an explanatory relationship between theory and practice. Yet there is some recognition of 'narrative' ideas such that theory is no longer always regarded as offering 'the truth,' but rather a particular belief system, influenced by personal and contextual factors, which indicates what to do in practice.

I will now briefly discuss the ways in which 'practice' is understood and defined in counselling and psychotherapy when discussed as a separate entity to theory, showing how paradigmatic assumptions seem to be less influential than they are in some conceptualisations of theory. However, there is little direct reference to a holistic relationship between theory and practice.

2.3.2 Conceptualisations of practice

Interestingly, there is very little in the clinical literature which aims to define 'practice.' Corey (2013) refers to it as the therapeutic process which incorporates clinical goals, the therapeutic relationship and specific techniques and procedures used in therapy practice. This offers a relatively traditional conceptualisation which assumes that therapy always includes specific goals and techniques. McLeod (2009: 424-5), when referring to the

'process' of therapy, effectively captures the fact that there is movement or a series of events taking place rather than its being fixed or static. By using the term 'process' as opposed to 'practice' he succeeds in emphasising the continuous process of change in therapy. Having said this, he also adopts positivist language when he provides examples of what he calls 'process variables' (McLeod, 2009: 426) such as skills, self-disclosure and accuracy of interpretations.

Other definitions (Orlinsky, Grawe & Parks, 1994) also emphasise the fluidity, movement and change inherent in counselling process which, they argue, usually result in something new occurring. Orlinsky et al (1994) argue that this process can often result in clients making sense of, and assimilating, challenging feelings and experiences. Most definitions, McLeod (2009) asserts, focus on changes brought about by the collaboration between client and therapist, so here there is a recognition of the relational nature of the process with it being less about an individualistic understanding about what a therapist does and more about the interactions between, and co-constructions arrived at, by client and therapist.

Friedland (2018: 1359), writing about 'practice theory' from a sociological perspective, also asserts the interactive nature of practice and theory when he defines practice as "bundles of doings and sayings." Schatzki (2002), who developed a social ontology of practice, describes practice as "temporally evolving, open-ended… linked by practical understandings, rules, teleo-affective structures and general understandings." (Schatzki, 2002: 87). This supports the argument for practice being an ongoing process involving affective as well as cognitive understandings. The term "practical understandings" also hints at the idea of a holistic relationship between knowledge or theory and practice, which is central to my own developing understanding of theory in practice.

There appear, therefore, to be some variations in emphasis in the way that practice is conceptualised in 'mainstream' approaches. However, there is a general recognition that practice is a fluid process rather than a static entity, although some authors make assumptions about there being discrete elements such as goals, procedures and techniques, sometimes referred to as 'process variables.' Having said this, some definitions point to a more collaborative and relational understanding of the process of therapy, and it is these interpretations which, I would argue, better recognise the complexities of practice. It seems, then, that most 'mainstream' conceptualisations of practice mainly reject positivist assumptions, yet still assume a largely linear relationship between theory and practice. Overall, the above discussion has aimed to demonstrate that while conceptualisations of theory in psychotherapy often retain some paradigmatic assumptions, practice is more often

conceived as a relational process rather than simply a set of techniques. It could, therefore, be argued that there appear to be some contradictions in the way that theory and practice are represented in some of the mainstream literature. I will now go on to discuss how the *relationship* between theory and practice is sometimes conceptualised as a dichotomous one, before moving on to discuss alternative epistemological conceptualisations which more effectively capture the complex interplay between theory and practice in therapy.

2.3.3 Theory and practice as separate entities in clinical literature

While much of the literature on counselling and psychotherapy acknowledges the complexity, interactive nature and non-binary relationship of the theory-practice connection, I would argue that some of the clinical practice literature, often aimed at trainees and relatively inexperienced practitioners, presents theory and practice separately, thus reinforcing the more traditional notion that they are discrete entities.

Such literature employs phrases such as the 'theory and practice of' or 'theory in practice' and is designed, at least in part, to help these practitioners understand the link between theory and practice and how to 'use' theory in practice. There is a range of textbooks having titles such as *"Theory and Practice of Counselling and Psychotherapy"* (Corey, 2013) or *"Theory and Practice of Counselling and Therapy"* (Nelson-Jones, 2011). Many such books present different elements of a theoretical approach in sections such as 'Basic Assumptions' (which outline the theoretical elements) followed by 'Origin and maintenance of problems' and 'Skills and Strategies' (Feltham & Horton, 2012) or 'Principal Approaches and Skills' (which delineate the practical aspects) (Reeves, 2013). The implication is that theory and practice exist in a dichotomous relationship with elements of each being presented separately. This may often be purely for ease of presentation or because it is too complex a task to combine the two, but a sense of dichotomy is nevertheless implied.

Yet more prominent in asserting positivist assumptions and a binary narrative of the theory-practice relationship is evidence-based practice (EBP) which has become a dominant force within the field of counselling and psychotherapy in recent years.

2.3.4 Evidence-based practice and its conceptualisation of the theory-practice relationship

I now intend to briefly discuss evidence-based practice (EBP) and how its underlying epistemological standpoint has created a specific and contentious narrative around the theory/practice relationship in therapy. In so doing, I will demonstrate how its advocacy of

research evidence to test the validity of theory and to prescribe which elements of theory should be applied in practice, has, at least to some extent and in some therapeutic circles, served to entrench positivist assumptions about the theory-practice relationship in counselling and psychotherapy.

EBP can be defined as “the integration of best available research with clinical expertise in the context of patient characteristics, culture and preferences” (APA Presidential Task Force on Evidence-based Practice, 2006: 272). Here the focus is more on the relationship between evidence/research and practice than between theory and practice. There is also a recognition that the practitioner needs to make decisions which take into account client characteristics and context. Having said this, the American Counselling Association’s Code of Ethics (2014: 10-11), when advocating the use of EBP, specifies that counsellors should use techniques or approaches that are “grounded in theory and/or have an empirical or scientific foundation.” They should also consider the potential hazards of using interventions which do not sit within the EBP grouping. The first of these two sentences could be taken to mean that if an approach has a solid theoretical base that can constitute enough evidence. However, the latter sentence suggests a more restrictive approach in that only certain interventions (and theories?) are acceptable. EBP’s concern with ‘what works,’ indicates that theory with a strong, often positivist, evidence-base is likely to be favoured. Certainly, the dominance of CBT interventions within the NHS’ IAPT initiative (Dance, 2015, in Proctor & Hayes, 2017) indicates a preference for approaches with the sort of evidence-base which sits comfortably within a positivist or post-positivist paradigm.

As mentioned in chapter 1, there has been an increasing focus on evidence-based practice over recent years (Minieri, 2015), which has partly been in response to an increasing need for psychological (as opposed to psychiatric) interventions to demonstrate their effectiveness from a mainly (post) positivist standpoint in order to obtain a portion of the dwindling funds available for mental health treatments. The underpinning premise is that EBP is able to clarify which theoretically derived interventions therapists should employ based on the assumption that those with a clear evidence base will be more effective (APA Presidential Task Force on Evidence-based Practice, 2006). However, as well as defining ‘evidence-base’ as referring to predominantly quantitative outcome research, it also appears to imply that identifying which evidence-based theories to use in practice is a relatively straightforward process. It also reinforces the idea that the theory-practice relationship is a dichotomous one.

On the one hand, such a move towards EBP could be thought to potentially clarify the gap between the knowledge base of psychotherapy and the clinical practice in that there have been various attempts to outline a range of evidence-based research to guide practice (Yates 2013; Kazdin, 2003). However, Morrow et al (2017), who are supporters of EBP, and who regard it as an essential component in counsellor training, do, nevertheless highlight some of its weaknesses These include: the ways in which it is described are often abstract and difficult to relate to practice; empirical research can be in short supply in relation to certain issues and client groups and that when drawing on methods supported by EBP there will still often be a need to adjust the interventions "to match clients' interests, strengths, goals and needs" (Morrow et al, 2017: 151). Also, a client may have a personal preference for or against certain types of intervention, or their culture may result in their rejecting some interventions which clash with their cultural beliefs. For example, someone from a collectivist culture may not feel comfortable using some CBT strategies even though they have a strong evidence base supporting their use (Morrow et al, 2017). They describe the need to engage in EBP partly as an 'art,' as how it is used will vary according to the therapist, the client and the context. This seems to imply that EBP will not work if applied rigidly and appears to acknowledge the need to consider individual and contextual factors in therapy.

While some therapists value EBP, a significant number are resistant to using it for a number of reasons, including their strong commitment to a single theoretical orientation or their philosophical rejection of the value of positivist research methods such as randomised control trials (RCTs) which favour more manualised interventions (Morrow, 2017). Other convincing reasons for such resistance include: a belief that evidence may not be generalisable to real clients with diverse needs (Tasca, Grenon, Fortin-Langelier & Chyurlia, 2014), as well as certain orientations, such as some humanistic approaches, regarding EBP as not placing sufficient emphasis on process and being sceptical about the value of measurable outcomes. Some theoretical approaches tend to favour phenomenological, relational or interpretative elements of therapy, which assume that therapy is co-constructed. These ways of working sit in opposition to the epistemological assumptions of EBP.

There appears to be a battle raging within the therapy world based on conflicting perspectives on the philosophical and theoretical underpinnings of therapy, as well as about its aims and practices. These are highlighted by the different views on EBP. On one side are proponents of EBP and the predominantly positivist assumptions it espouses and on the other are theoretical orientations which do not support the principles of EBP, being more focused on narrative or social constructionist epistemologies (Burr, 2015) which value a range of truths with more focus on process, and less on a quantitative evidence base. The

latter tend to consider themselves as being theoretically and philosophically at odds with the 'medical model' of mental health espoused by this NICE (2013) initiative. Indeed, Proctor and Hayes (2017: 421) argue that IAPT perpetuates "a disease model for social problems."

Such arguments highlight some of the underlying problems with attempting to impose a (post) positivist paradigm and a 'medical model' on individual human issues and concerns. EBP can, at times, be seen to advocate a dualistic way of thinking which prioritises one-size-fits-all, abstract and often de-contextualised theory/research which is then applied in practice. Many therapists who oppose it recognise that theory/knowledge is situation specific, needs to be used in the context of the therapeutic relationship and cannot be separated from the practice of the approach.

It seems to me, then, that EBP is sometimes seen as largely advocating an epistemological position which many therapists reject and places more emphasis on therapy outcomes, in so far as they can be measured, and less on the *processes* by which theory informs practice which can enhance its effectiveness. In chapter 3 I will discuss process research, including process evaluation of complex interventions, as well as case study and action research, so as to highlight the ways in which these approaches can elicit more complex knowledge about how and why therapy works or does not work.

2.4 Alternative conceptualisations of the theory-practice relationship in psychotherapy

I now intend to consider some alternative ways of conceptualising the theory-practice relationship in psychotherapy which challenge the paradigmatic/positivist and dualistic assumptions underpinning the conceptualisations already outlined. In so doing, they provide alternative ways of understanding the nature and purpose of theory or knowledge which will be of relevance to existential therapy and will problematise the somewhat simplistic conceptualisation of the relationship between theory and practice presented by paradigmatic perspectives. Instead, these conceptualisations dispute the assumed dominance of theory in relation to practice and of cognition in the process of relating theory to practice. In addition, they deconstruct the traditional binaries of 'theory' and 'practice' and of 'client' and 'therapist.' However, before focusing on how such conceptualisations of the theory-practice relationship 'play out' in psychotherapy, I will briefly discuss some of the key philosophical concepts which underpin these ways of understanding this relationship, so that I can then go on to demonstrate their relevance to psychotherapy in a clearer manner.

2.4.1 A ‘narrative’ or antinaturalistic perspective

Bruner (2002) outlines a ‘narrative’ way of knowing which is very different to a paradigmatic or positivist position. He describes how this epistemology challenges the positivist idea of there being an objective, external reality which can be observed and understood. Instead, it is based on the idea that people tell ‘stories’ to both themselves and others about their lives so as to make sense of them. So, a chief underlying assumption is that human beings create subjective meanings in order to understand themselves, others and the world. Hence, “the perspective of the observer and the object of observation are inseparable” (Sexton, 1997: 8). According to Neimeyer (1995: 3) reality:

> lies beyond the reach of our most ambitious theories, whether personal or scientific, forever denying us as human beings the security of justifying our beliefs, faiths, and ideologies by simple recourse to “objective circumstances” outside ourselves.

So, theories cannot provide an objective insight into what happens between therapist and client or how therapy facilitates change because such concepts do not, according to this perspective, exist separately from the observer. Instead, each individual exists in a social and relational world with others which they construct through language and narrative (McLeod, 2011).

Anchin (2008) defines the opposing philosophies of science as ‘naturalism’ and ‘antinaturalism,’ stating that the kind of knowledge which is meaningful in relation to human beings is very different to that which relates to the natural world. He asserts that:

> at the core of the uniquely human [realm] are lived experience and its meanings as experienced, reflected on, and integrated by the human actor (Anchin, 2008: 8).

He emphasises how lived experience is inextricably linked to actions by self and others and is heavily influenced by “the dynamic contexts in which one’s life has been and is currently being lived” (Anchin, 2008: 9).

This kind of focus requires a different form of enquiry to that of naturalism. In order to arrive at an understanding of human issues from a narrative, or antinaturalistic, perspective, McLeod (2011) highlights a number of activities which are central to this alternative epistemology for knowledge construction, which he asserts are relevant to all forms of qualitative research. These include phenomenology, which involves arriving at a detailed descriptive account of the phenomenon being investigated, such as people’s perceptions and experiences and the meanings they attribute to them; and hermeneutics, which is a process aimed at understanding the meaning of these perceptions or experiences, which

emerges from dialogue and is therefore co-constructed (Gadamer, 1989). As dialogue is an interpersonal activity and relational elements are so central in our lives, meaning and knowledge are situated between individuals rather than being positioned within them so that therapy, and indeed research, can be seen as “an exercise in the co-construction of meaning” (Neimeyer ,1998: 145). This view is shared by Gergen, speaking in a published interview (Wang, 2016: 569), who recommends focusing on “relational processes” in order to develop knowledge rather than solely on the individual.

In terms of theory development, the fact that knowledge is co-constructed means that there is a need to consider the client’s narrative when developing, and indeed using, theory (Mass, 2000). Evans, Guile and Harris (2009) state that knowledge should emerge from and influence practice rather than theory simply indicating what to do in practice. So, there is a rejection of imposed, ‘objective’ clinical diagnoses, in favour of adopting a ‘not knowing’ position to enable the creation of new, shared narratives (Neimeyer, 1995).

Unsurprisingly, the theory-practice relationship is conceptualised in a significantly different and more complex way to a paradigmatic perspective when viewed through a narrative lens. One aspect of this is consideration of individual client differences when ‘drawing on’ theory. Langer and Lietz (2011) indicate that because the consideration of a client’s individual subjective experience, including their context, is so vital, it is inevitably difficult to apply theory in a consistent and coherent way. Another aspect is that as we continually construct our experience, it is inevitably influenced by our previous experiences. As a result, practitioners draw on personal experience to adapt theory (Mass, 2000). Similarly, in terms of training, Allan and Smith (2010) assert that trainees, when learning to put theory into practice, are influenced by personal and contextual factors as well as academic theory. So, a narrative perspective highlights the problems inherent in generalised theories, indicating how theory needs to be adapted for individual clients and how theory development and use are influenced by practitioners’ personal views of the world.

2.4.1.1 Social constructionism

Social constructionism is another valuable paradigm for making sense of the theory-practice relationship in psychotherapy. It adopts a relativist perspective in the sense that it does not foreground one type of knowledge over another, and it rejects the idea of an “isolated knower” (Raskin, 2002: 4). In particular, it focuses on understanding social life (McLeod, 2011) and is therefore particularly relevant when considering therapy as a relational process. It purports that human beings are constantly creating or constructing social reality through

their interactions with others, including through language. Thus, as a form of narrative knowing, it focuses particularly on relational and social elements which facilitate the co-construction of knowledge (Burr, 2015). The focus on shared meanings and the centrality of relationships challenges mainstream psychology's foregrounding of the individual. How people use language is another concern in that the nature of experience is determined by how individuals talk about themselves, others and the world (McLeod, 2011). In addition, human beings are not seen to possess a stable personality, as that too is socially constructed (Burr, 2015). Instead, the term 'identity' tends to be used, based on the understanding that this is also a context specific and fluid concept dependent on how an individual or groups of people are identified and discussed (Raskin, 2002).

In terms of its stance on theory, Stewart, Harte and Sambrook (2011) indicate how theory is not viewed as a neutral concept but instead there is a greater recognition of the idea of different theories or paradigms containing certain assumptions, some of which may be unacknowledged or unspecified. Gergen (Wang, 2016) indicates how theory emerges from an exchange of ideas rather than from within an individual and it is these shared understandings or theories which guide actions or practice. The social constructionist view of the person as continually co-constructing social reality through their interactions with others sits comfortably with the idea of therapy as a joint enterprise involving shared meaning construction and shared action (McLeod, 2011).

Gergen (Wang, 2016) regards some of the positive aspects of this exchange of ideas as: encouraging collaborative ways of working to solve problems in practice with a reduced likelihood of division; challenging existing assumptions and providing alternative ways of being which may be better for 'human functioning;' engaging with society rather than being separate from it which can facilitate the development of new practices, including those which can have a positive impact on society. In addition, individuals are less likely to adhere to narrow, and often judgemental conceptualisations of what is right and wrong, instead being more likely to develop an understanding of different world views and how behaviour can be influenced by someone's context and their social constructions of their position. Such a position clearly reflects approaches in psychotherapy, such as pluralistic approaches, where value is placed on an openness to different views of the world as well as the importance of client context, and their individual meaning-making as influenced by their social and cultural context and world view. Such approaches to psychotherapy also share the scepticism of social constructionists about whether it is possible to develop general theory or abstract knowledge which is applicable across individuals and contexts.

It is beyond the scope of this thesis to provide a wide-ranging discussion of the philosophical and epistemological concepts outlined above, but the focus of my argument is that some of the central tenets of such perspectives underpin the conceptualisation of theory and practice as it is understood by many in the psychotherapy field. These alternative epistemological positions challenge the idea that it is possible to adopt an objective, generalised stance on understanding psychological distress. Instead, human beings develop their world views influenced by language-use and relational, social and contextual factors. As a result, knowledge - which is reflected in the conceptualisation of the theory-practice relationship - is subjective, contextual, time specific and, therefore, fluid and subject to change.

2.4.2 Praxis as a challenge to a dichotomous theory-practice relationship

A concept which offers a valuable means of framing the inter-related nature of theory and practice is that of praxis. Praxis rejects a positivist, empiricist position which asserts and prioritises a theoretical standpoint (Barratt, 2014: 201); it also rejects the idea of theoretical thinking taking place in the abstract, removed from the real world or from practice. So too, it challenges the notion of practice as involving the use of techniques to apply theory to real world issues. Instead, it regards theory and practice as interconnected and inseparable.

Praxis is a term which originates from Aristotle and which he conceived of as an important way of knowing (Nielson, 2016). It has since been developed as a philosophical concept by others including Dewey and Mead, as described by Cohn (1996) and Marx, as described by Bernstein (1971). It is “the unity of theory and action” (Prilleltensky, 2001: 748) or “the union of theory and practice” (Bernstein, 1971: 54). Prilleltensky (2001: 748) describes it as a “cycle of activity” which integrates a number of elements which are usually viewed in isolation. He presents the cycle as incorporating “reflection, research and social action” but also considering context and individual needs as well as stressing the need to be clear about one’s values or philosophical position (Prilleltensky, 2001: 748). All these elements are central to effective therapy and, according to this conceptualisation, do not exist separately from each other.

2.4.2.1 The ethical aspect of praxis

Bernstein (1971) alludes to praxis as being “practical-critical activity” (Bernstein, 1971:55). In this way, he highlights the element of critical thinking or reflection involved in the process, something which Aristotle viewed as the ethical aspect of praxis, whereby the process should lead to a better individual and a better world. Indeed, Groundwater-Smith (2016) refers to a moral dimension of acting with a view to promoting the ‘good life.’ So, praxis is an

activity which can involve value-based decisions, and which can prioritise social action and social justice (Prilleltensky, 2001). It incorporates an ethical element in that values need to be considered as part of the process. Effective therapy invariably involves an ongoing process of reflecting while acting as well as consideration of what the client considers to constitute the 'good life' (Schneider, 2003) and of ethical practice on the part of the therapist.

2.4.2.2 Embodiment in praxis

The concept of praxis incorporates the idea of embodiment, in other words the idea that our bodies are the primary way in which we perceive and understand the world (Langdridge, 2013). Allied to this, Hegel (Bernstein, 1971: 44) asserted that the individual is what they do and Bernstein (1971: 47) states that the product [or one could say the practice] is an expression of the self, his or her "needs and desires." Dewey and Mead, as described by Cohen (1996), in their pragmatic theories of praxis, highlight the importance of embodied reactions as well as cognitive responses when 'acting.' Similarly, Marx, in his conceptualisation of praxis, (Rubinstein, 2005) rejects the dualism of the mind and the body, believing that consciousness involves the interaction between the body and the world such that all the senses, rather than simply cognition, are involved in the process. So, this element of praxis conceptualises the idea of therapists embodying their theory and practice. I will discuss embodiment in more detail in relation to psychotherapy in general later in this chapter and in relation to existential therapy in chapter 3.

2.4.2.3 The relational aspect of praxis

The relational element of praxis is emphasised by a number of authors, including Marx (Rubinstein, 2005: 91), who proposed an "intersubjective theory of meaning" which sits in opposition to meaning as arising from individual consciousness, as people only operate in relation to others. He asserted that "knowledge of the world" is not produced by the individual but by the interaction of subject and object (Rubinstein, 2005: 2). Similarly, Simmel (1908, in Cohen, 1996), a relational theorist, regarded social processes - of which therapy is one - as of greater significance than individual psychological processes in the construction of social reality. So, as with social constructionism, the co-construction of knowledge and intersubjective nature of meaning are highlighted in the concept of praxis.

2.4.2.4 Similarities with Schon's reflecting-in-action model

A similar conceptualisation of the theory-practice relationship was presented by Schon (1991: 31) who challenged the dominant "positivist epistemology of practice," whereby scientific theory and technique are applied to practice in order to problem solve. Instead, he advocated that therapeutic practice should be regarded primarily as an art in that clients and the ways of helping them cannot always be explicated in textbooks. He also challenged the dominant assumption that it is not possible to learn the necessary skills before the underpinning knowledge has been acquired. He advocated an alternative epistemology of practice, which he termed both 'knowing-in-action' and 'reflecting-in-action' (Schon (1991: 49), with theory and practice being combined in a single interactive process. He (Schon, 1991: 8-9) asserted that competent practitioners:

> usually know more than they can say. They exhibit a kind of knowing in practice, most of which is tacit…Indeed practitioners themselves often reveal a capacity for reflection on their intuitive knowing in the midst of action and sometimes use this capacity to cope with the unique, uncertain, and conflicted situations of practice.

This type of process also echoes the notion of 'embodying' theory, whereby the therapist embodies the epistemological and philosophical assumptions of their approach in the way they work with their clients (Marshall & Spinelli, 2001).

So, philosophical and epistemological paradigms such as a 'narrative' perspective, social constructionism and praxis provide valuable ways of conceptualising the complexities at play in the relationship between theory and practice in psychotherapy. They serve to convey how theory development and use involve the incorporation of the practitioner's world view such that theory is inseparable from the practitioner. As a result, reflection and action occur simultaneously, while incorporating an ethical position, and theory and practice interact in a non-binary fashion. In addition, as the nature of meaning is relational and intersubjective, knowledge is co-constructed between client and practitioner and is influenced by contextual factors as well as by language and story construction.

2.5 Challenges to traditional conceptualisations of the theory-practice relationship in psychotherapy

I now intend to discuss the philosophical and epistemological conceptualisations outlined above in relation to the theory-practice relationship in psychotherapy, showing how they help to make sense of some of the inherent complexities of that relationship. There is a significant

amount of psychotherapy literature which effectively challenges the (post) positivist epistemology of a systematic body of theory being applied to resolve the problems of practice. One of these challenges highlights the importance of ensuring that theory is applied tentatively and flexibly, so that it is modified to suit individual client need, or set to one side altogether, so that relational elements are foregrounded. Such an approach is underpinned by the epistemological assumption that theory cannot be applied in a coherent and consistent way but needs to be adapted depending on context and that knowledge and understanding are co-constructed between client and therapist. Another challenge relates to drawing on a range of theoretical perspectives or, indeed, developing private theories based on one's own values and experience. These ways of 'using' theory are based on social constructionist epistemological assumptions that knowledge is subjective and relativist so that there are a range of 'truths' offering alternative ways of addressing client issues, rather than generalised theories to be applied. In addition, there is a challenge to a dichotomous theory-practice relationship whereby one's therapeutic stance is seen as a 'way of being,' rather than an application of theory to practice, such that one embodies one's theories in a non-binary fashion.

2.5.1 Applying theory flexibly

Flexible use of theory is advocated by a range of practitioners (Feltham, 1999; Waller, 2007; Whittington and Grey, 2014; Cooper, 2015). Even in therapeutic orientations where there is an apparently clearly defined theoretical framework, such as CBT, the link between theory and practice is often presented as a complex one with some authors advocating a need for a flexible approach (Whittington & Grey, 2014; Waller, 2007). This demonstrates a shift away from (post) positivist assumptions even in an approach which is commonly perceived to be a manualised one and where the relationship between theory and practice is likely to be defined in more binary terms (Kennerley, Kirk & Westbrook, 2017). While there is literature on CBT which sets out to present the basic principles and techniques and offers a toolkit as to how such methods can be applied in practice to a range of mental health issues (Sowden, Chorlton, Edeleanu & Sage, 2013), there is an alternative stance where flexibility is foregrounded. For example, Whittington and Grey (2014) discuss the need to employ CBT in a flexible way so that it is adapted to the needs of the individual client, while also drawing on the existing evidence base. They advocate the avoidance of a way of working that is too theoretically rigid and acknowledge that to be effective CBT therapists will not always follow a clearly defined series of steps in a manualised way. Waller (2007), while focusing on CBT for eating disorders, also advocates applying theoretical principles in CBT flexibly depending

on client need. He indicates the importance of taking a range of individual factors into account such as the client's emotional state, whether they have other psychological issues in addition to an eating disorder (in this case) and their motivation and 'physical safety' (Waller, 2007: 353). So, there is an argument that even CBT theory, which is often regarded as systematised and manualised, needs to be adapted to suit clients' individual needs. While this stance is not adopting 'narrative' principles wholeheartedly, there is nevertheless a nod to a more interdependent relationship between theory and practice.

2.5.2 Putting theory to one side

Another challenge to the traditional conceptualisation of theory explaining or guiding practice is that of setting theory to one side when engaged in the therapeutic encounter. Rogers (in Rogers and Stevens, 1973) asserted that it is questionable as to how helpful theory is when engaged in therapeutic work. Rogers and Stevens, who adopted a phenomenological stance, suggested that:

> If theory is to be held at all, it seems to me that it should be held tentatively, lightly, flexibly, in a way which is freely open to change, and should be laid aside in the moment of encounter itself (Rogers & Stevens, 1973: 186).

So, although Rogers developed a new theoretical approach to therapy, he saw the need to set it aside in the therapeutic encounter. He argued that it can get in the way of the therapeutic relationship which is crucial to the effectiveness of therapy. It is, according to Rogers (1973) the therapist's way of being, rather than their use of theory in practice, which is the essential element of the therapy, a stance which echoes the relational focus of social constructionism and antinaturalistic paradigms. Indeed, Gergen (Wang, 2016: 569) refers to therapy as "relational recovery."

From a similar perspective, Mander (2000: 24), writing about psychodynamic brief therapy, highlights how Bion (1967, in Mander, 2000) adopted a 'not-knowing' stance, similar to John Keats' concept of 'negative capability,' which emphasised being able to stay with uncertainty. This also involves putting one's theoretical assumptions to one side when engaged in the therapeutic encounter. So, there appears to be a certain amount of consensus across orientations about using theory tentatively in therapeutic practice, an idea which draws on narrative assumptions that theoretical certainty is impossible and unhelpful.

Taking a similar position, McLeod (2009) states that there are so many aspects relating to the client and the therapeutic relationship which a therapist needs to focus on when with the client, that there is limited space to consider formal theory as well. Here he hints at the

complexities involved in the therapeutic process and challenges the traditional assumption that theory is always considered in a cognitive way while engaged with clients. Clarkson (1992) argues that theory (which she summarises as the overarching theory, interventions and interpretations) is far less important than the therapeutic relationship which she has found to be crucial, both as a therapist and as a client. She alludes to a comment made by one therapist: that “the rules, the guidelines - they are good for beginners.” (Clarkson, 1992: 2) which could be seen to imply the need to be theory-focused until the therapist is sufficiently experienced that they no longer need to consider it as a separate element to practice; at that point, the relational elements take over. She adds that theory can help to guard against harm but if taken as the truth - as it would be from a positivist position - can get in the way of healing. However, her key point is that too great a preoccupation with theory as a separate entity during therapy can get in the way of effective therapeutic practice. So, the main challenge here is to the centrality of theory for informing practice. Such a stance is influenced by the social constructionist assumption that ‘relational processes’ and ‘shared understandings’ are the central tenets in effective therapy (Wang, 2016).

2.5.3 The development of ‘private’ theories

Another argument, which is underpinned by narrative and social constructionist assumptions, is that theory consists not only of aspects of publicly recognised theory but also the therapist’s ‘private’ theories developed from clinical experience, life experience, personal values and private philosophy many of which are out of awareness, or according to his psychoanalytic perspective, unconscious (Sandler, 1983: 8). Sandler (1983), when discussing psychoanalysis, argues that it may not be regarded as an issue by the therapist if some of the concepts contradict each other, which challenges the idea of the need for philosophical clarity. Similarly, Canestri (2012: xx) suggests that psychoanalytic therapists do not approach their clinical work armed with an “official theory to apply” (Canestri, 2012: xxiii). Instead, they draw on theory in practice by adapting theoretical ideas. Theories, therefore, are made up of what he terms ‘public’ or recognised theories as well as ‘private’ theories inevitably based on implicit assumptions to some degree, and theories “invented for the occasion,” which may vary in their usefulness (Canestri, 2012: xx). He argues that therapist and client often create a shared narrative which may draw on theory, but which is adapted to each individual situation during the process of therapy. Like Sandler (1983) he asserts that what therapists draw on theoretically is likely to be based on their own prejudices and “presuppositions,” including those which are pre-conscious and unconscious.

Bohleber (2012) also challenges the idea that therapists have a store of theory in their minds whereby they retrieve relevant parts which they then apply to a specific issue or client. He highlights how therapists engage in “an active and personal engagement with certain theories that extend far beyond the application of the theory as an element of a body of knowledge” (Bohleber, 2012: 1-2). He echoes Sandler (1983) in regarding theories as comprising a highly personal slant as they are influenced by “personal convictions” and “private theories” (Bohleber, 2012: 4).

So, the key arguments here, based on the idea of human beings constructing and co-constructing their own realities, are that theories are heavily influenced by therapists’ personal constructions of the world, aspects of which may be out of awareness. In addition, theoretical concepts are adapted to suit individual clients, and clients and therapists often develop a shared narrative with theory being drawn on as appropriate.

2.5.4 The use of eclectic, integrative and pluralistic approaches

2.5.4.1 Integrative and eclectic approaches

Integration and eclecticism, where therapists draw on more than one theoretical perspective, take various forms, including theoretical integration, assimilative integration and technical eclecticism (Messer, 2019). However, rather than providing detailed definitions of the various types here (see Messer (2019) for such definitions), my aim is to argue how an increasing acknowledgment of the value of drawing on ideas from a range of theoretical approaches serves to further problematise the notion of a simple relationship between theory and practice.

By way of evidence for the growth in utilising more than one theoretical approach, Lazarus, Beutler and Norcross (1992) point to a 1975 survey which showed that 63% of those in the American Psychological Association (APA) Clinical Psychology division regarded themselves as eclectic. More recently, a survey focusing on a wider range of health professionals found that between 30% and 70% saw themselves as eclectic (Lazarus, Beutler & Norcross, 1992). In terms of counselling, Hollanders and McLeod (1999: 405), in a study using a questionnaire, concluded that up to 87% of counsellors reported using a “non-pure form approach.” There has certainly been a proliferation of different schools of counselling and psychotherapy in recent years, although many have been, at least to some degree, influenced by either psychoanalysis, cognitive-behavioural approaches or humanistic psychology. Feltham and Horton (2012) estimate that there are now more than 400 different psychotherapeutic orientations. Many of these comprise an integration of pre-

existing concepts; for example, Cognitive Analytic Therapy (CAT) combines elements of cognitive and psychoanalytic approaches and Rational-Emotive Behaviour Therapy (REBT) combines aspects of cognitive, behavioural and emotion-focused theories. Having said this, elements of different theoretical orientations can be combined in a less systematic way (Cooper, 2015).

The growth of the use of eclectic and integrative perspectives in counselling and psychotherapy reflects the shift away from a modernist take on therapy, with theories being regarded as 'truths,' towards a more social constructionist epistemological stance. Because theories are increasingly regarded as socially constructed and "historically situated" (Neimeyer, 1998: 136) and the self is not viewed as a stable entity but rather fluid and inconsistent, there is a growing recognition that a single theoretical model offering the entire truth does not exist. Instead, as there is a multitude of perspectives, many of which may have something to offer the practitioner, there is an argument for drawing on ideas which seem most appropriate for particular issues or clients. According to Neimeyer (1998: 136), there is an increasing focus on "viable (rather than valid) knowledge."

As the use of these approaches involves the interplay of concepts and techniques from more than one theoretical orientation, the theory-practice relationship could be regarded as even more complex than it might be in a 'pure' orientation. This may be particularly the case when therapists draw on different perspectives in response to perceived client need, rather than developing an integrative model which more systematically combines two or more theories. Norcross and Goldfried (2005) argue that, in fact, most practitioners work in an eclectic, rather than an integrative, way, in other words drawing from different theories when they appear to be useful for a particular client. As eclectic approaches are less likely to use theory in practice in a systematic, coherent way, the theory-practice relationship is likely to be even more complex and unsystematic. Hollanders and McLeod (1999) argue that therapists are more likely to become eclectic as they gain in experience as the development of the therapist is an ongoing process. I would regard this as supporting the idea of the theory-practice relationship increasing in complexity as therapists develop their own model of practice. Having said this, it could be argued that all therapists develop their own personalised way of working based on their individual views of the world, whether they be integrative, eclectic or 'pure' in orientation.

2.5.4.2 Pluralistic approaches

Pluralism, it could be argued, adopts a stance which is particularly open and flexible in its attitude to theory in practice, while also highlighting its complexity. Leiper and Maltby (2004)

advocate not adhering too rigidly to a single theoretical orientation which may provide safety and certainty, but instead adopting a 'critical pluralism' which can throw light onto a specific issue with a particular client, which a narrower single approach may not (Leiper & Maltby, 2004: 143). Cooper (2015: 4), when indicating how this perspective differs from both integration and eclecticism, points to not only its general openness to "multiple theoretical perspectives" but also to shared decision-making with the client in terms of which approaches to draw on. He sees it as not only a way of practising therapy but as a particular philosophical position towards therapy as a whole, which, I would argue, has much in common with a social constructionist epistemology. In addition, it adopts a critical and reflexive stance towards any theoretical ideas being employed. He sees it as potentially leading to more reflective practice whereby therapists critically explore what a wider range of theoretical perspectives have to offer. This idea echoes that of Schon's 'reflection-in-action' (Schon, 1991) which advocates an ongoing reflective stance in relation to how to engage with clients. So, the increasing use of eclectic, integrative and pluralistic approaches is an additional factor adding to the complexity and nebulous nature of the theory-practice relationship in psychotherapy, which reflects a shift towards a more narrative way of knowing (Bruner, 2002).

2.5.4.3 Potential overlap between different orientations

Such a move towards eclecticism, integration or pluralism has also arisen due to an increased acknowledgement that there is some overlap between theoretical approaches to psychotherapy, although McLeod (2009) asserts that such a view has been around since the initial development of such theories. Faris and van Ooijen (2011), when discussing how to integrate psychodynamic, CBT (including mindfulness) and humanistic theory, argue that these prominent theories have already adopted aspects of the other orientations, so integration is not as difficult as it may first appear. For example, they state that CBT in its third wave has integrated elements of gestalt, mindfulness-based approaches and transference and countertransference. They also regard psychodynamic therapy as having moved from an "intra-psychic" to a more "inter-relational focus," which has previously been more foregrounded in humanistic orientations (Faris & van Ooijen, 2011: 44). Certainly, a shift to more of an inter-relational stance is reflective of narrative and social constructionist positions. I would also regard this interconnection and overlap between theoretical orientations as serving to further challenge the idea of theories forming a simple linear relationship with practice. Instead, it points to a complex interplay of ideas and processes -

as suggested in the concept of praxis - which are developed by practitioners in highly idiosyncratic ways.

Thus, the shift towards integration, eclecticism and pluralism is another way in which therapists are increasingly influenced by narrative and social constructionist principles by acknowledging the value of a range of theoretical perspectives and 'truths' in relation to client issues. Such approaches perhaps also serve to validate their use of theoretical ideas in a flexible, fluid and personalised way, as well as encouraging a critical perspective and greater client involvement. In addition, such ways of working also highlight the complexity of the theory-practice relationship, as ideas from different orientations are drawn on in a myriad of ways.

2.5.5 Embodying theory or a 'way of being'

A particularly powerful challenge to the paradigmatic idea of theory informing or explaining practice is the conceptualisation of theory and practice as forming a non-binary relationship which is embodied in the therapist. So, rather than drawing on theory or employing a set of techniques, therapists develop "a way of being in the world" (Worsley, 2012: 32). Worsley (2012), a person-centred practitioner, describes theory as being held inside the therapist and the "theory comes alive there" (Worsley, 2012: 42), rather than simply being a way to 'do' therapy. He suggests that he embodies what he does (Worsley, 2012). 'Embodiment' in an existential sense refers to how "all consciousness must be understood through our bodies, their relationship with other bodies and the world they inhabit" (Langdridge, 2013: 104). "It is to be fully aware of something and experience and live it deeply and concretely rather than to have opinions or theories about it" (van Deurzen & Adams, 2011: 152). Such conceptualisations are based on Merleau-Ponty's idea that we can only perceive the world through our bodies (Langdridge, 2013). Allied to this is the notion of an "embodied practical subjectivity" (Langdridge, 2013: 106) whereby individuals, rather than engaging in reflection about how to act, act without the need to engage in a separate process of reflection.

In a similar vein, some psychodynamic authors foreground a focus on embodying theory over the idea of theoretical concepts existing separately to the practitioner. Reeder (2002) states that theory is not a "catalogue of insights" which are readily available for the analyst to draw on when engaged in the therapeutic encounter. Instead, while with the patient, the analyst needs to listen to themselves and their "own presence" rather than to theory. He suggests that if theory is to be useful in the transference relationship - which is central to psychodynamic therapeutic work - it needs to become part of the therapist or to "become

flesh," as he puts it (Reeder, 2002: 800). He refers to engaging in 'theoretical work' as a spiritual activity which involves reflecting or 'meditating' on the clinical work outside the sessions in order to return to the client with greater insight and understanding. He seems to be suggesting that the value of theory is both as a critical, reflective tool outside sessions and something which forms part of the therapist. He is also challenging the binary narrative of theory and practice in his assertion that theory needs to be part of the therapist rather than being an externalised concept to be applied. Like Rogers (Rogers & Stevens, 1973) and Worsley (2002), the focus is on theory and practice being encompassed in the therapist's way of being. It is interesting to note that authors from orientations other than existential therapy, where embodiment is not such a key philosophical concept, are alert to the idea of embodying theory.

This conceptualisation of the theory-practice relationship which highlights its complex non-binary nature, can also be understood by means of the concept of praxis. According to this conceptualisation, the individual is what they do (Bernstein, 1971), so there is no distinction between the act or activity [or indeed the therapy] and the person doing the 'acting.' As mentioned above, Bernstein describes praxis as a "practical-critical activity" (Bernstein, 1971: 55), thereby highlighting how practice incorporates critical reflection, which is undertaken as part of, rather than separate to, the practice.

In summary, there are a number of challenges to the positivist-inspired, explanatory, linear conceptualisation of the theory-practice relationship in psychotherapy, some of which also challenge the idea of a simple dichotomy and highlight its complex and non-binary nature, as well as the fact that it can be interpreted in highly idiosyncratic ways. These include: the need to apply models flexibly and tentatively or put theory to one side when engaged in the therapeutic encounter so as to foreground relational elements; the fact that one's own life experiences, values and prejudices impact on one's interpretation of theory in practice and may sometimes be out of conscious awareness; and the theory may be embodied in the therapist so that it becomes a part of them and their 'way of being.' These points suggest a complex process about which there is considerable debate and one which is still not clearly understood or indeed clearly conveyed in some of the literature.

Although, the philosophical and epistemological positions outlined above, do serve to capture some of the complexities involved in the theory-practice relationship in therapy, it seems to me that it would be worth investigating therapists' perspectives on this issue further. Also, trainees and trainers may not always grasp these complexities and I am left wondering how effectively therapy training prepares therapists to use theory in these ways.

Research focusing on clarifying how training courses address these issues would also appear to be of significant value.

I will now discuss the different perspectives on the most effective ways to train counsellors and psychotherapists regarding the use of theory in practice. While professional bodies tend to assert the importance of theory for informing and explaining practice, there are others who challenge the assumption that the relationship can be defined in such a clear and linear fashion.

2.6 The theory-practice relationship in counselling training courses

Clearly, as I have demonstrated above, the theory-practice relationship in counselling and psychotherapy is a highly complex one for a range of reasons. How to make sense of this relationship is something which all trainee therapists are required to do as part of their training, so it seems important to examine different perspectives in the literature on how this process is undertaken. This section will outline and discuss what is known about this process and, in so doing, make a case for exploring this issue further. There are inevitably different perspectives on how best to undertake training, some of which adopt a linear model which focuses on applying theory to practice with the use of a philosophically coherent theoretical framework (Wheeler, 1999). On the other hand, there are those who assert that as it is not possible to use theory in a consistent and coherent way, it is misleading to foreground this type of theoretical model on training courses (Feltham, 1997). Also, in line with a social constructionist perspective, there is a real recognition of the powerful impact of trainees' world views and social and cultural contexts on theory interpretation and a highlighting of the need to encourage them to reflect on this as part of the training (Fitzpatrick, Kovalack & Weaver, 2010; Krug & Schneider, 2016).

All professions require training of some sort and it is assumed that these training courses will include both theory and practice. In terms of counselling and psychotherapy, there is a wide range of training courses which prospective therapists can choose to undertake to qualify in their chosen profession. Some of these focus on a single theoretical orientation such as psychodynamic, cognitive-behavioural or person-centred therapy while others are eclectic or integrative, drawing on more than one theoretical approach. Counselling and psychotherapy training courses always cover both theory and practice in some way, but there are different assumptions about the place of theory in practice. Some assume in the way they design the training input that practice needs to be underpinned by a coherent body of theory. Indeed, the British Association of Counselling and Psychotherapy's (BACP) decision that BACP accredited training courses need to have a consistent theoretical model is based on the

premise that the theory and related practice will provide a coherent structure for trainees to adhere to and learn from. BACP (2009; 2012) state that:

> The course must demonstrate that it provides a counsellor/psychotherapy training with a clear rationale and philosophy that underpins the whole programme and by which students can account for their practice.

It stipulates that:

> The following questions must be addressed: a) What assumptions are made about the nature and development of human beings? b) How do psychological problems develop and what are the implications of severe pathology for practice? c) How does the rationale and philosophy account for the perpetuation of psychological problems? d) How does the course's rationale and philosophy explain the process of therapeutic change? e) What therapeutic interventions are explicated within this rationale and philosophy?

Such stipulations, while not adopting a positivist epistemology on the theory-practice relationship as such, draw on terms such as "accounting for" and "explain the process" which chime with elements of such a perspective. There is a strong emphasis on the fact that in order to gain BACP accreditation (BACP, 2009; 2012) courses must ensure that the philosophical underpinnings of the theoretical orientation inform the methods and practices that students are taught. The above extracts assume that there will be one central overarching theoretical framework or model. Wheeler (1999: 196) states that to achieve BAC accreditation (British Association for Counselling as BACP was formally known) courses need to ensure that the model they teach presents a coherent theoretical base for understanding "human growth and development," the "nature of psychological difficulties," a clear conception of the therapeutic relationship and the process of change, as well as a rationale for the use of certain therapeutic techniques. She equates providing a core model with providing a 'secure base' and presents a number of reasons why this is important, including the fact that staff are more likely to offer a consistent approach; the therapeutic relationship differs between orientations, so the nature of it needs to be consistent with the underpinning theory; and students need clarity about the nature of the model, so they can also be clear about how to acquire competence in its use. Wheeler (1999: 202) stresses the need for courses to be clear about "how pieces fit together." The underlying assumption seems to be that theory informs and guides practice and the way that it does that can be conceptualised in a consistent and coherent manner. Another assumption is that trainees need to learn how to use theory in practice in this particular way.

Echoing Wheeler's (1999) comments about coherence, Bor and Palmer (2002) indicate that the teaching methods, indeed the entire philosophy of the training experience, will be heavily influenced by the theoretical orientation of the course. The trainers' choice of training focus and methods - in other words practice - will be inevitably affected by what they conceptualise as the nature of psychological difficulties and the aims of therapy. So, for example, the person-centred approach is likely to emphasise self-development and trainee-centred learning whilst a psychoanalytic training will foreground an in-depth personal analysis and detailed supervision of a small case load of clients. Again, this perspective assumes that theory informs practice in a linear way and that philosophical clarity and coherence are always possible.

There are, however, alternative perspectives on the theory-practice connection in training. Feltham (1997) recognising the complexity of this relationship, expresses doubts about the importance placed by some professional bodies on the need for an overarching core theoretical model in training courses. Although somewhat polemical in tone at times, he regards terms such as 'coherency' (of a model) and 'competency' (in its use) as highly emotive and unnecessary. His argument that theories "do not neutrally describe the clinical phenomena," but construct it (Feltham, 1999: 187) is based on social constructionist assumptions about theory. He asserts that clients have been shown to particularly value core qualities such as acceptance and being heard and understood rather than theoretical input. Similarly, Dryden and Spurling (1989) state that therapists often say they most valued reflecting on their client work in supervision. Feltham asserts that perhaps such input needs to be the main training focus over and above theory (Feltham, 1999). He makes the thought-provoking point that a potential danger in adhering to a core theoretical model could be that there is an associated assumption conveyed to trainees that client issues can be addressed in a systematic, cognitive and coherent way as such models suggest.

He also maintains that most therapists tend to use their own individualised version of the model they were trained in, and particularly convincing is his idea that most therapists interpret theory "in congruence with their own personality" (Feltham, 1999: 184). Such a viewpoint again echoes a narrative epistemology, particularly in relation to the social construction of knowledge. Feltham (1999) appears to be alert to the potential difficulties of conceptualising theory as a coherent, overarching framework which trainees need to learn and apply to practice in order to become effective therapists. Instead, he is mindful of the subjective and sometimes inconsistent, ways in which trainees interpret and use theory in practice.

The empirical literature, albeit limited, focusing on the development of trainees' understanding of theory in practice in therapy training, suggests a similarly complex relationship between theory and practice. Fitzpatrick, Kovalack and Weaver (2010) undertook some empirical grounded theory research into the influences on trainee theory development amongst a group of counselling psychology trainees in their first year of training on an integrative course. They found that influencing factors included the trainees' personal philosophies and their family and cultural backgrounds as well as the reading they undertook and the influence of supervisors and trainers. In other words, the trainees' individual beliefs and background are likely to be as influential as input on the course in shaping their understanding of theory and its relationship with practice. As a result, they advocate open discussions about personal aspects of theory development both with trainers, supervisors and peers. Hanley (2017: 1009), also stresses the importance of encouraging trainees to reflect on how their values and beliefs influence their "pedagogical stance," thus challenging the dichotomy between objective and subjective knowledge.

So, many therapy training courses assert the need for a philosophically coherent theoretical model which can both inform and be applied to practice. In doing so, they present a position on the theory-practice relationship based on the traditional assumption, drawn from positivism, that theory can be applied to practice in a consistent and coherent manner. On the other hand, there are those who challenge this assumption on the basis that it is not possible to use theory to address clients' issues in a systematic way. There is also an acknowledgment, underpinned by social constructionist assumptions, of the influence of trainees' personal values and world view as well as their social and cultural backgrounds on the interpretation of theory and the importance of reflecting on this is highlighted. Clearly this latter perspective foregrounds the complexity and unsystematic nature of the theory-practice connection. Yet there is very little research exploring the processes by which trainees come to make sense of how to use theory in practice.

2.7 Chapter summary

This chapter has aimed to highlight the complexity of the theory-practice relationship in therapy by problematising the simple dichotomy between theory and practice. Opposing epistemological assumptions influenced by positivist/naturalistic and antinaturalistic perspectives (Anchin, 2008) - including social constructionism and praxis - were presented as a means of highlighting the very different ways that the theory-practice relationship can be conceptualised. Some of the assumptions underpinning the former paradigms still have

significant traction in some areas of the counselling and psychotherapy field, particularly bearing in mind the dominance of evidence-based practice which commonly purports a linear, dichotomous relationship between theory and practice, with theory being used to predict or explain the effectiveness of therapeutic practice. Similarly, assumptions based on the conceptualisation of theory as informing practice in a consistent, coherent and linear way also continue to influence some counselling and psychotherapy training courses. On the other hand, perspectives such as social constructionism and praxis provide a philosophical stance which is reflected in a significant amount of the clinical literature and which offers a powerful and convincing challenge to the paradigmatic perspective of the theory-practice connection in therapy, foregrounding its complexity and non-binary nature.

The relationship between theory and practice in psychotherapy is frequently conceptualised as being influenced by a range of factors. Personal values, beliefs and biases, as well as an individual's social and cultural context, are seen to influence therapists' interpretation of theoretical concepts so that the use of theory in practice becomes a highly individualised and multi-faceted process. The increase in the adoption of eclectic and pluralistic perspectives is further testament to a growing acceptance of there being a range of truths, many of which have something to offer clients, even, at times, at the expense of philosophical clarity. In addition, therapists often regard themselves as living the theory such that they embody their theoretical stance in a non-binary fashion. The concept of praxis effectively captures how theory and practice are inextricably linked and operate simultaneously.

There is also significant debate about the theory-practice relationship in counselling training with some advocating a philosophically coherent theoretical model which informs practice, while others challenge the need for this, indeed challenging the possibility of such a model existing. Overall, my assertion is that much of the existing literature on the theory/practice relationship in counselling and psychotherapy highlights the complexity of this relationship and offers a number of ways of understanding this complexity. However, there is very little empirical research which investigates the nature of these complexities from the therapists' perspective, or indeed from those involved in training.

Chapter 3: Existential therapy: the philosophy-practice relationship in therapy and in training

In this chapter I will focus on what has been written about the philosophy -practice link in existential therapy, focusing on the British School (Cooper, 2003), with a view to bringing some of the issues discussed in chapter 2 into sharper focus by concentrating in more depth on the therapeutic approach on which my research is based. The initial rationale for focusing on this therapeutic orientation was my interest in existentialism and existential therapy. Having since embarked on this research, it has become apparent that some of the complex ways in which the theory/practice relationship is conceptualised in other types of therapy are foregrounded in existential therapy. For example, there is a recognition that philosophy and practice do not form a linear, systematic relationship but instead that engaging philosophy in practice is a unique and individualised venture influenced by each therapist's interpretation of the philosophy based on their beliefs or world view and impacted by contextual factors. As a result, therapists will undertake therapy in their own way such that the philosophy/ practice link will be a complex one with the relationship being conceptualised as non-binary and holistic. Although it was possible to draw some conclusions from the previous chapter of relevance to existential therapy, there are some additional complexities such as those posed by the use of ideas from existential philosophy rather than psychological theory, which will be discussed in this chapter.

It is important to reiterate at this point, that while existential therapy predominantly draws on *philosophy* in practice, I have inevitably also focused on literature which discusses *theory* in practice in chapter 2, as much of the therapeutic literature draws from psychological theories. In this chapter, while shifting to a discussion of existential *philosophy* in practice, I may also refer to the theory-practice relationship at times, as I am for the purposes of this literature review, in line with McLeod's (2009) definition of levels of theory, assuming that both 'philosophy in practice' and 'theory in practice' can be used to refer to the relationship between underpinning ideas and therapeutic practice.

So, in this chapter I will firstly provide a brief overview of the historical context in which existential therapies have developed in order to contextualise the relationship between the philosophy and the practice and to argue for the particularly complex nature of this relationship in existential therapy. I will then discuss the present, somewhat 'outsider', position of existential therapy in the broader therapeutic community and possible reasons for this which relate to the philosophy-practice relationship. The nature and distinctiveness of existential therapeutic practice will also be explored, highlighting the way in which most

existential therapists conceptualise theory as being embodied in the therapist such that theory and practice form a holistic relationship which reflects the therapist's world view. Following this, I will argue that a clear definition of the British School of existential therapy is problematised by the fact that different practitioners foreground different philosophical ideas. Such a definition is further complicated in that some existential therapists draw on concepts from other orientations and thus work in a more integrative or eclectic way. I will also touch upon ways of undertaking research which are more philosophically aligned to existential therapists' conceptualisation of the theory-practice relationship than is EBP and which are able to explore its complexities and non-binary nature. Finally, I will demonstrate how in existential therapy training, the philosophy is commonly conceptualised as comprising a holistic, embodied relationship with practice, which is reflected in the training methods. Having said this, empirical research, both into how existential therapists use philosophy in practice and into how they are trained to use it, is limited.

3.1 The origins and development of existential therapy

The historical development of existential therapy has had a part to play in the complexity of the relationship between theory and practice in the approach in the sense that there are a range of approaches which sit under the existential umbrella. I now intend to briefly discuss the development of counselling and psychotherapy in general focusing on its theoretical development and how this has impacted on the development of a range of existential therapies. The purpose of this is to provide a context within which to discuss existential therapy as well as to demonstrate why it is problematic to define existential therapy as a single approach.

I will now briefly outline how counselling and psychotherapy developed in order to establish the context out of which existential therapy emerged. Reeves (2013) argues that, despite Freud often being regarded as the originator of 'talking therapy,' it is, in fact, very difficult to locate its origins and it could be "traced back to religious and community rituals" (Reeves, 2013: 14). Indeed, supportive communication and relationships go back many centuries. With the development of psychiatry came a propensity to create categories and diagnoses of mental illness which continues to the present day. In terms of the development of counselling and psychotherapy, Freud, originally a neurologist, began to develop a different treatment approach known as psychoanalysis which has had a profound influence on the development of the therapy world since then. Although Freud's evidence base consisted largely of case study materials rather than empirical research, he did succeed in establishing his approach as being based on scientific principles which provided a therapeutic method

based on notions of cause and effect. Explanations for certain behaviours were provided and interpretation of the client's material by the therapist was regarded as a central premise (Reeves, 2013). It is not in the remit of this thesis to provide a detailed account of the historical developments since Freud. (See Feltham & Horton, 2012: 6-8 for a detailed table of key historical developments). Suffice to say that two other significant developments took place, the first in the 1920s with the emergence of behavioural psychology with its focus on observable behaviour which could be measured in laboratories. From the 1940s behavioural principles started to be applied to therapy (McLeod, 2009) and, in doing so, retained the scientific principle of cause and effect. The second development occurred in the 1940s with Carl Rogers' client-centred therapy which shifted the emphasis away from scientific principles to that of human qualities with the focus being on a collaborative approach and emphasis placed on the value of the therapeutic relationship as a means of facilitating improved mental wellbeing (McLeod, 2009). Existential therapies developed somewhat differently to other approaches in that they were heavily influenced by existential philosophy. However, some forms of the approach were also influenced by psychoanalytic and humanistic ideas, as will be shown below.

From the late 1950s, an existential therapeutic approach called Daseinsanalysis was developed by Boss in collaboration with Heidegger, which drew on the latter's philosophical ideas. One of the key influences was Heidegger's ideas of "human existence as an openness to the world" (Cooper, 2003: 37) and the use of the phenomenological method to understand clients' issues, but Freud's psychoanalytic method and, to a lesser extent, Jung's analytical psychology were also influential (Cooper, 2003). Similarities to psychoanalysis include the use of the couch, the employment of 'free association' and the interpretation of dreams. Conversely, Boss strongly rejected the overarching theoretical framework at the heart of psychoanalysis, regarding it as inhuman, mechanistic, unverifiable and totally unhelpful in understanding people's lived experience (Cooper, 2003: 37). However, Gendlin (1977), in his critique of Daseinanalysis, indicates that the approach still retains prescriptive theoretical assumptions drawn from Freud and Jung, thereby adhering, at least in some respects, to positivist assumptions about the theory-practice relationship for example, clients' dreams may be interpreted by the therapist without considering the client's perspective; or there are assumptions made about what are healthy and unhealthy ways to live.

Another approach to existential therapy is logotherapy developed by Frankl (1998). Again, psychoanalytic ideas had a strong influence on the approach, although not so much in terms of techniques but rather in the emphasis on there being a single 'driver' for all our thoughts,

feelings and behaviours (Cooper, 2003). Unlike Freud's belief in the pleasure principle, Frankl regarded the drive to meaning to be central to human existence. One criticism directed at it by Yalom (1980) is that it adopts an authoritarian position which is unlikely to foster clients' sense of responsibility and autonomy. This demonstrates that some forms of existential therapy can adopt a relatively prescriptive approach to theory in practice.

On the other hand, the existential-humanistic approach, developed by May in the 1950s, was influenced by humanistic psychology and psychotherapy, including the work of Bugental and Rogers (Krug & Schneider, 2016). Here the emphasis is on a more optimistic view of the world and of therapeutic outcomes in line with the humanistic and person-centred perspectives. The approach is less prescriptive and normative than either Daseinanalysis or logotherapy, with person-centred influences leading to a client-focused and less directive therapeutic stance. Practices such as focusing (Gendlin,1996) and establishment of the core conditions (Rogers, 1957) are likely to be employed, demonstrating the influence of other theoretical perspectives. Having said this, according to Cooper (2003), the existential-humanistic approach is also heavily influenced by psychoanalysis including internalised unconscious processes such as resistance, which conflicts with an existential focus on the interconnectedness between human beings and the world and presents a more linear perspective on the theory-practice relationship. In addition, authenticity is often presented as being preferable to inauthenticity, thereby implying a judgement about how to be (van Deurzen, 1999: 123). As a result, this approach can include directive elements based on theoretical assumptions. Having said this, authors such as Schneider (2003) have focused on developing a therapeutic relationship which is more non-directive and non-judgmental as well as less linear. So, elements of the existential-humanistic approach can be seen to be influenced by psychological theories, the assumptions of which sometimes conflict with each other. Also, in some forms, it retains some traditional assumptions about a linear, directive and intrapsychic approach to therapy.

The British School, upon which my research is based, has developed out of the work of Emmy van Deurzen, although other authors have developed the approach in different ways. Langdridge (2013), who writes about the British school, highlights how it draws on existential and hermeneutic philosophy as well as employing a phenomenological framework. He refers to Husserl as the originator of the phenomenological method; Heidegger and Sartre as philosophers associated with existentialism and Gadamer and Ricoeur as being associated with hermeneutic philosophy (Langdridge, 2013). Other influences include Kierkegaard, Nietzsche and Jaspers (van Deurzen-Smith, 1997); phenomenologists such as Buber and

Biswanger (Spinelli, 1997), and Merleau-Ponty (Diamond, 1996). It is not my intention to discuss these philosophers' ideas in detail here, but, instead, to point out the fact that various contemporary authors on the British school are influenced to some extent by the same figures, but nevertheless place different emphases on different philosophical ideas. These will be discussed further later in the chapter.

Overall, in terms of the development of existential therapy, there is a range of different strands which sit beneath the existential umbrella and these differing strands have developed theoretically in varying ways and are influenced, to some extent, by different philosophical premises, as well as by theoretical ideas from other orientations. As a result, the theory-practice relationship varies, to some degree, between the different existential therapies which adds to its complexity.

3.2 The position of contemporary existential therapy within the broader psychotherapy field

Several existential writers have claimed that existential therapy is expanding (Cooper, 2012; van Deurzen, 2012; Barnett & Madison, 2012). Correira, Cooper and Bendondini (2015) point to an increased number of new books, journals, training organisations and societies appearing across the world, including in countries where there has not previously been an existential tradition. They undertook an internet search and follow up which identified 136 existential therapy institutions as existing in 43 countries across all continents with 54.4% of those being in Europe, 28.7% in Latin America and 11% in North America. The UK has seven institutions which is 5.1% of the total number. This certainly suggests that existential therapy is well established across the globe, although it is not regarded as a mainstream approach in the UK. However, Correira et al (2015) conclude that it is not possible to state whether there has, in fact, been growth, as this is the first survey of its kind.

Despite this apparent proliferation of existential approaches worldwide, it is not a mainstream approach in the UK. Perhaps as a result of this, the wide range of clinical literature focusing on the theory and practice of counselling and psychotherapy is inconsistent in its inclusion of detail on the existential approach. Reeves (2013) only briefly mentions existentialism in chapters on the person-centred and gestalt approaches, while Lapworth, Fish and Sills (2001) position it with humanistic approaches, incorrectly stating its affiliation with the concept of self-actualisation. Having said this, Feltham and Horton (2012) and Corey (2013) include chapters on existential therapy and McLeod (2009) has a chapter which focuses mainly on existential themes in counselling. The inconsistency of its inclusion

in the clinical practice literature, and its occasionally inaccurate portrayal, seem to reflect the somewhat marginalised or misunderstood nature of existential therapy within the dominant therapeutic ideology. This may be due to the perceived complexity and density of its philosophical underpinnings as well as to the relative lack of published empirical support for its effectiveness (Sousa and Vaz, 2020). It may also, in part, be due to its direct challenge to more traditional epistemological assumptions about the theory-practice relationship which still hold sway in some areas of the counselling and psychotherapy field as discussed in chapter 2.

3.3 The nature of existential therapy

My aim in this section is not to provide a comprehensive account of the nature of existential philosophy in terms of its theory and practice which can be found elsewhere (Cooper, 2003; Langdridge, 2013; Spinelli, 2007), but to provide a working definition as well as to explore the inevitable variations in emphasis which problematise this definition, at least to some extent. As already touched upon, the task of defining existential therapy and of linking its philosophy and practice, is a complicated and challenging undertaking in part because its complex philosophical background has led to a wide range of perspectives which sit beneath the existential umbrella (Cooper, 2003; Cooper 2012). However, as mentioned earlier, for the purposes of this thesis I will be focusing on the British School of existential therapy. I will argue that there are some common elements within the British School, despite the fact that there are some differences of emphasis. This section will, therefore, aim to provide a working definition of this School of existential therapy which aims to convey the relationship between theory and practice, while also discussing some of the difficulties involved in arriving at a clear definition.

Langdridge (2013: 1), who defines his approach as adhering to the British school, defines existential therapy as involving “the application of ideas from existential and hermeneutic philosophy to counselling and psychotherapy within a phenomenological methodological framework.” He also emphasises the fact that existential therapists embody their knowledge rather than applying it, so the focus is on the moment- by-moment encounter with their clients. The idea of embodiment is central to existential therapy and encapsulates the way in which the theory/practice relationship is conceptualised in this approach (Langdridge, 2013). The relationship is a holistic rather than a dualistic one. It is also important to point out that although there is a plethora of conceptual material underpinning existential therapy, this material is not intended to explain client issues and is foregrounded by relational issues. On

the basis of this definition, I will now discuss each component of it in more detail in order to convey some of the main ways in which existential therapists embody their approach.

3.3.1 The application of existential ideas

In terms of the application of existential ideas proponents of the existential approach identify various common assumptions and practices drawn from existential philosophy. Sousa (2016: 118) cites the five key elements of existential therapy as being: inter-relatedness; intentionality (and the resultant focus on meaning-making); the givens of existence; world view and existential angst.

Inter-relatedness essentially means that as humans we always exist in relation to something else. Intentionality assumes that there is an "intrinsic relationship between consciousness and the world" and because we are in the world, we are driven to create meaning (Sousa, 2016:118). Both these concepts highlight the interconnectedness between ourselves, others and the world. In terms of the givens of existence these include isolation, death, freedom and meaninglessness (Yalom, 1980), as well as embodiment, time and space. Cohn (1997: 13-14) provides a clear outline of what he regards as some of the central existential-phenomenological theoretical givens including 'being-in-the-world-with-others;' 'thrownness,' in the sense of having no choice of when, where or if we are born; mortality; embodiment and the inevitability of choice. These givens of existence exist ontologically as they are faced by every human being but are experienced uniquely by each individual. It is here that an individual's world view, made up of their values and assumptions about themselves, others and the world, influences their ontic response to the givens of existence. Finally, existential angst is an inevitable part of existence as human beings confront the uncertainty of the meanings they create in relation to the existential dimensions (Cohn, 1997).

In terms of what could be termed clinical theory, Kruger (2002) identifies what he regards as the common threads in existential therapies, which are clearly underpinned by ideas from existential philosophy. These are: a focus on the client's experience and their subjective view of the world; a distrust of the power imbalance at the core of the traditional therapeutic relationship; and an emphasis on freedom of choice so that clients are supported in finding their own ways of living a more fulfilling life. Milton (1993: 240) highlights a "focus on being rather than doing, i.e. existence rather than action."

3.3.2 The application of hermeneutic philosophy

In terms of the application of hermeneutic philosophy, it is this which gives rise to the interpretive aspect of existential therapy (Langdridge, 2013). Hermeneutics, based on Heidegger's ideas, assumes that there is always a process of interpretation, or sense-making, involved whenever individuals try to understand each other. This process of interpretive understanding is developed through language, and, in particular, through dialogue (Langdridge, 2013). When this concept is applied to existential therapy, it refers to the process of engaging in dialogue to understand the stories clients tell about themselves and their lives. It is the therapist's role to support their clients in discovering different, more helpful ways of narrating their life stories which create, rather than diminish, possibilities for their future lives.

3.3.3 The use of a phenomenological framework

Regarding the use of a phenomenological methodological framework, Langdridge (2013) indicates how this is based on Husserl's phenomenological method, which forms the basis of existential therapeutic practice. It is not a framework in the sense of a formal theoretical structure. Instead, at its heart is the idea of helping the client to focus on description rather than explanation of their experience, so that they can arrive at an in-depth understanding of their lived experience and "how this impacts on their capacity to live well now and in the future" (Langdridge, 2013: 18). It is through the insight gained during this process, which includes challenge and debate as well as acceptance, that clients can discover where and how they might bring about change so as to lead more satisfying lives. Allied to the phenomenological method is the phenomenological attitude whereby the therapist aims to put their preconceptions to one side, including any theoretical assumptions, in order to fully focus on the description of 'the thing itself.' Although critics of Husserl, who advocated this stance, argue that this is an impossible position to adopt, the importance of recognising the impact of one's assumptions is a vital element in aiming to adopt the phenomenological attitude as far as is possible.

In using a phenomenological framework and attitude, many existential practitioners shun the use of recognised techniques which mitigate against phenomenological description. Instead, they place significant emphasis on the importance of the therapeutic relationship in supporting client change as discussed above. As a result, each encounter is likely to combine the above theoretical concepts and practices in a unique way.

3.3.4 Challenges to a dichotomous relationship between theory and practice

The epistemological assumptions underpinning many of the ideas discussed above problematise the tendency towards dualism in western thought. Cohn (1997) emphasises how a phenomenological perspective provides a very different way of viewing the world to the separation of the mind, body and spirit which has dominated western thought since Descartes. This central belief in the inter-related and holistic nature of human existence is one of the central features of existential philosophy and one which translates into an understanding of the theory-practice relationship as being a non-binary one; in other words, the therapist "embodies their knowledge" (Langdridge, 2013: 5) when working with clients.

Spinelli (2015) also indicates how the idea of relatedness in existential phenomenology offers a direct challenge to western dualism. Relatedness, which he sees as one of its underlying principles, asserts that everything in existence is inseparably related to everything else. At a deeper level, "the principle of relatedness" proposes that "seemingly separate beings exist only because of a foundational precondition of relatedness" (Spinelli, 2015: 17). He argues that this concept is extremely difficult to portray due to the emphasis we place on nouns rather than verbs, the former of which emphasise separateness such as in the phrase 'I am eighteen' or 'I am female' rather than 'I am being eighteen or female.' Buber (1970) also challenged western dualism in his idea of 'I-Thou' as opposed to 'I-It' relationships, where the latter objectifies and separates the self and the other, whereas the former emphasises the mutually dependent, ever changing and jointly created connection between people. Spinelli (2007: 12) states that relatedness in existential therapy finds its expression partly through the "the lived experience of relatedness" between client and therapist during the therapeutic encounter.

Indeed, the nature of the "therapeutic encounter" (Spinelli, 2015: 125) is often seen as much more important than any model or framework. For example, Spinelli (2015) describes his model of therapy as consisting of three phases-for more detail see Spinelli (2015). Yet, he is keen to emphasise not only that these are not necessarily distinct stages and can often merge into each other, but also that the focus is far more on the nature of the encounter than on any specific elements of the philosophy as applied to practice. For example, he states that phase three "puts into practice the possibilities of reconfiguring the client's experience of inhabiting his or her wider-world through the experiential alternatives provoked by the therapy-world" (Spinelli, 2015: 125). This conceptualisation of theory in practice highlights how the therapy operates in an inter-relational, co-constructed, experiential, non-binary way, based on the nature of the encounter.

Similarly, van Deurzen (2002: xiv) puts forward a framework for practice which offers a way of working “and thinking” rather than a set of techniques or skills. Both these definitions effectively foreground the relational or process elements rather than on goals or techniques. Such conceptualisations effectively capture the holistic, interactive nature of therapy. Indeed, this focus on the interactive nature of therapy process is central to existential therapy. As van Deurzen and Adams (2011: 154) put it:

> Human beings are essentially relational…The person does not exist separately from their relationships. As with the body, the person does not have relationships, they are their relationships.

Such conceptualisations of practice or process capture its essentially relational nature and the co-construction of knowledge between client and therapist. There is also a challenge to the dualistic notion of the theory-practice relationship.

3.3.5 The concept of embodiment

The concept of embodiment is central to understanding the theory-practice relationship in existential therapy, in that existential therapists regard themselves as embodying their knowledge (Langdridge, 2013: 5). Spinelli and Marshall (2001: 2) assert that therapists interpret their theoretical approach from “an embodied standpoint.” In terms of existential therapy, Spinelli and Marshall (2001: 33) are clear that an individual’s world view “expresses the way that each of us constructs all facets of our reflectively lived and embodied way of being.” Merleau-Ponty challenged the dualism of Cartesian thought, by proposing that it is through our bodies that we engage with the world (Langdridge, 2013). Cohn (1997), when discussing the ‘Mind and Body,’ emphasises how existential philosophers do not regard there being a split between the two.

Felder and Robbins (2011), when discussing Merleau-Ponty’s phenomenology of embodiment, encapsulate his way of thinking as embodied reflexivity, which is not simply a cognitive process but rather is based on his idea that an individual and their subjectivity is inseparable from their body and the world. So human experience is conceptualised thus:

> Inside and outside are inseparable. The world is wholly inside and I am wholly outside of myself… In so far as, when I reflect on the essence of subjectivity, I find it bound up with that of the body and that of the world. This is because my existence as subjectivity is merely one with my existence as a body and with the existence of the

> world, and because the subject that I am, when taken concretely, is inseparable from this body and this world (Merleau-Ponty, 1945/1962: 407– 408).

Therefore, as human beings embody a way of being in the world, so existential therapists embody their approach which is communicated to the client in their way of being in the therapeutic encounter. The concept of relationship in existential therapy is also important here, in that the body and the world, including others, are seen to be intertwined. So, the theory-practice relationship, being a part of human experience, is also conceptualised in a similar fashion, with theoretical ideas being inseparable from the person of the therapist. Thus, existential therapy can be seen as a process of embodying existential and hermeneutic philosophy within a phenomenological framework.

So, it is possible to provide a broad definition of the British School of existential therapy and to identify a number of common philosophical assumptions underpinning the approach such as the adoption of a phenomenological attitude and method; the application of hermeneutic philosophy and the application of ideas from existential philosophy, such as human beings facing certain limitations in human existence such as freedom and choice, 'thrownness' and 'death;' human beings existing only in relation to the world and to others and existence being embodied (Cohen, 1997). The epistemological and philosophical assumptions underpinning existential and hermeneutic philosophies foreground a perspective on the theory-practice relationship which recognises its complexity. However, there are some differences in emphasis between contemporary authors which potentially problematise a clear definition.

3.4 Differences in emphasis in terms of the relationship between philosophy and practice

3.4.1 Differences amongst key figures in the field

As each practitioner interprets the various theoretical and philosophical elements in their own way (Spinelli, 2007), there are inevitably variations in emphasis amongst leading existential authors in the British School. For example, two leading contemporary figures, van Deurzen and Spinelli, have rather different perspectives on what constitutes existential therapy, with the former being heavily influenced by Kierkegaard and Heidegger while the latter draws far more from Husserl and other phenomenologists (Cooper, 2003). While van Deurzen emphasises the need to meet the existential givens or "challenges of life," (van Deurzen, 2002: 109) Spinelli focuses on "embodying an existential-phenomenological stance" and so foregrounds phenomenology (Spinelli, 2003: 118). Spinelli (2015) emphasises the underpinning philosophical principles of existential relatedness, uncertainty

and existential anxiety. He argues that these are located at a more fundamental level than the givens of existence foregrounded by van Deurzen (2012), which may also be addressed by other therapeutic approaches. Both make the point that they are presenting their own individual way of working existentially. So, Spinelli (2015), for example, presents his structural model for practice as *his* individual way of engaging in therapy.

There has been much disagreement between these two authors and certainly their writing on existential therapy in practice presents somewhat different perspectives on putting the philosophy into practice. For example, van Deurzen (2012) has developed several models which she uses to make sense of client issues. One of these is her four worlds model - which advocates an exploration of how the client conceptualises their physical world, social world, personal world and spiritual world-and which provides a structure for helping the client to clarify their world view. Its purpose is to help the client identify any perceptual limitations they might be imposing on any of these dimensions so that they can increase their options for being in the world. It is worth noting here, in order to emphasise the differing perspectives, that this use of pre-determined models is regarded by some, including Spinelli, as being overly prescriptive (Cooper, 2003).

Taking a rather different stance, Yalom (2007) highlights that existential therapists may invoke a wide range of interventions depending on what they consider will work for the client. These include challenge, teaching, support and encouragement and exercises and homework from other orientations such as gestalt and CBT. It is interesting to note that this leading figure in the field, albeit one who works from the humanistic-existential perspective (Cooper, 2003), regards the theory-practice relationship significantly differently from other practitioners in that he advocates drawing widely from other orientations including using exercises and homework which other practitioners might be reluctant to do. This again emphasises the personalised interpretation of the approach.

In conclusion, although contemporary authors share a broad epistemological and philosophical stance on existential therapy, further complexities regarding the theory-practice relationship result from the fact that the ideas underpinning the approach are given different emphases by different authors. Therefore, in keeping with its philosophical stance of each individual developing their own world view it could be argued that it is not a straightforward task to elucidate a clear conceptualisation which encapsulates the different personal interpretations of this theoretical orientation. Also, the relationship between theory and practice, even within the British School, varies from a fluid ‘not-knowing’ stance, whereby the

therapist puts aside their assumptions, including those relating to theory, as far as is possible, to what could be regarded as a rather more model-driven therapeutic approach.

The next section focuses on some worldwide research aimed at identifying the common features and practices of existential therapy. Although this research does not focus solely on the British School, the findings do provide an insight into the potential difficulties of clarifying what existential therapists actually do in practice.

3.4.2 Variations in the use of common 'practices'

Correia, Cooper, Berdondini and Correia (2017) undertook a worldwide survey aimed at identifying some of the common features of existential therapies, while, at the same time, acknowledging the difficulty of defining the approach because of the diversity of theoretical perspectives and practices. They also indicate how existential therapy's epistemological position tends to reject the application of universal theories and causality, instead foregrounding subjectivity and the unique experience of every client and every therapeutic relationship. Participants, 50% of whom were aligned to the existential-phenomenological approach, were asked the open-ended question: "which three specific therapeutic methods or practices would you consider most characteristic of existential therapy?" (Correia et al, 2017: 217).

The findings of their study indicate that the most common practices, according to practitioners, are phenomenological practices, including the use of a phenomenological method or attitude, although only 26.6% of coded practices referred to these interventions. Methods associated with specific existential branches were the next most commonly identified forms of practice (23.6%), with methods relating to logotherapy and existential analysis, such as paradoxical intention or dereflection, accounting for the vast majority of these, although the specific methods were rarely explicated. Practices informed by existential assumptions (such as exploration of the existential givens, including freedom, choice and responsibility) constituted 23% of coded practices and relational practices, such as addressing what is happening in the therapeutic relationship, formed 18.3% of coded practices. Practices from other therapeutic approaches constituted 8.4% of coded practices. It is worth noting here that the latter practice of drawing on practices of other therapeutic approaches is common amongst those who define themselves as being informed mainly by existential ideas (Correia et al, 2017).

What is surprising is that such a relatively small percentage of the coded practices mentioned what are frequently regarded in the literature as being the most common

existential practices such as use of phenomenological methods or practices informed by existential assumptions. Also, methods relating to logotherapy and existential analysis, which were the second most frequently mentioned methods, are somewhat directive and technique-oriented practices (Craig et al, 2016) and are sometimes regarded as sitting in opposition to the epistemological stance of much existential therapy (Correia et al, 2017). The authors suggest that this may be because the respondents alluding to those methods are likely to be involved in those types of existential therapy, rather than it being a "shared perspective" in existential therapies (Correia et al, 2017: 231). These findings suggest to me that, although it is possible to identify some common practices used by existential therapies, the fact that there is not a high degree of agreement suggests there is still some lack of clarity in what existential therapists say they do in practice. In addition, some respondents queried whether existential therapy espoused specific 'methods' at all. As a result, this area of research is ripe for further exploration.

Another study by Correia, Sartoris, Fernandes, Cooper, Berdondini and Sousa (2018) set out to observe the practices used by existential therapists. Sessions were recorded then analysed in order to identify types of individual interventions and the frequency of different type of intervention in overall sessions. The specific categories used were taken from the findings of the study discussed above (Correia et al, 2017). The most commonly used were relational practices, followed by hermeneutic interventions (interpretations based on actual client material) and reformulations (reflecting back what the client has said). Interventions based on existential and phenomenological assumptions were observed far less frequently, although they were identified more frequently than other types of practices by therapists themselves in the survey above (Correia et al, 2017). The authors offer the explanation that interventions based on existential and phenomenological assumptions may not be easily observable and there were issues with low inter-rater agreement. Indeed, they also acknowledged that there was some overlap between, for example, relational and phenomenological practices. Also, practices informed by existential assumptions were found to be difficult to identify. They conclude that there appears to be some discrepancy between what practitioners - and indeed the literature - say they do (as highlighted in the previous study) and what they do in practice and that their focus appears to be more on relational practices and on interpretation and reformulations than they themselves acknowledge.

The above studies not only highlight possible differences between perceived and actual practice, but also suggest that there is conflicting evidence as to what is the nature of the philosophy-practice relationship in existential therapy. In addition, the second study

demonstrates how problematic it can be to attempt to categorise different existential practices from a so-called 'objective' standpoint. It certainly seems that when attempting to identify specific existential practices, there are variations in the actual practices which are foregrounded (Correia et al 2017; Correia et al, 2018), with some research indicating that relational practices and hermeneutic interventions and reformulations are central, while others place more emphasis on phenomenological methods or practices informed by existential assumptions (which is, in any case, a broad term). While these studies focus on a range of existential therapies, and not just the British School, such varied findings, nevertheless, indicate the need for further research into what existential therapists regard as the main ways they engage philosophy in practice.

I will now focus on a main way in which existential therapists often conceptualise their approach as being distinct from other orientations: the focus on philosophy rather than psychological theory. The rationale for doing so is that there is some debate about the extent of this distinctiveness which may impact on the philosophy-practice relationship. Part of this discussion will clarify the difference between the philosophical underpinnings of all therapeutic orientations and the specific body of philosophy underpinning existential therapy.

3.5 The focus on philosophy in existential therapy

Certainly, many of those who write about existential therapy tend to regard the approach as being distinct from other theoretical orientations (van Deurzen & Adams, 2011; Langdridge, 2013). For example, a common perception is that their approach is underpinned by *philosophical* concepts which set them apart from the rest of the counselling and psychotherapy world which is mainly grounded in psychology (van Deurzen & Adams, 2011).

In terms of definitions of 'philosophy,' significant emphasis is placed on its being a process of enquiry or exploration which is distinct from theory. Howard (2000: 414) describes it as "challenging enquiry" whose aim is to ask questions rather than to search for answers. This process tends to give rise to further questions such that the enquiry is ongoing. Clarkson (2003) states that philosophy is an activity rather than a theory which further highlights the process-oriented nature of philosophical discourse. Hansen (2008: 98) emphasises how philosophy engages in the sort of questioning which challenges taken for granted personal assumptions. He also indicates how it has a use outside of the therapeutic encounter in that it can be a vital tool for "appraising the foundational assumptions of the counselling profession." He highlights how the discovery of a single 'truth' is not an appropriate goal in philosophy whereas it may well be in some psychological theories. So, the focus in

philosophically orientated therapy is on a process of in-depth challenging of a client's underlying assumptions about themselves, others and the world as well as challenging the broader assumptions of the field as a whole.

Kruger (2002: 51) describes how existential practitioners employ philosophy in existential therapy to assist clients in establishing their unique take on 'the good life.' He refers to the therapist as a coach in a tennis game whose aim is to help the client to develop their "freedom to choose" and to become an "authentic being in the world," both of which are concepts based on existential philosophical assumptions about being-in-the-world (Kruger, 2002: 51). Here, again, the focus is very much on existential therapy as a process of philosophical enquiry which is distinct from other approaches.

Indeed, a significant amount of existential literature tends to regard existential therapy as distinct from other therapeutic orientations because of its being underpinned by philosophical ideas (van Deurzen, 1997; 2002; 2012; van Deurzen & Adams, 2011). For example, van Deurzen and Adams (2011) state that other approaches often neglect philosophy and that what differentiates the existential approach is its movement away from a focus on function and dysfunction to a focus on "the nature of truth and reality," on aiming to understand life as far as possible and on becoming more proficient at living (van Deurzen & Adams, 2011: 9). They regard many psychological theories as presenting a prescriptive, and, by implication, non-philosophical, approach to human distress.

On the other hand, McLeod (2009: 279) asserts that existential therapy draws on a well-developed *theory* of "existential and phenomenological psychology" and is underpinned by a specific set of philosophical ideas in a similar way to other therapeutic orientations. So here, he presents existential therapy as having both an underpinning philosophy and a theoretical framework. Indeed, as highlighted in chapter 2, other authors also assert that all therapeutic orientations have underpinning philosophical assumptions (Feltham & Horton, 2012; McLeod, 2009). Givens (2015: 9) states that all counselling theories (and practice) have embedded within them some hidden assumptions about what constitutes 'the good life.' So, all approaches have their own distinct philosophical assumptions about the nature of human beings, the sources of human distress and the most effective ways of alleviating that distress. For example, the philosophical underpinnings of CBT would include a belief that experience can be reduced to thoughts, emotion and behaviour and that these can be conceived as having causal relationships. Howard (2000) argues that all orientations have a set of underlying philosophical principles, sometimes without being aware of these and that approaches which are based on philosophy, such as existential therapy, simply tend to

highlight their use of it, whereas other orientations may be less overt about their philosophical underpinnings. Howard (2000) calls for all therapy to have an explicit philosophical base underpinning therapy in the way that he perceives existential therapy to have. Van Deurzen (2002) also stresses the importance of philosophical clarity in therapeutic work, such that the therapist is clear about what philosophical underpinnings they are drawing on.

On this basis, I would argue that existential therapy has philosophical underpinnings in the way that all approaches do, but these tend to be more overtly expressed. However, existential therapy is, I would argue, distinct from other approaches in that draws from a body of *philosophy* about the nature of human existence, rather than from psychological theories about what it is that can cause psychological distress and how this can be addressed. Such philosophical ideas, and their epistemological assumptions, will inevitably have a profound impact on how the theory-practice relationship is conceptualised in therapy as I have demonstrated above.

3.6 Challenges to a simple relationship between philosophy and practice in existential therapy

I will now focus on some of the ways in which a simple relationship between philosophy and practice in existential therapy is problematised, which include the philosophy not directing the therapy and an openness to ideas from other orientations. Although these issues have already been explored in chapter 2, I would argue that they are foregrounded in existential therapy.

3.6.1 Philosophy not intruding into the therapy

An issue which problematises a simple theory-practice relationship is that many existential practitioners are ambivalent towards allowing theoretical concepts to influence practice too heavily, instead advocating a 'not-knowing' stance (Spinelli, 2007). When discussing existential therapists' issues with diagnostic labels, Langdridge (2015: 47) alludes to their dislike of "external theoretical frameworks" which they tend to regard as pre-determined ways of making sense of clients' experience, as opposed to their preferred approach of focusing on clients' individual ways of viewing the world. So, while existential therapists outline a wide range of philosophical concepts which underpin their therapeutic practice, those philosophical underpinnings, indeed the very nature of existential therapy, with its emphasis on bracketing assumptions and relational working, highlight the need to guard against allowing these assumptions to intrude too much into the practice itself. Another

aspect of theory in practice which suggests that the philosophy 'takes a back seat,' is that some authors emphasise that the underpinning concepts are rarely referred to when working with clients. Although Spinelli (2015) indicates that the underlying principles of relatedness, existential anxiety and uncertainty underpin his approach, he emphasises the fact that they are never explicitly referred to in the therapy sessions. Cohn (1997) makes a similar point, that while his approach is based on Heidegger's perspective, with the therapy comprising a descriptive exploration of the client's immediate issues and worldview which is based upon existential principles, the client would only become aware of them indirectly in a way that makes sense to them. He asserts that clients do not need to be educated to understand and accept those principles. So, the philosophy rarely intrudes directly or explicitly into the therapy.

3.6.2 The impact of eclecticism, integration and pluralism on existential therapy

Another factor which further complicates the relationship between theory and practice in existential therapy is the common practice of integrating aspects of other approaches into an existential framework (Cooper, 2015),Correia, Cooper and Berdondini, (2014: 328), who undertook a survey to identify the distribution and characteristics of existential therapists, found that just under half (49.9%) of the participants regarded themselves as 'existential psychotherapists' in a pure sense, with 50.1% seeing themselves as "primarily informed by existential ideas and practices." As a result, because existential therapy is not always practised in its 'pure' form, such that therapists often incorporate other theoretical perspectives or methods into their work, exploring how existential therapists draw on existential philosophy in their practice is rendered more complex. The following section will focus on some of the ways in which the theory and practice of existential therapy can be combined with elements of other approaches and how this can sometimes problematise the philosophical clarity of the approach.

3.6.2.1 The integration of existential ideas into other approaches

As mentioned earlier, McLeod (2007) emphasises the importance of pluralism and there is a wide range of articles which discuss ways of incorporating existential ideas into an integrative model (Thompson, 2012; Claessens, 2009; Lewis, 2014; Harris, 2013). For example, Lewis (2014) proposes the integration of terror management theory with existential therapy to provide therapeutic support to elderly clients faced with death anxiety or other issues around mortality. In fact, there seems to be a substantial amount of clinical literature which focuses on ways of integrating existential concepts or themes into ways of working

with a diverse range of client groups (Lantz, 2001; Iglesias, 2004; Fernando 2007; Suri, 2010; Jacob, McMonigle & Metzger, 2014) as well as on working from a 'pure' existential perspective. For example, Jacob et al (2014) suggest that using the existential themes of understanding the subjectivity of experience and responsibility in couples counselling is highly relevant to facilitating change amongst couples experiencing difficulties. Iglesias (2004) outlines how existential therapy can be combined with hypnosis to help terminally ill patients cope better with physical symptoms as well as psychological struggles associated with dying.

3.6.2.2 Potential problems with integrating

On the other hand, Spinelli (2007) is critical of some texts on existential therapy (such as Yalom, 2001 and van Deurzen Smith, 1997) which attempt what he calls a "partial rapprochement" (Spinelli, 2007: 2) with other approaches, particularly psychoanalytic ones. The effect of this, he argues, is too much emphasis is placed on the assumptions of the other orientation which then detracts from and dilutes the unique aspects of the existential approach. In addition, the philosophical bases of the other approaches can conflict with those of existential therapy. As mentioned above, Spinelli (2007) is in favour of focusing on delineating a 'pure' existential approach, although, having said this, he acknowledges that what he presents is his own way of understanding and practising the therapy. He purports that there is no single form of existential therapy, just as there is no one way of undertaking any other type of therapeutic method. This stance also highlights, from a different perspective, the complexities involved in the theory/practice connection, but, I would argue, this is an inevitable result of each practitioner embodying existential ideas in their own unique way.

Van Deurzen (2002) emphasises the need for philosophical clarity and the importance of sharing one's assumptions with clients (van Deurzen, 2002). Although an advocate of integration, she highlights what she sees as the dangers of adopting an eclectic or integrative stance without much thought, which can result in drawing on a range of techniques and methods which have conflicting philosophical assumptions. However, she describes the existential approach as an integrative one, but stresses the need for having a "consistent framework of reference" (van Deurzen, 2002: 3). She also suggests (van Deuzen, 2012) that existential ideas are useful to therapists from all theoretical perspectives, seeing the approach as not so much a rival school but a different perspective on the world such that it can be integrated with other approaches as long as this is accomplished in a "disciplined philosophical way" (van Deuzen, 2012: xi). However, as discussed earlier it

appears to be a very complex, task for therapists to be mindful of whether the theories or methods they are using are philosophically coherent when they are attending to a range of other immediate issues in the therapeutic encounter. Also, it is debateable as to what extent it matters to clients whether their therapist's approach is philosophically consistent.

As discussed in chapter 2, a therapist's world view and chosen therapeutic orientation, whether it be eclectic, integrative or a 'pure' approach, is very much influenced by their background and formative influences. Van Deurzen (2012) highlights how the varied experiences she was exposed to as a child influenced her view of the world as much as formal educational experiences. In terms of theorists and practitioners, she cites Freud as a dominant influence as well as existential philosophers such as Kierkegaard and Binswanger. It is worth considering the difficulty of integrating psychoanalytic ideas with existential ones in a coherent way when there are so many conflicting assumptions between the two approaches. For example, the determinism inherent in Freud's structural model of the mind or in the cause- and-effect implications of the sexual stages of development seem to conflict with the philosophical assumptions of a not knowing stance where assumptions are 'bracketed.' Of course, it is possible to be selective in terms of the concepts upon which one draws, but, nevertheless, these two world views do appear, in many respects, to be poles apart. Such attempts at integration can lead to a lack of philosophical clarity and to highly complex interactions between philosophy and practice.

3.6.2.3 Conclusions on integration and eclecticism

In the above discussion I have aimed to indicate some of the ways in which the move towards the integration of existential ideas with those of other approaches has added to the complexity of the relationship between philosophy and practice in existential therapy. While my research aims to clarify this relationship, the fact that there exist numerous ways of integrating existential ideas with other theoretical approaches makes this a more complex task than I first thought. In addition, even those who profess to be existential, rather than integrative or eclectic in their approach (van Deurzen, 2002; van Deurzen, 2012), nevertheless often acknowledge how they have been influenced by other theoretical orientations which sometimes appear to be philosophically at odds with existential assumptions. Although there are arguments to support the existence of some similarities between what may at first appear to be significantly different theoretical perspectives (Ottens and Hanna, 1998), the issue of consistency of philosophical underpinnings is still an issue which raises its head when attempting to draw on a range of diverse perspectives and may be something upon which my research is able to throw some light.

As the above discussion has shown, the relationship between philosophy and practice in existential therapy is a complex one. I will now shift the focus to discussing ways of undertaking research into this orientation which recognise this complexity, and which are philosophically compatible with it.

3.7 Ways of researching existential therapy which foreground the complexity of the theory-practice relationship

In terms of the relative lack of empirical research in existential therapy, this is partly due to the fact that the epistemological underpinnings of the approach are at odds with much traditional, positivist outcome research. On the other hand, process research, as well as case study and action research, can offer highly effective means of investigating what works in existential therapy in a way which allows for exploration of the complexities involved in the philosophy-practice relationship. In addition, these forms of research, and their findings, are likely to be attractive to existential therapists as the underlying assumptions closely align with the philosophical underpinnings and the "dynamic, dialogic and collaborative" nature of the approach (van Deurzen, 2018: v).

In this section, I will discuss some of the ways in which process, case study and action research are valuable for investigating the complexities of what works in existential therapy. I will not, however, be discussing specific research findings in detail as there are very few relating to my area of research. Prior to this, I will briefly explore some of the reasons why existential therapists tend to reject positivist outcome research, including much EBP, as being overly simplistic and alien to their world view and, why it is, therefore, not regarded by many of them as a suitable approach for understanding their way of working.

3.7.1 Existential therapists' perspectives on positivist research and their implications

As discussed in chapter 2, positivist outcome research, including some forms of EBP, can be used to prescribe which elements of theory should be applied in practice with the 'best' evidence often being seen as randomised control trials (Morrow, et al, 2017). In terms of existential therapy, the philosophical and epistemological underpinnings of such research are often regarded as being at odds with the approach and many existential therapists do not tend to engage with it. Quantitative outcome research is often regarded scathingly (du Plock, 2007; Milton, 2002; Loewenthal & House, 2010) as its positivist assumptions stand in opposition to the existential principles of 'un-knowing,' subjectivity and an antipathy towards prediction and interpretation. Indeed, some existential therapists do not believe there is a place for research in the field, regarding it as an impossible task to ascertain what is and is

not good practice due to what they see as the rarefied nature of the approach (Langdridge, 2013). So too, one of the main professional bodies for existential therapists, the Society for Existential Analysis, operates quite separately from other more mainstream professional organisations and, as a result, many existential therapists can comfortably ignore outcome measures and quantitative evidence-based practice, or, indeed, any research at all. As a result, there is limited empirical research in the field of existential therapy (Souza & Vaz, 2020), which has meant that existential therapies have been, to some degree, marginalised in the mental health community, including the NHS, with orientations such as CBT being privileged.

This serves to highlight the conflicts in the therapy profession between those who advocate only drawing on theory/knowledge which has been tested using hypothetico-deductive methods based on the notion of measuring outcomes in a standardised way and drawing generalisable conclusions about outcomes and those, like many existential therapists, who reject such a stance and who, when recognising the value of research, tend to favour process research grounded in a qualitative methodology, considering it to produce more meaningful findings. Having said this, there is not a clear dichotomous split between the types of research undertaken by existential therapists and those aligned to EBP. Indeed, a few researchers of existential therapy do engage with quantitative outcome research as highlighted in a meta-analysis of existential research findings (Vos, Craig & Cooper, 2015). In addition, some proponents of EBP and outcome research also recognise that there is a place for process research and that counsellor expertise and client factors also need to be considered alongside a theoretical evidence base (Morrow et al, 2017). However, qualitative process research could be seen to be more closely aligned with the epistemological underpinnings of existential therapy and there is a case for arguing that an increased focus on producing and more broadly disseminating high quality process research might help to develop a more solid evidence-base in the field.

3.7.2 The value of process research

While there is value in evaluating the outcomes of psychotherapy, there is a growing recognition that this type of research leaves some questions unanswered (BMJ, 2015). While outcome research is useful for identifying whether therapy works, in other words if there is a causal relationship between the therapy and client change (Elliott, 2010), process research explores *how* it works (Timulak, 2008) by focusing on the *nature* of the relationship between therapy and client change. While it could be argued that outcome research "reduces complexity," process research aims to acknowledge and enrich complexity

(Buchholz, 2019: 798). Process research places the spotlight on what takes place in therapy with a view to understanding how it impacts on its overall effectiveness. It focuses on what therapists do in sessions which can bring about therapeutic change. Process research recognises that therapy is a relational process influenced by a wide range of contextual factors and is therefore able to provide a means of exploring the impact of these factors on the effectiveness of the therapy. As a result, both outcome and process research have something to offer in terms of examining the effectiveness of therapy, but process research is particularly suitable for investigating the complexities involved in the therapeutic process including those involved in the relationship between theory and practice as discussed above.

There has been a growth in process research over the past few decades (McLeod, 2011). Indeed, the Medical Research Council (MRC) (BMJ, 2015: 1) has indicated that there is a need for what they term "process evaluation of complex interventions." The use of the term "complex interventions" is an acknowledgment that change is brought about by a complex interplay of multiple elements, including client or organisational context as well as what they term "attitudes and circumstances" of those implementing the interventions (BMJ, 2015: 2). MRC highlights the fact that process evaluation is able to examine these factors in a way that outcome research cannot and is, therefore, a necessary addition to outcome studies. While the authors advocate a systematic approach to the design and implementation of this type of process research and recommend drawing on theory to make causal assumptions, they also acknowledge the influence of the "past experience or common sense" of the implementers (BMJ, 2015: 1). There is, therefore, some recognition that an individual therapist's experience and belief system have an influence on the change process.

In terms of the elements of therapy which process research can effectively explore, McLeod (2011) highlights how interactions between client and therapist, as well as therapist behaviours, can be focused upon using this type of research. So too, clients' perspectives on aspects such as the therapeutic relationship, which incidents they thought contributed to the development of the relationship or which aspects helped to increase their engagement in the therapy are considered valuable areas to explore. Elliott (2010) indicates how this type of research is able to pinpoint particular issues in the therapeutic process, including what interventions are useful, as well as identifying helpful ways of working with different client groups.

Minieri et al. (2015) argue that more focus needs to be placed on process issues and process research including more emphasis on client perspectives and preferences. They state that there is a theory-research gap which could be partially reduced by acquiring client

feedback on the process of the therapy. They regard this as a way of "providing in the moment evidence of the effectiveness of psychotherapy" (Minieri et al, 2015: 309). They argue that subjective client perspectives are valuable and would be more likely to foreground process issues as clients tend to be most aware of these. As Elliott (2010: 128) points out, process research is valuable not for testing theories but for "developing and adapting rich theory which is grounded in the data." So, therapists could start with practices that work and then use client feedback to develop a theory as to why they work. Indeed, many therapists are likely to be already doing this, even if they are not developing theories in any formalised way.

In terms of existential therapy, Lantz (2004) indicates how existential therapists generally believe that participating in therapy is a better way of learning how to be an effective therapist than the use of experimental evaluation studies. He states that there is a difference between 'knowing' and 'knowing about' with the former – which is preferred by most existential therapists - being gained through the experience of engaging in a 'real' relationship with the client, and the latter, more abstract knowledge, being gained through experimental evaluation research. As existential therapists believe that change occurs from relational working and the co-construction of what is happening in the therapy, research needs to focus on these complex processes. This stands in opposition to the assumptions of experimental research designs which attempt to identify specific interventions on the part of the therapist which lead to change, without consideration of the complex interplay of numerous other factors. Existential therapists are generally "more interested in inductive, rich, deep and unclear knowledge developed over time in a relationship with a unique client" (Lantz, 2004: 334). From an existential perspective, the most valuable knowledge emerges out of the process of participation with the client over a period of time as well as from rigorously reflecting on that participation (Lantz, 2004: 335). This renders process research a particularly suitable method of research for illuminating how change comes about in existential therapy, including how therapists 'draw on' existential philosophy in their practice.

Elliott (2010) identifies four types of what he terms 'change process research' (CPR) including qualitative helpful factors and significant events research. He outlines how meta-analyses of helpful factors studies (Greenberg, Elliot & Lietaer, 1994; Timulak, 2007) have demonstrated the consistent identification by clients of certain therapist qualities or interventions such as empathy, self-disclosure and giving feedback. He argues that this type of process research is valuable for pinpointing what works and what does not, thus improving the process of therapy. Similarly, significant events research, if used to analyse

specific examples of practice, has the advantage of focusing on the practice itself rather than perceptions of practice, though it can be used for both. All methods, he argues, have been shown to be of value over the past sixty years and can be used to identify "key causal change processes" (Elliott, 2010: 131). Elliott (2010: 123) puts forward a case for "methodological pluralism" asserting that there are strengths and limitations to all the methods he describes.

Similarly, significant events research - a form of change process research - can be used to identify which moments in therapy are of particular importance to clients. Timulack (2010), who undertook a review of this area of research in the general psychotherapy field, identified that the relational and emotional elements of significant events or points in therapy may be more important for clients than the cognitive elements often emphasised by therapists. He also concluded that the processes involved are "complex and ambiguous" and "deeply contextually embedded in the preceding events of therapy" (Timulack, 2010: 421). Such findings chime with both the complexities of existential philosophy in practice and the relational and contextual factors foregrounded by existential therapists.

Sousa and Vaz (2020) undertook some qualitative significant events research involving clients in existential therapy which indicated which factors they regarded as being of most significance in bringing about change. The findings indicated that the importance of the therapeutic relationship and the way in which significant events can only be fully understood in the holistic context of the therapy were both seen to be central. The researchers found such findings to be unsurprising, bearing in mind how important relational factors and consideration of context are in the orientation. On the other hand, specific interventions and skills, such as experiential validation, self-disclosure and confrontation, as well as the impact of renegotiating the alliance and dealing with ruptures were also highlighted, but these they found more surprising. This reaction, they explained, was due to the fact that existential therapists generally place less emphasis on these elements. This serves to highlight how clients and therapists can place different emphases on what constitute significant events or elements of the therapeutic process. As a result, it indicates the real benefit of focusing on process issues in therapy using a qualitative methodology in order to gain clients' perspectives in addition to those of therapists. Overall, this research was able to throw light on some of the complex contextual and relational factors which impact on therapy effectiveness.

Certainly, research focusing on therapy process, particularly that which adopts a qualitative methodology and antinaturalist epistemology, is able to effectively investigate the many

complex factors at play in effective therapy, taking into account the client perspective as well as the interactional processes at work. It offers a valuable alternative to outcome research which is, I would argue, less effective at exploring the complexities of the theory/practice relationship as described above and which struggles to shed light on how to effectively address the 'messiness' and diversity of human concerns. Process research highlights the value of developing knowledge which foregrounds the interactions between therapist and client, personal meanings and the relational elements so valued by clients and by existential therapists.

3.7.3 The value of case study research

Case study research is another means of creating an existential evidence base which offers a means of exploring therapy processes and how theory is drawn on in practice in complex ways. Yin (2003) indicates how it can be used to examine the complex interplay between factors in a single case, whether that be an agency or a particular client's therapy. Du Plock (2018: 2) discusses how this type of research methodology offers "narrative descriptions" or "narrative knowledge" of therapists' work with clients which focus on phenomenological descriptions of their ways of being in the world. McLeod (2010: 8) asserts that case study research provides a valuable counterbalance to studies which elicit "abstract or paradigmatic knowledge" or 'objective' explanations. Case study research foregrounds client's perspectives rather than imposing "theory-based explanations" on their issues (du Plock, 2018: 3). It is also grounded in the therapeutic relationship, acknowledging the way in which individuals create meaning in relation to others rather than in isolation. Thus, it enables an in-depth exploration of clients' and therapists' meanings from a holistic perspective, recognising that the role of theory/philosophy in practice is co-constructed and subjective. This perspective is very much in keeping with existential therapy's underpinning philosophy.

There are, however, some potential drawbacks in utilising this type of approach to research. For example, it raises ethical issues regarding confidentiality and avoidance of harm which need to be carefully addressed. Also, case study research does not allow for comparisons of a range of opinions on a particular research question (McLeod, 2011).

3.7.4 The value of action research

Action research is a form of research which adopts an epistemology which not only recognises the complexity of the theory-practice relationship but also its non-binary nature. As such, I would argue that it is another suitable method for existential therapy research, particularly considering its rejection of the dichotomy between theory and practice. According

to Nielson (2016) it challenges the traditional perspective of “actionable knowledge” whereby knowledge or theory is produced by academics, then used by practitioners, with the two being separate entities. It also rejects the “positivist separation of fact and value” (Nielson, 2016: 420). It involves working with practitioners to improve theory-building and practice in an inductive way, such that its effect is to change both the researcher and the external world (Nielson, 2016). It foregrounds a form of research which is collaborative such that participants become “co-inquirers” (McLeod, 2011) and as such challenges many of the assumptions of traditional research paradigms.

The underlying premise is the importance of learning from practice by engaging in an ongoing process of re-evaluating clinical experience, including “blind spots” and “biases” (Lees, 2001: 133). While traditional research and academic study champions a move from ‘outside to inside,’ reflexive action research advocates starting on the inside and moving out, so that the personal meanings of the learning is foregrounded. A crucial element is the transformation of practice. ‘Reflection-on-action’ develops into ‘reflection-in-action’ so that the practitioner-researcher is able to reflect on the process and engage in it simultaneously (Lees, 2001). This chimes with the way that ‘praxis’ conceptualises theory and practice as discussed in chapter 2. According to Freshwater and Rolfe (2001: 534), the research is “a construction of the researcher himself or herself,” with the researcher-practitioner being at the centre of the process. This type of research effectively reflects the complex interactive relationship between theory and practice as conceptualised in existential therapy. Indeed, training to be, and practising as, a therapist has a great deal in common with engaging in reflexive action research, so may well be a suitable approach for existential therapists to employ.

However, I would argue that there are potential risks in undertaking such a radical approach as it is arguably more difficult to adapt the findings to fit within the format required by traditional journal articles (McLeod, 2011). In addition, it appears to be a somewhat complex approach to employ, particularly by novice researchers, as it tends to lead to a range of outcomes which can make evaluation of the findings a particularly complicated process (McLeod, 2011).

Certainly, EBP in its commonly understood sense does not provide in-depth insights into the complex processes involved in putting theory into practice in existential therapy. In addition, it conflicts with existential epistemology and is commonly rejected by most existential therapists as offering a relatively simplistic form of knowledge and a limited perspective on what does and does not make for effective therapy. Even when a broader more flexible

conceptualisation is foregrounded, it is still unlikely to be valued or employed by those professing an existential perspective. On the other hand, other forms of research as outlined above, particularly those employing a qualitative methodology, can be seen to provide a rich understanding of the complexities involved in ascertaining how existential therapy works, including in terms of the theory-practice relationship. My decision to engage in research which explores therapist, trainee and trainer perspectives on therapeutic processes in this research study was partly based on its appropriateness for exploring the complexities of the theory-practice relationship in existential therapy from a range of participant perspectives, as well as the fact that there is a relative dearth of such research in the field.

3.8 Existential therapy training

I will now discuss existential therapy training, as it is at the training stage that clarifying the relationship between philosophy and practice is foregrounded. Such a discussion will also clarify the context for my own research and the need for it. Very little has been written about existential therapy training and much of that literature focuses on existential supervision as a central part of the training process. However, perhaps unsurprisingly, bearing in mind how existential therapists embody an existential worldview, what has been written tends to focus on the relational processes and values which best facilitate effective training and supervisory processes rather than focusing directly on how trainees can be supported in drawing on existential philosophy in their practice. In this way there is consistency between the core philosophical assumptions of the therapy and the training practices. However, as existential authors acknowledge how individuals interpret theory differently (Spinelli, 2007), what has been written on existential supervision tends to present the author's idiosyncratic perspective on it (du Plock, 2007; du Plock, 2009; van Deurzen & Young, 2009; Krug & Schneider, 2016), so that they have a different emphasis depending on the individual's existential priorities and particular perspective on what constitutes valuable supervision. Unsurprisingly, due to the flexible and relational nature of the existential approach, there is little attempt to advocate a comprehensive model for adoption by others. Having said this, it is possible to identify some common themes which draw on existential ideas.

3.8.1 An exploratory, relational approach to training

Du Plock (2007) advocates a need to be flexible and, after a thorough literature search, states that he could not find a single model of existential supervision. He asserts that a body of theory does not exist to support existential supervision but goes on to outline his perspective on the nature of it, including some of the underlying principles. His descriptions

very much reflect some of the core themes of an existential approach. He describes existential-phenomenological supervision as “engaging in a piece of co-research to clarify the way the client creates meaning” (du Plock, 2007: 332) and sees it as a process of exploring how open supervisees can be with their clients and what might be getting in the way of that openness. Echoing the practice of existential therapy, it is an ‘attitude’ and a “relational approach to supervision” (du Plock, 2007: 335).

He outlines a course based on existential assumptions which he ran for trainee clinical psychologists focusing on supervision which consisted mainly of a series of experiential exercises. There is limited direct reference to existential theories apart from a brief reference to Heidegger and Buber in the abstract. Instead, he opens up “a space for un-knowing” (du Plock, 2007: 333) which enables trainees to focus on themselves in relation to supervision with the emphasis being on the “relationship, encounter and meaning-making” (du Plock, 2007: 334). All these concepts are central to existential philosophy and existential therapy: the concentration on the relationship as a source of learning; on learning through experience and the importance of un-knowing exploration are all central to existential practice, at least in the British School.

Although there is very little empirical research in the area of existential supervision, du Plock (2009) undertook a research study which explored existential supervisee and supervisors’ perspectives on the nature of clinical supervision. Again, he emphasises that the supervisory process needs to be ‘exploratory’ rather than ‘theory-led’ and regards one of the aims of supervision as being “to develop a questioning approach to therapy” (du Plock, 2009: 313). The four main themes which emerged were: “attending to the ‘Being’ of the supervisee;” “support and maintenance of a philosophical attitude;” “promotion of a relational perspective” and the “supervisor as a colleague or mentor” (du Plock, 2009: 299). Again, these themes reflect some of the central concerns of existential philosophy and therapy. In terms of the theory/practice link, du Plock (2009) seems to be emphasising tentative use of theory with an emphasis on exploration rather than employing theory to provide answers in the way that some other forms of therapy do. The supervisees valued a focus on ways of being and relational elements of the supervision including the egalitarian nature of the supervisory relationship rather than on how to make more effective use of theory in practice. Again, the development of a philosophical attitude and a relational perspective are central to existential therapeutic practice, so it is not surprising that they are also foregrounded in the supervisory process.

From a slightly different perspective, Farber (2010) discusses the importance of developing a range of 'competencies' from the perspective of humanistic-existential therapy and highlights the relevance of these in training and supervision. He identifies what he sees as important competencies which relate to developing "experiential awareness" in clients and using the therapeutic relationship to facilitate change. However, these competencies are not specific and measurable in the sense that competencies often are. Such competencies include "attunement to the client's needs" and "reflection on the subjective experiences of being with a client" (Farber, 2010: 32). In this way, Farber (2010) also seems to be asserting an existential approach to supervision which focuses on the experiential and relational aspects of therapy and on developing the reflexive abilities of the supervisee, rather than on how to use theory in supervision.

So, the focus in existential therapy training and supervision appears to be on the personal development of the trainees in terms of developing an existential attitude and a relational way of working. There seems to be less emphasis on learning how to use philosophy in practice in a more cognitive sense as the aim is to support trainees in learning to embody the philosophy in their practice.

3.8.2 The importance of paying attention to trainees' emotional responses

There have been a number of studies focusing on trainee therapists' perspectives on their emotional responses to the training experience, although very few of these relate to existential therapy trainees. McMahon and Rodillas (2018), who focused on personal development groups on an integrative psychotherapy training course, found that trainees reported that engaging in the groups enabled them to feel more comfortable with sharing their thoughts and feelings with other group members, but that they also experienced feelings of vulnerability and concern about being judged by others. Moller and Rance (2013: 282) also found that trainees experienced conflicting responses to participation in such groups, which included enhancement of learning about themselves and clients, but also some saw it as a "feared space" which gave rise to negative emotional experiences and which had a negative impact on the learning experience. Some also struggled to understand the purpose of such groups, which highlights the need to make this aspect explicit. Robson and Robson (2008) found safety or the lack of it to be a central concern in personal development groups on counselling training courses and that establishing trust and an atmosphere of acceptance were crucial factors in helping trainees to feel sufficiently safe and able to share personal feelings and experiences.

Pierce (2016), in his phenomenological study of the lived experiences of trainee counsellors from a range of orientations, identified the importance of having their personal feelings, which may sometimes include existential crises about the experience of undertaking counsellor training, acknowledged and explored as part of the training process. He highlighted how intense focus on development of the self can give rise to existential crises as relationships outside the course, for example, can undergo dramatic shifts. He pointed to several difficult emotions and reactions experienced by trainees such as loneliness, feeling overwhelmed and questioning oneself (Pierce, 2016: 143-4). He stressed that the focus needs to be on how these feelings impact on the therapeutic encounter rather than becoming personal therapy. These studies serve to highlight the value of exploring the trainee perspective on the training experience with a view to more effectively meeting trainees' needs. In addition, they serve to demonstrate the powerful influence of personal feelings and experiences on the training process. The dearth of research on the trainee perspective in relation to existential therapy training points to the value of my research project.

3.8.3 Developing an existential attitude rather than applying philosophy to practice

Van Deurzen and Young (2009) introduce their book on existential perspectives on supervision as being the first one of its kind. Again, the title is telling in that 'existential perspectives,' rather than 'an existential perspective,' is offered, with different chapters presenting varying angles on the supervisory process. The final chapter elucidates some existential themes which could be incorporated into practice such as responsibility, freedom, embodiment and phenomenology (van Deurzen & Young, 2009: 197). They assert that a philosophical approach to supervision requires 'flexibility' and 'individuality' which "leads to diversity of thinking" (van Deurzen & Young, 2009: 203). They also support the argument expressed above that theory is not applied to practice in a linear fashion, including in supervision, and support this with a quotation from Cohn:

> It is not a question of applying Heidegger's concepts to the practice of psychotherapy-rather it was the realisation that some of his understanding of the way human beings exist reflected my own and it therefore underlies my therapeutic practice (Cohn, 2002: xvii-xviii).

This quotation highlights how rather than translating theory into practice, the ideas will only impact on the therapy, or indeed the supervision, if they reflect one's own beliefs. Also, the notion of certain ways of understanding the world *underlying* one's practice presents a very different, embodied perspective to that of *applying* theory to practice.

In the limited literature on existential training and supervision, one of the common themes is the importance of exploring how the person of the trainee impacts on the therapy. This includes how their assumptions about the world, which include their theoretical assumptions, may help or hinder the therapeutic process. Krug and Schneider (2016) suggest that personal development is as important as acquiring a set of skills or knowledge. It is vital to assist the trainee to focus on their own beliefs and attitudes including those which can hinder the therapeutic process. The existential premise is "that one's personal context is always influencing one's interpersonal contact" and that many of these beliefs can be "out of awareness." (Krug & Schneider, 2016: 15). Similarly, Spinelli (2015) advocates exploring how supervisees experience the process of therapy with a specific client, or with clients generally, with a view to clarifying what aspects of their world view might be detrimental to the development of an effective therapeutic encounter.

This focus on personal development is not, of course, restricted to existential supervision, but the difference seems to be the degree of emphasis on it, based on the existential focus on how theory needs to be embodied rather than existing as a separate entity to be drawn upon. Although Krug and Schneider (2016) do refer to the need to have some knowledge of existential philosophy, both their and Spinelli's (2015) perspectives shift the focus away from an exploration of a knowledge base designed to illuminate practice in supervision and towards an emphasis on an exploration and clarification of how the person of the trainee therapist impacts on the therapeutic relationship and thus the effectiveness of the therapy. The emphasis, then, is on process rather than content as the supervisee's assumptions about themselves, their clients and the world are explored. They also stress the importance of needing to feel, or develop an affinity with, the existential and/or humanistic world view. The existential assumption which underpins this approach - and which both authors highlight - is that psychological issues cannot be worked through at a purely cognitive level; they need to be identified and experienced and issues need to be explored in an embodied as opposed to a cognitive way. So rather than a discussion of existential theory and practice in supervision, the emphasis is on "embodying an existential phenomenological way of being." (Spinelli, 2015: 174).

3.8.4 The importance of minimising the power imbalance in training

Another feature, which is emphasised by both Spinelli (2015) and Krug and Schneider (2016) is the importance of establishing as equal a relationship as possible between supervisor and supervisee. Spinelli (2015: 169) challenges the dominant narrative of the supervisor as "over-seeing" the supervisory process which implies judging and interpreting from the standpoint of the expert. Instead, he recommends the adoption of a "seeing-over" stance whereby the supervisee is seen as an equal partner. Krug and Schneider (2016) regard the supervisor as a 'fellow traveller' in the sense that everyone has issues which need to be worked through in order to become a more effective therapist. In this way, the nature of the supervisory relationship echoes the nature of the therapeutic relationship in existential therapy.

So, the little that has been written on existential therapy training/supervision is mainly discursive and is predominantly written from the trainer perspective. In line with the philosophical underpinnings of existential therapy, the focus is on the process of supervision and the importance of exploring the supervisee's way of embodying theory and their impact on the therapy. Having said this, there seems to be a dearth of literature which focuses on how trainees view and experience their training, including what they value and find challenging. In addition, there is a real gap in studies which explore how they experience learning to relate philosophy to practice and ways of embodying the philosophy.

3.9 Summary of existing literature

In conclusion, much of the existing body of literature on the theory/practice relationship in the counselling and psychotherapy fields, serves to highlight the complexity of this relationship and some of the ways in which this complexity shows itself. On the other hand, the literature which retains some positivist assumptions about this relationship tends to simplify its nature. It is understandings which take into account the influence of personal values and meanings, as well as contextual factors, in interpreting theory in practice which serve to problematise a simple, linear relationship. Also, conceptualisations which reject the more traditional notion of a binary relationship between the two concepts in favour of a non-binary narrative, whereby theory is embodied in the person of the practitioner, encapsulate some of its complexity. Such perspectives draw on epistemological assumptions drawn from a narrative paradigm, social constructionism and the concept of praxis. There is, however, very little empirical counselling/psychotherapy research which explores therapists' or trainees' views on how they might embody theory or the ways in which their philosophical world view might

influence their practice. Nor is there very much research which focuses on how trainers support trainees in developing their understanding of the relationship between theory and therapeutic practice. The clear assertion of the complexity of the relationship, together with the numerous discursive attempts to explain the reasons for this complexity, indicates the need for additional research into how this relationship is conceptualised by the therapeutic community.

With regards to existential therapy, the literature is also generally discursive. A significant amount focuses on the aims and nature of the therapy and on how existential and hermeneutic philosophy, as well as a phenomenological attitude and framework can be used in practice. Existential therapists generally regard themselves as embodying these concepts in a holistic way rather than translating theory into practice in a more dichotomous fashion. As a result, the focus is on the author's personal way of interpreting and practising the orientation. Such individual interpretations are often very fluid and flexible but may sometimes be more theory or model driven. In addition, some authors regard existential therapy as a distinct approach, being influenced only by existential philosophy, while others favour a 'partial rapprochement' with theory from a range of orientations being incorporated into an existential framework to form an integrative or eclectic model. Having said all this, there is a dearth of empirical research focusing on the views of existential practitioners in terms of how they draw on, or embody, existential theory and philosophy in practice and which aspects they regard as valuable or challenging.

In terms of training and supervision, there is, again, very little empirical research on how trainees in existential therapy are supported in learning how to relate theory to practice, although the underlying principles such as employing a relational approach or facilitating a way of learning and of understanding theory in a way which is embodied and goes beyond the cognitive, are usually highlighted. As a result, research which focuses on the trainee, and indeed the trainer, perspective, in terms of how they learn to use, or train others to use, theory in practice or which aspects they value or find challenging, would seem to be of significant value.

To reiterate, the aims of the study were to:

(1) explore how participants draw on existential philosophy in their therapeutic practice;

(2) explore what participants see as the value of existential philosophy for informing training and practice;

(3) explore what participants regard as some of the challenges of using and learning to use existential philosophy in practice.

Chapter 4: Methodology

4.1 Quality issues

In order to ensure that my research was of as high a quality as possible I considered summary criteria for appraising qualitative research studies developed by Walsh and Downe (2005) when developing my methodological approach. These were developed from mapping together what they regarded as the essential criteria obtained from eight existing checklists. I also drew on criteria outlined by Lyons and Coyle (2015) and Yardley (2000). I decided to focus on certain key areas, which seemed to recur in the checklists, namely: coherence, sensitivity to context; rigour of the data collection and analysis and reflexivity, each of which will be discussed below in the relevant sections.

4.2 Epistemological position

I now intend to outline my epistemological position and to explain why this is appropriate for my research. I initially decided to undertake a qualitative piece of research because it fits with my ontological and epistemological perspectives. I am not convinced by, and, therefore, would not adopt a naïve realist position which states that knowledge can be defined "as beliefs whose validity is known with certainty" (Hammersley, 1992: 2). The contextual position (King & Horrocks, 2010), which assumes that people's historical, social and cultural context is central to an understanding of how they experience their lives, fits more easily with my world view. The context of the research and of the researcher will then have an impact on the knowledge produced such that the influence of contextual issues will need to be reflected upon as part of the research process. However, I also see potential difficulties with a relativist ontology, which assumes what Lee (2012: 407) describes as the notion of "multiple realities," such that there are as many realities as there are individual viewpoints. This relativist position seems to me to make it potentially difficult to judge the relative merits of one reality over another and, following from that, to develop criteria to judge research by (Hammersley, 1992). While I acknowledge the value of social constructionism as a means of challenging the assumptions of positivism, I can see problems with all knowledge being contingent. I agree with Houston (2001: 849) that "relativist assumptions are logically incompatible with any form of prescribed direction, no matter how tentatively expressed."

Willig (2013: 11-12) asks some valid questions aimed at helping the researcher to identify and expand on the assumptions underlying different research methodologies: what assumptions the methodology makes about the world; what kind of knowledge the research

aims to produce and how the role of the researcher is conceptualised in the research process. With these points in mind, I knew I was aiming to produce knowledge which was not rooted in a positivist paradigm, but which was, instead, aiming to explore participants' subjective perspectives, with my overall goal being to create new perspectives and meanings in relation to the research question, rather than to arrive at some 'fixed knowledge' (Flybjerg, 2001). However, I also wanted to recognise that existential therapists - indeed all therapists - operate within certain 'real' social structures and are influenced by external power dynamics which have an impact on how they work, even if they are not fully aware of their influence. I wanted to be able to arrive at some insights which might enable therapists to influence and change those external realities - namely the training and therapeutic structures - in which they operate. I hope to be able to suggest, albeit tentatively, how my research might influence these external structures and impact on therapeutic training and practice.

As a result, a critical realist perspective seems to provide a balance between a belief in external reality, including social structures, but also in the potential for people to influence and change those external constraints. Scott (2010) argues the case for a critical realist perspective which offers a meta-theory for underpinning empirical research which adopts the epistemological and ontological perspectives outlined above. I agree with Scott (2010: 31) when he asserts a belief in an independent reality (ontology) while at the same time stating that "absolute knowledge" of how this works (epistemology) is not possible as knowledge is inevitably fallible and can always be critiqued and replaced. Hammersley's (1992) concept of 'subtle realism' seems to offer a similar perspective to critical realism in that it states that:

- Knowledge can be defined as beliefs we consider likely to be true by looking at the available evidence;
- There can be a range of valid descriptions of the same phenomena, but these represent the phenomena from different points of view rather than reproducing them.

The relevance here is that my research does not assume that the 'truth' can be discovered, but that it will offer one of a range of possible perspectives on the phenomenon being explored. Like Scott (2010), I recognise that one's view of the world is always influenced by one's historical, social and cultural context. The assumption is that there is no 'outsider view' on knowledge as it is influenced by the researcher's subjective perspective. In terms of coherence, my research aims seem to be appropriate bearing in mind my epistemological position outlined above.

Regarding sensitivity to context, I was mindful of the need to relate this study adequately to relevant research on the theory/practice relationship both in other helping professions, in the broader therapy field and in existential therapy in particular, so as to be able to indicate where the findings were similar to this body of work and where they were different from it. This was achieved via a thorough literature review. In terms of how participants' backgrounds could impact on their narratives, I decided to focus mainly on the impact of their occupational backgrounds and experience, including the stage they were at in their careers. My hope was to be able to compare the perspectives of those in different roles and at different stages of their careers.

In terms of the influence of my own background and world view, I was very aware of being an outsider in terms of not being trained as an existential therapist. I made a point of being clear with participants that I was a trained counsellor, though not in the existential approach. At the same time, I had become familiar with the approach through extensive reading and was felt passionate about it as an approach. In terms of being an outsider, I hoped it would, to some extent, be an advantage in that it would enable me to be a little more 'distanced' when doing the analysis. However, I was also mindful of the fact that being particularly positive about the approach, and yet lacking some 'insider' knowledge, might result in my questions being less challenging than they otherwise might have been. In terms of being white and middle class, I thought it likely that I would have a similar outlook to most of the participants in some ways and was aware of the privileged nature of the orientation, which is available largely to those who can afford to pay. I became more attuned to this issue as the research progressed and my role as an outsider was intensified via the process of analysis.

4.3 Research design

The overall study consisted of two sets of participants, although I had initially intended to focus only on one group. I originally decided to focus on experienced therapists as I thought that they would be likely to have developed a solid understanding of how they drew on existential philosophy in their practice. Having completed stage 1 of the project, I concluded that I needed to undertake a further stage of research. One reason for this was the small size of the sample (five participants) even though I had contacted 45 existential therapists. I had anticipated that recruitment would be difficult as it is a niche world with relatively few members, together with the fact that many therapists work independently and may not see the immediate value of research. In addition, the findings from stage 1 led me to question to what extent the fact that the participants were *experienced* therapists had impacted on their responses. For example, their strong commitment to the philosophical perspective might

have strengthened as their experience of using the approach grew. In addition, their stance towards the theory/practice link might have developed once they completed their training and settled into a more personalised way of working with clients. In addition, as my research focuses on using philosophy in practice, it seemed important to turn my attention to the influence of training on this process. It could be that the issues with theory which the experienced therapists identified might be less apparent for those who are engaged in ongoing or recent discussions around the link between theory and practice while training. I also reasoned that those who were presently immersed in this context, where the focus is on putting theory into practice, might be able to provide significant insight into the process. I therefore decided to involve additional participants to explore the perspectives of those engaged in, or having recently completed, their training as well as those providing the training.

As a result, the research comprised a single qualitative study with two phases of data collection. The participants in the first phase were experienced existential therapists while those in the second phase were existential therapy trainees, newly qualified therapists and trainers. I decided to interview a small number of trainers (in fact, only two agreed to participate) as well as trainees/newly qualified therapists (six) to gain another perspective on this issue from those involved in and providing the training. I intend to discuss both phase 1 and 2 together to avoid repetition.

I decided to undertake a qualitative study as I sought to understand the meanings and subjective world of my participants. I aimed to elicit my participants' perspectives on the research question, but I certainly had no intention of predicting outcomes. Although my focus was not on how participants experienced a certain event or condition, I was, nevertheless, wanting to explore the way they understood specific aspects of a phenomenon, in this case existential therapy. Kidder and Fine (1987) identified two distinct types of qualitative research: big Q and little Q. Whereas little Q methods have a hypothesis and pre-defined categories which are used to check the data against, big Q methods aim to gain fresh insights into the ways participants create meaning (Willig, 2013). The aim of my research sits in the latter category.

4.3.1 Sample and recruitment

4.3.1.1 Phase 1

Forty-five therapists were contacted using the websites of their professional organisations on which they advertise their services. This seemed to be an effective way of acquiring

therapists' details including contact details, their philosophical approach, training and experience. These are the United Kingdom of Counsellors and Psychotherapists (UKCP) and the Society for Existential Analysis (SEA) websites. These are the two main websites used by existential therapists and would therefore provide an extensive list. Although a small number may use the British Association for Counsellors and Psychotherapists (BACP), this is much less frequented by therapists of this therapeutic orientation. Having obtained agreement from these organisations, I searched for therapists who defined themselves on their individual websites as 'existential' or using existential ideas and who had at least two years' experience of practising existentially. I considered that this latter inclusion criterion should make it more likely that they would have a sufficiently well-developed way of practising existential therapy. Although I contacted ethnic minority therapists where they could be identified as such from a photograph, none agreed to participate. I attempted to recruit more male participants, but only one agreed to participate.

The email was sent to all forty-five therapists and the 'Information to participants' (See Appendix 1) was sent to those agreeing to participate. Further clarification of the project was provided at the request of any participant. Specific interview questions to consider prior to interview were sent to all participants (see Appendix 3). This was to enable them to reflect on the questions in advance of the interview based on the assumption that their responses would be likely to be more detailed and possibly more clearly articulated.

The small sample size in phase 1 was arrived at due to various factors: firstly, the practical issue of there being no more participants agreeing to participate, even though I contacted a significant number of therapists (45). In addition, I considered Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs and Jinks' (2018) four models of data saturation, two of which relate more closely to my research and, by considering their relevance, these did partially assist me in deciding when to stop data collection. The first model is 'inductive thematic saturation' whereby there are no new themes emerging during the process of analysis. The second is 'data saturation,' whereby new data seems to be repeating what has been presented in previously collected data. However, I was not totally convinced by these models as it seems to me that qualitative research could elicit an endless number of themes and total data saturation might never be reached. Nelson (2017) states that this is a problematic term in qualitative research in that there can never be a sense of total 'completeness.' However, he advocates deciding as to whether enough depth of understanding of the themes has been arrived at.

Patton (2002: 242-3) stated that there are no rules when deciding on sample size in qualitative research. Instead, it depends on factors such as “what you want to know, the purpose of the enquiry…what will be useful… and what can be done with available time and resources.” I considered the data to be sufficiently rich to adequately address the research question considering the time and resources available.

Marshall (1996) indicates that it is the *adequacy* of the sample size which is important, and this is likely to be arrived at if the data answers the research question in enough depth. O’Reilly and Parker (2012) state that the appropriateness of the data needs to be considered and it is this, rather than the actual sample size, which needs to determine when the sample size is adequate. So, it was largely on this basis that I made a judgment to begin the data analysis at the point where I had five substantial transcripts in phase 1 and eight in phase 2. In terms of rigour, I decided that the sample was appropriate for the research aims.

4.3.1.2 Phase 2

I decided that the inclusion criteria for the trainees/newly qualified therapists would comprise either currently undertaking a postgraduate training course in existential therapy or having completed such a course under two years ago. Initially I contacted the course leaders of two UK institutions which offer existential therapy training seeking permission to give a short presentation about my research to their trainees with a view to inviting them to participate in my research project. As there are very few courses offering this training, the pool was limited. One institution gave permission, while the other one did not. I made a visit to the training institution which granted permission to visit, but the presentation (Appendix 1) was only attended by three trainees, two of whom agreed to participate. As I needed more participants, I decided to advertise my research and put out a request for participants on relevant websites. These were the Facebook sites for the Yorkshire Society for Existential Analysis and for one of the two existential institutions. This resulted in four more participants who met the inclusion criteria. At this stage I provided them with ‘Information to participants.’ (See Appendix 1). Specific interview questions to consider before the interview were sent to all of those agreeing to participate of which there were now six. (See Appendix 3). Interviews were arranged at a time and place suitable to each participant via Skype. All sessions were audio recorded and transcribed.

The inclusion criteria for trainers was that they were currently involved in training existential therapists on a course recognised by the United Kingdom Council for Psychotherapists (UKCP). I asked the member of staff at the institution I visited if they would like to be involved in the project, which they did, and they agreed to ask other members of staff to

participate. However, none agreed to do so. One of the therapists who replied to my request for participants on one of the Facebook pages was a trainer at one of the existential therapy training organisations and agreed to participate from the perspective of a trainer. The same procedure as outlined above was followed for interviewing the two trainers. (See Appendix 1 and Appendix 3 for relevant documents).

Although I did not succeed in recruiting a large number of participants, particularly amongst trainers, I nevertheless decided that there was sufficient data at this point to stop data collection, particularly as there was significant overlap in the findings from the three groups of participants.

The small sample size in this stage of the study was arrived at by considering the same factors as outlined in relation to phase 1 above. In addition, no more participants agreed to participate, even though I used three methods of data collection (email, presentation and websites). Having undertaken the eight interviews, I concluded that there was enough data to meet the aims of the overall study.

4.3.2 Participants

4.3.2.1 Phase 1

Four female and one male therapist agreed to participate. (See Appendix 4 for more details about participants). Three were based in London and the south-east and one in the north-west of England. Their professional training backgrounds all included a period of training in existential therapy, although some had also been trained in other theoretical orientations.

4.3.2.2 Phase 2

Four female and two male trainees/newly qualified therapists agreed to participate as did two male trainers. (See Appendix 4 for more details about participants). All of them were based in London and the south-east of England. Their professional training was at either Postgraduate Diploma, Masters or PhD level. All had undertaken a period of training in existential therapy, although some had also been trained in other theoretical orientations. One trainee was Asian, the remainder were White British/ European.

4.3.3 Data collection

4.3.3.1 Phase 1

I decided on a small-scale study using interviews, as I concluded that this would enable me to gain some rich data by engaging in discussion with participants. One advantage of

interviewing is a pragmatic one: they are easier to arrange than some other methods such as keeping a diary or participant observation (Willig, 2013). I opted for a semi-structured interview format as I assumed, based on their backgrounds, that their responses would be detailed and informative and that I would elicit richer data if the questions were not too rigid or prescriptive. Another reason for choosing to interview was that I would find it easier to remain focused on the direction of the research than if I had used, for example, focus groups which require an additional element of group management. Also, confidentiality is easier to maintain than in focus groups if participants want to discuss specific client examples (Brinkmann, 2013).

I chose to use semi-structured interviews because, unlike structured interviews, they offer the opportunity to follow up on participants' responses and so explore what they see as being important. (Brinkmann, 2013). On the other hand, as compared to unstructured interviews, they offer more control over what to explore, bearing in mind the focus of the research. Also, I was more interested in what was being said than how it was being said, so imposing some form of structure was not as problematic as it would be for methods of data analysis such as narrative analysis. Although I knew there was a risk of imposing my own conceptual categories on the participants by structuring the interviews (Joffe, 2012) this is virtually unavoidable unless unstructured interviews are employed. Although I could have used a more 'naturalistic' approach such as free associating to the subject (Joffe, 2012: 212), I decided that semi-structured interviews would probably be more familiar to my participants if they had been involved in other research studies and would, therefore, be less likely to evoke anxiety than other less frequently used methods.

In terms of how to make use of the interviews, my focus would be on how my participants described the theory and practice of existential therapy rather than on their explanations of why it was undertaken in a certain way. According to Kvale and Brinkmann (2008: 3, in Brinkmann, 2013) semi-structured interviews are defined as "an interview with the purpose of obtaining descriptions of the life world of the interviewee in order to interpret the meaning of the described phenomena." Brinkmann's (2013) discussion of some of the key words in this definition is relevant to my use of this interview method. The 'life world' is a term commonly used in existential philosophy and refers to a "pre-reflective and pre-theorised world" (Brinkmann, 2013: 22). Having said this, I was aware that there would inevitably be reference made to abstract concepts and that it might be difficult to avoid a certain amount of explanation and justification. I aimed to avoid asking for such explanations. I decided that I would focus, as far as possible, on therapeutic practice and ask for specific examples from practice. This was based on the assumption that, concrete examples would serve to more

effectively elucidate the use of theory in practice than a more abstract discussion. In terms of interpreting meaning, I approached the interviews from the perspective of the data being open to a range of interpretations, some of which can be contradictory, including within a single interview (Brinkmann, 2013).

I am aware that the method of inquiry I used in both stages of the research (semi-structured interviews), which collects data on therapists' descriptions of what they do in practice, inevitably elicited data in the form of therapists' verbal interpretation of how they work with clients and, as such, is 'one stage removed' from the actual process. As Giorgi (2005: 184) makes clear when describing the act of therapy itself: "the lived meaning does not present itself fully through the manifest verbalisation." However, I anticipated that this method of data collection would enable me to gain an insight into therapist's perceptions of how they used conceptual ideas in practice, as well as some of the issues and potential difficulties inherent in this process.

4.3.3.2 Phase 2

I decided to continue to use semi-structured interviews, as using this method in phase 1 had enabled me to gain some rich data by engaging in discussion with participants. I decided that I would aim to stay as focused, as far as possible, on therapeutic practice and ask for specific examples from practice, even more so than in phase 1. Although I did ask for concrete examples in phase 1, I decided that I needed to ask for an even greater number in phase 2 in order to further enhance the relevance of the data to my research aims.

4.3.4 Interview design

4.3.4.1 Phase 1

In order to compile a series of questions which would facilitate the exploration of my research aims, I initially generated a wide range of possible questions which I then narrowed down by choosing some background questions together with those which were most likely to elicit data relating to my research aims. (See Appendix 3 for topic guide). The initial version of the topic guide contained questions which focused on (a) Initial attraction: therapists' views on what attracted them to the approach initially; (b) Underlying ideas/philosophy: such as what they regarded as being the main existential ideas which underpinned their therapeutic work; what, to them, differentiated existential therapy from other approaches and whether they saw this approach as being better suited to some clients and some client issues than others; (c) Practice elements: such as what they saw as the main goals of

therapy; how they drew on existential ideas in their sessions; whether they experienced any difficulties putting existential philosophy/ideas into practice; what kind of framework or structure, if any, did they use in their work; what skills, techniques and strategies did they use; how did they conceive of the therapeutic relationship and the role of the therapist and how did they evaluate the effectiveness of their sessions; (d) Integrative/eclectic elements: such as to what extent did they use concepts from other theoretical approaches; to what extent did they adapt their approach to fit a particular client; to what extent, and in what ways, had their approach developed with experience.

I was aware that I was approaching this task as a counsellor from an integrative theoretical background, which partly influenced my choice of questions around using techniques and strategies and integrative/eclectic elements. As mentioned earlier, I was someone very attracted to existential philosophy, so the questions around initial attraction partially arose from my own strong attraction to the ideas, although I was careful not to assume that all participants would react as I had done on discovering the approach. I was also very conscious of not idealising the approach when undertaking the interviews.

4.3.4.2 Phase 2

I amended the topic guide used in the first phase of data collection so that it was suitable for the participants, as well as considering the preliminary findings from phase 1 of the study (See Appendix 3). Questions for trainees/newly qualified therapists included: their reasons for choice of training orientation; what led them to train as an existential therapist; how they were finding/found the training experience; how they saw the relationship between existential philosophy and practice; what they saw as the value of existential philosophy for informing therapeutic practice; whether they saw any particular challenges in working existentially; whether their approach had developed during the course and, if so, in what ways; to what extent they drew on concepts from other theoretical approaches; what they saw as the main aims of existential therapy; whether they used a framework or structure in their work; what, if any, skills, techniques and strategies did they use; how they conceived of the therapeutic relationship and the role of the therapist; how they evaluated the effectiveness of their sessions. Although some of the questions were similar to those I asked the participants in phase 1 of the study, I also decided to place greater emphasis on some areas based on the preliminary findings about the nature and challenges of the theory/practice relationship which had emerged when interviewing the experienced therapists. Questions included: to what extent they saw a clear relationship between existential philosophy and existential therapy; what they regarded as the value of theory for informing practice; to what degree they saw

any particular challenges associated with theory for informing practice and, if so, how did they deal with those challenges; their theoretical conceptualisations of the therapeutic relationship.

In terms of the topic guide for trainers (Appendix 3) this consisted of some slightly different questions such as: what led them to decide to train existential therapists; how could they tell when someone was an effective existential therapist, including in relation to putting the philosophy into practice; what did they see as some of the challenges of training people to be existential therapists; could they explain how they clarified the links between the philosophy and the practice of existential therapy for trainees. I also included the questions - see above - which I added to the topic guided for the trainees/NQTs following the first phase of the study.

In terms of rigour, I aimed to ensure that my topic guides were sufficiently detailed and included questions relating to all my research aims. I countered the potential limitation of not observing therapy sessions by ensuring that my interview schedule included questions which asked for specific examples of what participants did in practice and how they related this to philosophical concepts.

4.3.5 Interview procedure

4.3.5.1 Phase 1

Five interviews of between fifty-two minutes and one hour and sixteen minutes duration took place using Skype at a time and place suitable to each participant between April and July 2013. The decision to use Skype was reached by mutual agreement as it bypassed the need to travel in order to meet. Pretto and Pocknee (2008) indicated that they preferred Skype over other data collection methods in a research project, although my rationale was based on ease of use and avoiding the need to travel. Certainly, Skype has since become a very common way of conversing with others in a wide range of contexts. All participants were familiar with using Skype and stated that they were comfortable with communicating in this way. In fact, some of them used this method of communication for therapy and supervision sessions. All but one interview made use of video full screen so that non-verbal as well as verbal cues were in evidence. The one interview which was audio only was due to technical difficulties with the equipment.

All sessions were audio recorded and transcribed. Although there were occasional issues with the sound quality of the recordings, such that small sections were unclear, the vast majority of the data was sufficiently clear to be accurately transcribed.

4.3.5.2 Phase 2

Eight interviews of between fifty-four minutes and one hour and eight minutes duration took place using Skype at a time and place suitable to each participant between January and December 2016. The decision to use Skype was reached by mutual agreement as it bypassed the need to travel in order to meet. All participants were familiar with using Skype and stated that they were comfortable with communicating in this way. All sessions were audio recorded and transcribed. The sound quality for one of the interviews was not as good as for the others, although it was clear enough to be successfully transcribed.

4.3.6 Ethical considerations

The first phase of the study was approved by the Human and Health Sciences School Research Ethics Panel (SREP) panel of the University of Huddersfield in March 2013 and the second phase in October 2015. Several key issues were addressed in the ethical approval documentation as outlined below.

4.3.6.1 Permissions for the study:

Phase 1: the only permissions required were from the participants themselves and these were obtained using a consent form. No additional permissions were needed as all the participants were self-employed. None of the participants were employed by the NHS so IRAS permission was not required as the participants were not required to discuss individual NHS clients. R and D governance was not required as participants were not seen on NHS premises.

Phase 2: permission from the trainees' training institutions were obtained. As no trainees were employed by the NHS, IRAS permission/R and D governance were not required as participants were not seen on NHS premises. In terms of trainers, only their personal permission was required.

Both phases: informed consent: in addition to the consent forms (see Appendix 2), prospective participants were sent an information sheet (see Appendices 1) together with a proposed topic guide (see Appendix 3) prior to agreeing to participate.

4.3.6.2 Confidentiality:

A formal written agreement was discussed and signed by the researcher and all participants (Appendix 2). Participants were informed that research project details would only be discussed with supervisors and confidentiality of the information disclosed would be agreed

with them. The Skype recordings and transcriptions were kept in a locked filing cabinet at my institution. The transcriptions were kept on a password-protected computer. Participants were also informed that information from the interview would only be disclosed elsewhere in the unlikely event that a participant revealed that they were engaging in unethical behaviour, or that they were likely to harm themselves or someone else. In this case I would need to disclose this information to either the therapist's professional organisation or the trainee therapist's training organisation, as appropriate.

4.3.6.3 Anonymity:

This was ensured via the use of pseudonyms for all participants in the transcript and in any written material produced following the research. Protection of personal identity and of identities of practice/institution was ensured by removal of any identifying material. Participants were informed that they could withdraw from the study during the interview and/or could have any information they provided removed from the transcript up to one month after the interview. Pseudonyms were also used in any discussions with supervisors.

4.3.6.4 Psychological support for participants:

I regarded it as very unlikely that participants would become distressed as a result of taking part in this study. However, if this were to occur, I knew that all therapists and trainees would have either personal therapy as part of their on-going professional development or access to supervision. I, therefore, suggested on the information sheet that they should speak to either their supervisor or, if appropriate, their therapist should they experience any distress as a result of participating in the study. I also stated that I could provide contact details for further support should they need this.

4.3.6.5 Participants disclosing unethical information:

I considered it possible, but very unlikely, that a participant might disclose information that would be regarded as unethical with respect to the ethical guidelines/code of practice of their professional organization, or that they might express an intention to harm themselves or someone else. However, as this was, nevertheless, a possibility, I decided to include a statement about the limits of confidentiality on the consent form and the information sheet and the steps which would be taken if someone were to disclose certain types of information as described above.

4.3.6.6 Conducting individual interviews in participants' consulting rooms/own homes:

Although the original intention was to undertake the interviews in participants' premises, this did not occur. All interviews were undertaken via Skype so there was no risk identified with this apart from that relating to confidentiality.

4.3.6.7 Security of data in transit:

There was a potential risk that data collected from participants could be misplaced during travel to and from my home to my place of work where the transcriptions were undertaken. I decided to ensure that all data was kept in my personal possession at all times during any journeys made and that it was not left unattended at any time during any journey.

4.3.6.8 Potential conflict of interests:

I did not identify any as the participants either worked privately or were attached to institutions unrelated to the University of Huddersfield. I had no other links with any of the institutions I contacted.

4.3.7 Data analysis: Thematic analysis

I considered using a phenomenological method of data analysis such as Interpretative Phenomenological Analysis (IPA) as this research focused, at least to some extent, on the lived experience of therapists when they engage in therapy. However, I rejected this on the basis that the focus was not predominantly on lived experience, so much as on participants' views and perspectives on the topic in question. Instead, I decided to use thematic analysis. Fereday and Muir-Cochrane (2006: 82) define thematic analysis as "a form of pattern recognition within the data." According to Willig (2013) it has often been regarded as a generic skill which underpins most qualitative research methods and has only recently been regarded as a research method in its own right. Willig (2013: 59) argues that thematic analysis is an appropriate method for investigating how people conceptualise social phenomena which seemed to be consistent with my exploration of how therapists conceptualise aspects of existential theory in practice. Furthermore, according to Braun and Clarke (2006) it is not linked to any specific theoretical approach to qualitative analysis, so it can be used in realist and social constructionist approaches. They also state that it can be used as a 'contextualist' method which sits between the two. As I am adopting a 'critical realist' position this seemed appropriate. It is the researcher's responsibility to decide on the

epistemological and theoretical positions, as this is not pre-determined as it would be with a method such as IPA.

I decided to adopt an inductive approach to data analysis and, therefore, did not use a priori codes. This is an under-researched area, and I wanted my themes to be grounded in the data. Having said this, I did not focus entirely on manifest themes. As the data analysis progressed, I found that I was also engaging with some of the underlying inferences in what participants were conveying and other issues such as tone of voice or emphasis. Also, what they were telling me appeared to be, to some extent, paradoxical, so I decided to focus on what they might be implying as well as what they were presenting more directly. I worked hard at not idealising the approach when undertaking the data analysis, due to my strong attraction to it. Also, my position as an outsider was, to some extent, an advantage as it enabled me to analyse the data with less emotional investment.

I used Braun and Clarke's (2006) version of thematic analysis for two main reasons: (a) it is an accessible and flexible approach; (b) it is seen as a foundational method for qualitative analysis, which is appropriate as I am a relatively new researcher. As such, Braun and Clarke's (2006) clearly defined approach assisted me, at least in part, to undertake the research "in a way which is theoretically and methodologically sound" (2006: 78).

4.3.7.1 Phase 1: The process of analysis

I started by reading the first two transcripts several times noting down any initial ideas which occurred to me. I then coded these two transcripts, engaging in line-by-line coding, initially focusing on semantic content. Following this, I focused more on latent content (Braun & Clarke, 2006). This provided me with an initial sense of what some of the recurring ideas were, although I aimed not to let those ideas influence my coding of the subsequent interviews as far as possible

Once I had undertaken more interviews, I began thoroughly reading, re-reading then coding these, again making notes about any initial ideas. I completed the coding of all the transcripts of the interviews with the experienced therapists first, coming up with codes which focused on both semantic and latent content for each transcript. Once this coding was complete, I grouped related codes together from all the interviews to provide some provisional themes. At this point, I produced a document containing extracts from the data relevant to each theme. I reviewed and changed these themes various times, going back to the codes and the data itself checking that these were an accurate reflection of the data. In doing so, I started to realise that the initial provisional themes focused too heavily on the

specific theoretical concepts mentioned by the participants and did not pay sufficient attention to what they seemed to be saying about these and about how they conceptualised theory in practice. At this point, I adapted the provisional themes so that they more effectively captured what was in the data. I also made some additional notes to help me to reflect on the themes, and to bring in and discuss relevant extracts from the data in relation to the theme, particularly in relation to those I was struggling to pin down. This was helpful in terms of clarifying my ideas around particular themes.

I developed a provisional thematic structure in the form of a diagram which helped me to clarify which themes were main themes and which were sub-themes and the relationship between these. I kept returning to this diagram to refine it and to ensure that it reflected what was in the data as closely as possible. This also involved returning many times to the transcripts to check that the themes really did capture what was in the data. I also changed the names of some of the themes on various occasions to ensure that they captured what I wanted the theme to convey. Finally, I succeeded in arriving at some names for the themes and sub-themes which I thought captured the essential elements of each.

As this is an under-researched area, I focused on an analysis of the data set as a whole, rather than one aspect in more detail (Braun and Clarke, 2006). In terms of prevalence of a theme, I was not so much concerned with how often it occurred in the data, (although this was a consideration), but whether it captured something which was central to the research question. As mentioned earlier, I decided to undertake an inductive analysis thus allowing the research question to change during the analysis of the data. The main change to this was the addition of the trainer and trainee perspective, in addition to that of experienced therapists. Although I undertook a preliminary literature review before engaging in any data analysis, I aimed to distance myself from that literature when coding and analysing, in order to remain data driven.

4.3.7.2 Phase 2: The process of analysis

The second data set (of trainees, newly qualified therapists and trainers) was collected at a later stage and so was analysed significantly later than the first data set. Following phase 1 of the analysis, I had inevitably developed some ideas in relation to the findings which impacted on the questions I asked in phase 2 as outlined above. However, I did not use any a priori codes to avoid being too heavily influenced by phase 1 findings when analysing phase 2 data. Instead, I focused on ensuring I had clear evidence, in the form of extracts from phase 2 data to support any themes and sub-themes I included.

I followed a similar process to that outlined in phase 1 above. This involved coding the entire phase 2 data set and coming up with some provisional themes and a provisional thematic structure before deciding whether it would work to combine the thematic structures from phases 1 and 2. I decided to do this so as to reduce the influence of the phase 1 themes on those relating to phase 2. As there were significant similarities between the themes I identified in both phases, I decided to combine the themes arrived at in the analysis of phases 1 and 2 into a single thematic structure. I did this by adapting the thematic structure arrived at for phase 1 to incorporate additional themes from phase 2. As a result, it made sense to discuss the analyses of phases 1 and 2 together, while, at the same time, highlighting any significant variations in perspectives between the different groups of participants in order to develop an understanding of the extent to which the perception of the philosophy/practice connection is influenced by participants' position in relation to the training process. At this stage, though, I became more aware of the theoretical paradoxes apparent in what participants were saying about the theory/practice relationship, so I decided to give this theme more prominence by changing it from a sub-theme to an overarching theme.

In the latter stages of analysis, I spent a significant amount of time returning to both data sets to ensure that my themes captured what was being expressed in the data. This was very time-consuming but did ensure that I was reasonably satisfied with the final thematic analysis.

I attempted to maintain an ongoing awareness of how my assumptions come into play when analysing the data. During this second phase, I became aware of my growing scepticism towards certain aspects of existential therapy training, particularly the ways in which it was described as being very different to, and more challenging than, other approaches and had to be experienced to be understood. I, therefore, aimed to return frequently to the data for evidence to support any themes relating to theoretical paradoxes and to bracket my assumptions as far as possible.

In terms of rigour of the data analysis, this was to be undertaken by a single researcher (myself), although any issues of concern would be raised and discussed with my supervisors. As a result, I needed to ensure that my analysis was rigorous: when using Braun and Clarke's (2006) method of thematic analysis I followed the steps as closely as possible, including detailed coding and careful development of themes, but also kept returning to the data to ensure there was evidence to support my themes.

4.4 Introduction to the Findings chapters

Chapters 5, 6 and 7 constitute the Findings chapters of this thesis. Chapter 5 focuses on the overarching theme of *Commitment to the philosophical ideal* which explores participants' relationship to the theoretical aspects of the approach. This constitutes a powerful and strongly held commitment to a shared world view and the development of an existential identity as well as to a series of existential values and concepts. Participants' sense of existential therapy as a distinctly valuable and challenging therapeutic approach for both therapist and client is highlighted, as is the need for a high degree of courage and resilience to withstand and benefit from the challenges. The extent of this commitment and the, often forceful, rejection of alternative perspectives is particularly notable.

Chapter 6 discusses the overarching theme of *Avoiding the mainstream.* Here, the ways in which participants regard existential theory and practice as adopting a radical stance, which is very different to other orientations and which challenges the dominant therapeutic ideology, is explored. Its radical quality is reflected in the unconventional ways in which it makes sense of the theory/practice connection, as well as its use of complex philosophical concepts. While this results in the approach being frequently misunderstood and not well recognised, as well as challenging to explain, to understand and to learn, these are generally regarded as positive features. Participants often position themselves as 'outsiders' within the therapeutic community, which is sometimes accompanied by a sense of superiority - rarely overtly expressed - and negative stereotyping of other orientations.

Chapter 7 focuses on the overarching theme of *Theory/practice paradoxes*. This chapter explores the ways in which there appear to be a range of paradoxical elements in relation to the theory/practice relationship in existential therapy, some of which participants highlighted, others of which I identified, of which they seemed unaware. Such paradoxes indicated a disconnect between participants' commitment to existential theoretical constructs expressed via their world view and what constituted their therapeutic practice. The latter tended to contain elements which conflicted with existential philosophical assumptions, both in terms of the therapeutic relationship, the types of theoretical constructs employed and the ways in which theory was used in practice.

Chapter 5: Findings (1) Commitment to the philosophical ideal

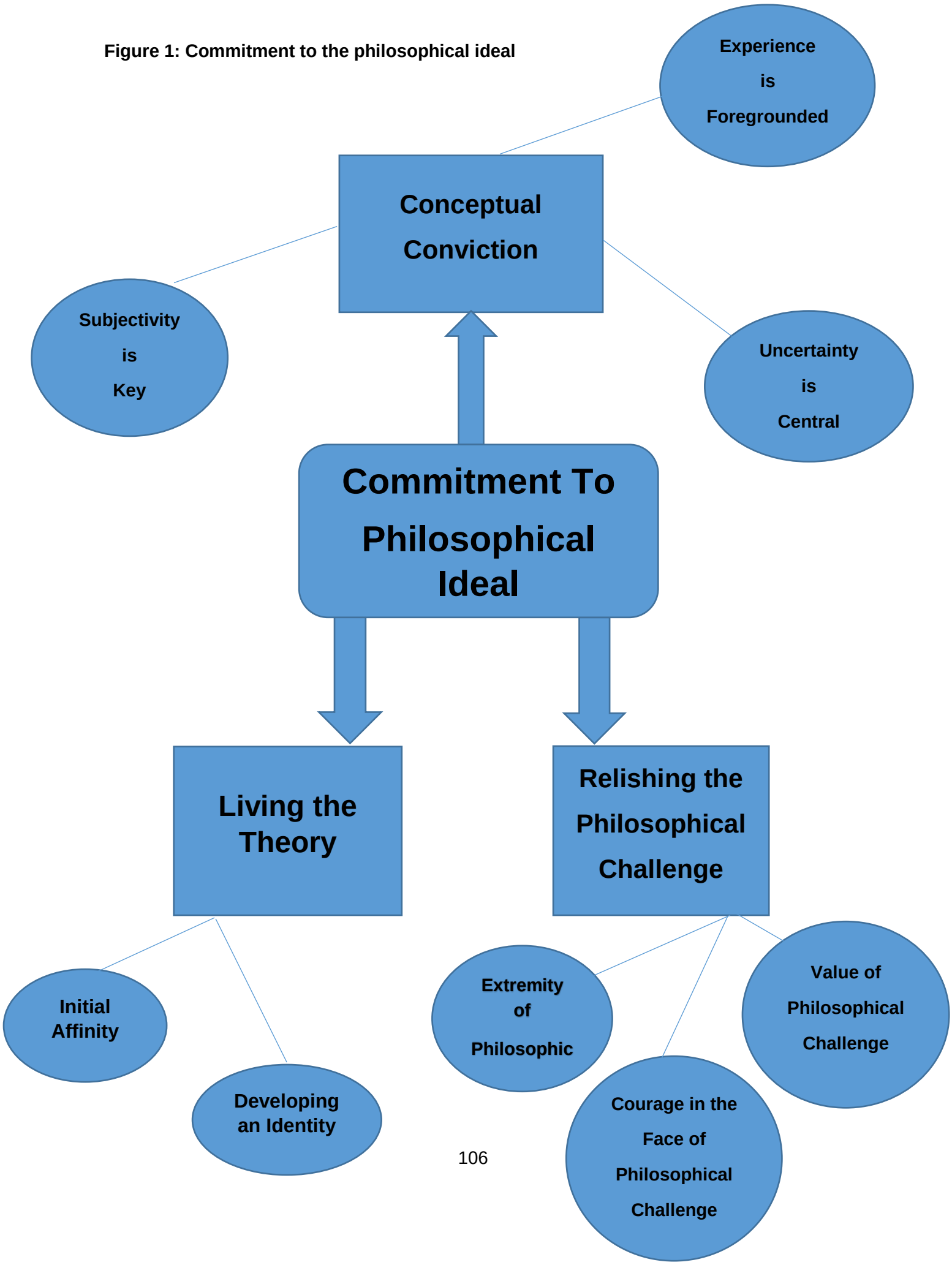
The focus of this chapter is on the overarching theme of *Commitment to the philosophical ideal* which captures the way in which the participants' choice of therapeutic orientation was discussed not simply as a choice of theory or approach, but as a personal commitment to the ideals encapsulated within existential philosophy. Although the degree of commitment varied, in that some participants were more open to drawing on constructs from other approaches, all participants regarded existential ideas as central to their philosophical stance.

The first sub-theme of *Living the theory* incorporates two lower order themes: *Initial affinity* which captures the importance for many of them of having an immediate affinity with the philosophical assumptions underlying the approach and *Developing an identity and way of being* which encapsulates the impact those philosophical assumptions have had on their identity and personal development. A key finding of relevance here was that when therapists talked about the assumptions of the approach, they often did not separate their therapeutic perspective from their overall way of viewing the world.

The second sub-theme of *Conceptual Conviction* captures the participants' strong expression of their commitment to a range of key theoretical positions and their equally passionate rejection of others. The three lower order themes are: *Subjectivity is key*; *Uncertainty is central* and *Experience is foregrounded*, all of which focus on their vociferous commitment to these concepts as opposed to those of objectivity, certainty and theory. The third sub-theme of *Relishing the philosophical challenge* aims to convey how participants saw putting the theory into practice as being extremely challenging, yet also of great benefit to therapists and clients alike. There are three lower order themes here: *Extremity of the philosophical challenge* for both self and client; the *Value of the philosophical challenge* for both groups and the *Need for courage in the face of the philosophical challenge,* as the process of applying theory to practice was regarded as significantly more challenging than other orientations.

The focus in this chapter is on the impact of the philosophical stance on participants with some reference to how this influences practice. Chapters 6 and 7 will place more direct emphasis on philosophy in practice. All three participant groups' perspectives will be discussed together with the aim of highlighting shared perspectives and any differences in focus or emphasis.

Figure 1: Commitment to the philosophical ideal



5.1 Living the theory

All the participants expressed a strong personal resonance with the philosophical assumptions of the existential approach, using expressions such as “it really clicked into place for me” (Billy-newly qualified therapist: NQT) or “it just fitted” (Sandra - trainee: TE) or “it sits more comfortably with me” (Owen -TE). There was often a process of experiencing an initial attraction on discovering the ideas underpinning the orientation, followed by a process of assimilation of these ideas, resulting in a developing sense of personal and professional identity frequently referred to as a ‘way of being’ or of seeing the world. Even the three participants who did not define themselves as existential therapists experienced an initial affinity with its perspective and were heavily influenced by existential theory. One of these, Hana, (TE) highlighted how, on discovering the approach, she experienced “a kind of inclination, I was drawn towards it.”

5.1.1 Initial affinity

All experienced therapists highlighted how their initial attraction to the existential approach was largely about its philosophical underpinnings being in tune with their pre-existing world view. Harry, an experienced therapist (ET) stated:

> *It’s in tune with my own general outlook on life really (Yeah). I don’t think it’s a case of suddenly discovering something and then changing how I thought to, it was just a case of discovering, you know, a philosophical way of thinking which I already embodied (Yeah) to quite a large extent really. I just didn’t know about existential philosophy and I certainly didn’t know there was a therapeutic dimension to that.*

This idea of the philosophical ideas just seeming *“to make sense to me”* (Chloe - ET) was a recurring theme. The attraction was usually an immediate one and passionately felt. The idea of the theoretical approach capturing an already established view of the world was commonly expressed. Some participants experienced a strong sense of relief at having found a world view that mirrored their own, or a sense of not being alone in viewing the world in a certain way:

> *The philosophy for me gave me a sense that I wasn’t alone in experiencing the world with, as sometimes meaningless, as sometimes incredibly difficult. I was pleased that I wasn’t alone in experiencing other people as being well as Sartre says, “Hell is other people,” difficult. (Mmm) It gave me a sense of normality, I guess, it de-pathologized my experience of the world.* (Denise - ET).

There was a real sense of relief expressed here that others viewed the world through a similar philosophical lens and shared some of her struggles. This shared perspective meant that she no longer felt alone or dysfunctional. A specific philosopher's perspective which mirrors her own seemed to be self-affirming and comforting to her.

Similarly, most of the trainees (TEs) and recently qualified therapists (NQTs) were quickly drawn to the approach. They described how it had an "*immediate accord"* with them or how it *"just fitted"* (Sandra). They often seemed amazed ("really amazing"- Eleanor) and excited that they had found an approach which so closely fitted with their own perspective and seemed to regard it as having a "personal resonance" (Anika) as well as a professional one. Eleanor (TE), described how the underpinning ideas had had a huge impact on her:

> *It really has given me a sort of confidence in that what I'm doing isn't mad, I suppose. Do you know what I mean? And that I'm not mad to think those things and other people have thought those things and you know, it's okay if you don't think the same things and you know, it's not about whether, there's not a right way and a wrong way, it's just about trying to find ways that might work and I think, I don't know, I think I used to maybe think that that was all a bit insubstantial, erm, but now I, I'm almost, I'm a true believer now! Now I know that's the one true path.*

This echoes one of the experienced therapist's earlier comments about de-pathologizing her experience and about feeling relieved that other people had been engaged in similar thinking. Discovering the approach seemed to provide her with reassurance that her way of thinking about the world and of working therapeutically was acceptable. The latter part of her comment, though presented humorously, implies a shift in her perspective from uncertainty as to the value of what she was undertaking to complete commitment to it. However, there is a contradiction between her profession of there not being a right or wrong way to practice and her assertion of there being "one true path." There is also an echo of religious conversion in her use of the phrases" true believer" and "the one true path," suggesting that the philosophical stance is transformative.

The comparison with discovering a religious belief was discussed overtly by Billy (NQT):

> *When I started kind of hearing about existentialism and the questions that were kind of posed to us, from its framework, it kind of made sense to me in a, I think a way that I'd always thought about the world but hadn't realised that there was a name for it. So, I kind of compared it to saying friends who are religious can have this belief in God and in all of the things that, that Christianity for example holds, that makes*

sense to them and that's how they live their lives. That's never made sense to me. But this was something which, in it being described to me, felt like it was something I already knew. I was kind of like, oh yeah, that's how I think the world works, but I haven't had this word for it before and I haven't had this explanation of my own view before, that the two kind of meshed in together.

Here again the comparison to a religious belief emphasises the depth of the personal affinity with the world view. This extract also encapsulates the commonly expressed idea of the philosophy capturing something that participants have already been thinking but have not previously expressed in clear terms.

Regarding the trainers (TRs) both expressed very similar views to those outlined above identifying very closely with existential ideas. However, in addition, Nigel focused on the importance of finding a role where his social conscience could be utilized partly via instilling trainees with a strong ethical stance:

I felt very strongly about, you know, erm, putting really good ethical practitioners out into the field would be a really lovely thing to do. So yeah, I feel very happy doing it really...I very much feel as though these sort of philosophical questions of existence have always been with me, so I can remember, you know, quite far back and, erm, also coupled with some kind of social conscience. Erm, so yeah, this, this work that I do, I think is a space for me to continue to ask those philosophical questions of existence, in this particular forum, you know.

There was a real strength of feeling expressed in some of the words he chose such as "felt very strongly" and "feel very happy." He regarded his role as a trainer as employing the philosophy to facilitate self-development as well as the development of his trainees' practice with their clients.

So, all participants expressed a strong initial affinity with existential ideas often highlighting how discovering the ideas had helped them to more clearly conceptualise a world view which would then guide their practice. There is a strong sense of needing to have a powerful affinity with existential philosophy in order to engage in the practice of existential therapy.

5.1.2 Developing an identity and way of being

Most participants expressed how learning about and engaging in existential therapy resulted in a process of developing a strong sense of identity as an existential therapist. Janice (ET)

put it like this:

> *I've kind of come to see myself as an existential therapist more and more as time goes by, even now, you know, post qualification, feeling more existential than maybe even a few years ago. So, it's, it's erm, it's almost like, err, you know, I often think a lot of the existential ideas, will get more and more relevance the further on in your development you go.*

This participant seemed to be suggesting that the concepts become more relevant to practice as she gains in experience. Nigel (TR) outlined how trainees' shared experiences of exploring difficult issues often led to a developing sense of shared identity as existential practitioners allied to an ability to describe their practice using existential language:

> *There's a confidence between people because they've all had a common experience and it's absolutely designed to bring to the surface things which, erm, are usually very discrete, or taboo, you know, or you're not allowed to speak about it. Erm, and of course, with that, comes a sense of identity as an existential practitioner, begin to be able to find words that describe what they're doing when they're with a client, as the result of this accumulation of language and experience.*

However, this sense of identity was not restricted to a professional identity forged by using a particular therapeutic orientation. Discovering existential philosophy also seemed to provide most of the participants with a personal identity. They often immersed themselves in the philosophy as a way of understanding themselves and how best to live. Phoebe (ET) stated:

> *I got interested in philosophy. I wanted to understand, erm, what it means to be alive, what it means to be human and how best to live, really, and so my passion was for studying philosophy to get the kind of wisdom about, well to gain wisdom from what other people had thought about human existence and human living.*

Here the emphasis seems to be on learning from philosophical ideas in order to develop a sense of identity, meaning and self-understanding.

Janice (ET) described how the appeal of the approach shifted her personal identity gradually. The change, though, was nevertheless profound:

> *So, erm, it's more of a kind of, erm, you know, it's been like an incremental, more incremental world, like it kind of seeps through your bones slowly. It changes the way that you think and see and are in the world.*

This extract encapsulates a commonly occurring idea which is that becoming an existential practitioner is a process of identity development. John (TR) referred to an "existential attitude" and was clear that it would be difficult to be an existential therapist without that attitude:

> *this is not going into a room and just applying, erm, a model, if you like, erm, but it's more about an attitude of how I, erm, as a person, erm, as well as a practitioner, see the world and engage with the world, you know. So, if I come from quite a non-dogmatic attitude, if you like, and if I accept that there are, erm, err, as many truths as there are possibilities, for example, erm, I come from a sort of non-pathologizing perspective, erm, err, and I suppose come from a sort of philosophical perspective, a sort of non-Cartesian way of thinking, erm, about the world, you know, and erm, forever being in relation and coming from a place of not assuming people's issues are intra-psychic, you know, that it's just all in their head. They're over there and I'm over here, and, you know, seeing things much more relationally, erm, that's how I live my life, you know, that's kind of how I see, that's how I see things and that's my assumptions with, err, even my personal relationships. So, I think I sort of live that attitude.*

Gerry (TR) indicated that practising as an existential therapist requires one to have a particular attitude to one's self, others and the world rather than simply applying a particular model of therapy. He implied that it is preferable to possess an all-encompassing world view and way of living rather than "just applying a model," a phrase which suggests the inferiority of this latter stance. Nigel (TR) described this attitude as a "way of being."

Presenting a slightly different perspective on identity development, Nigel also referred to the way in which one's identity can shift during the training:

> *Err, but predominantly it's, you know, there's a sense of you become kind of, err, slightly kind of refigured in the way some things, as a result of the training supervision experience, that means that there's something else about you when you're with the client next time.*

So, there is not only a certain attitude required in order to practise as an existential therapist but also an openness to being somehow 'refigured' or changed as a result of the training.

Trainees and NQTs also expressed how the approach had resulted in a shift in their sense of identity. For example, Billy (NQT) described how [the ideas] "impact on you and change

you" and Owen (TE) seemed to now view the world through an existential lens. For example, he describes the silence in his personal development group as an "existential symbol for the void" as well as referring to some interference on the line during the interview as "the void! The chaos of meaninglessness."

Having said this, Hana (TE) conveyed a rather different perspective on the centrality of an existential identity to her therapeutic practice. While she was attracted to the philosophy, she was also very keen to develop her knowledge about a range of approaches and considered it important to develop what she regarded as a broader range of techniques when undertaking therapy:

> *So, it's developing that, that whole kind of toolbox, toolkit and saying I have all these tools and you know, I'll supply them, tell me what you want, we can explore together what is the best fit, if we are a fit and yeah, so it [existential therapy] could be part of my identity, I'm not sure it would be my entire identity.*

She was, in fact, one of a small number of participants who described herself as something other than an existential therapist. She preferred "Counselling Psychologist who practices pluralistically." Denise (ET) called herself an 'integrative therapist' on her website which she described as a pragmatic decision so as not to deter clients who had not heard of existentialism. Nevertheless, she regarded herself as 80% existential. Harry (ET) did not like the existential label, but still regarded himself as having an existential identity. Although this was not a commonly held viewpoint, it does make clear that not all participants saw their identity as an entirely existential one. Also, a significant number were keen to familiarize themselves with a range of approaches in order to then choose the most appropriate to suit an individual client's needs while retaining an overarching existential identity. Overall, though, many participants considered it important to develop an existential identity to guide practice rather than to simply apply a theoretical model.

5.2 Conceptual conviction

One way in which existential philosophy could be seen to influence participants' therapeutic practice was demonstrated in the way they verbally 'positioned themselves' either 'for' or 'against' a range of theoretical concepts. This theme encapsulates the conviction with which they expressed a strong belief in a range of existential concepts and a, sometimes, forceful rejection of other standpoints which sit in opposition to those concepts. Eleanor (TE) expressed this idea in a broad sense:

Like with other approaches, I do respect them, but I also think, fundamentally, they're wrong!

Although most participants did not express such an absolutist perspective, they did make clear where their loyalties lay. The concepts which participants tended to favour could be termed 'human' concepts while those they rejected could be categorised as 'scientific concepts,' due to their common association with positivist science. I intend to focus on three concepts which were frequently referred to by most participants. These are expressed thematically as: *Subjectivity is key* (as opposed to 'objectivity);' *Uncertainty is central* (as opposed to 'certainty') and *Experience is foregrounded* (as opposed to theory taking centre stage). There were numerous examples of participants describing their professional stance in terms of the various 'human' concepts and in opposition to the 'scientific' ones. However, the way in which they presented this information also demonstrated a very personal positioning of the self in relation to these concepts.

Participants seemed to identify with certain concepts and ways of practising at a profound level suggesting a deep connection between therapeutic orientation, clinical practice and self -expression. The theory or philosophy appeared to be infused with far greater personal meaning than simply as "a structured set of ideas." (McLeod, 2009: 51).

I intend to provide and discuss some examples of each of the opposing concepts, most of which also convey some powerful affective responses.

5.2.1 Subjectivity is key

All participants had a strong belief in, and expressed a strong preference for, subjectivity, both in terms of the value of their own subjective responses to their clients and in terms of working with their clients' subjective experiences of the world and their own issues. Eleanor (TE) emphasised how any interpretation or suggestion she made to a client was always presented as a personal, subjective idea rather than an objective fact:

I do make interpretations, but when I do, then I would always say, you know, you know, I'm not saying this is right, but perhaps a way of thinking about it, you know, is like this and, yeah, so rather than telling people what it is, and I suppose that, in itself, is very existential, the idea that things are very, always very subjective and always open to change and there's no one true fact or truth or belief, erm. So that, you know, is inherently existential.

This extract highlights this participant's belief in the value of the therapist's subjective opinion for the client to reflect on. She emphasised, by the repetition of 'always,' that this was a strongly held and consistent stance. She dismissed the idea of a single objective reality, a view which all participants echoed, and which was reflected in her approach to practice.

Gerry (TR) while promoting a "mutual respect" between different therapeutic orientations, expressed a belief in the fact that:

> *There are as many truths as there are possibilities, erm, you know. I'm completely comfortable and at ease with, erm, thinking about and talking about things in different ways. But I would always ask people to then come back, you know to, erm, their grounding if you like.*

Again, subjective perspectives are prized over a more objective stance, yet all perspectives are to be valued. However, the existential subjective perspective is, it is implied, the one to be returned to and perhaps the one to be prized most highly. I will explore the conflict between openness to other ways of thinking and the strong adherence to existential perspectives further in chapter 7.

How many participants regarded the concept of change encapsulates their adherence to the idea of a subjective perspective as opposed to a more objective stance. When asked about the concept of change and if, or how, they measured it in their clients, Chloe (ET) stated:

> *I certainly don't measure change. The word 'measure' really doesn't come into anything for me, (No) but I can sense it and I can feel it and we'll talk about it, erm, and I may well bring it up.*

"I can sense it and I can feel it" implies an intuitive way of working as well as a subjective one and a rejection of any formal, more 'objective' outcome measures. As van Deurzen and Adams (2011) indicate existential therapists, unlike those from alternative approaches, do not regard change as something they work to bring about and as Spinelli (2007) asserts it is rarely formally measured. Models such as CORE-OM (Clinical Outcomes in Routine Evaluation-Outcome Measure) (Evans, Connell, Barkham, Margison, McGrath, Mellor-Clark & Audin, 2002) are rarely employed to measure client change. It is perhaps not surprising that few participants alluded to measuring change, nor is the fact that they expressed some antipathy towards attempting 'objective' evaluations of client's issues, instead promoting a focus on the subjectivity of the client's lived experience. What is notable, though, is a powerful sense of assurance in the above extract about not measuring change which seems

to capture something about the participant's conceptual conviction ("doesn't come into anything for me"), rather than simply expressing her way of working.

Owen (TE) indicated how important it is to focus on the client's subjective view of the world and of their issues. He acknowledged that he needed to seek to understand:

> *their way of making sense of who they are and where they are in life, that's where we have to start. I have to start with their frame of reference.*

Again, this focus on, and exploration of, their clients' subjective views of the world is how all the participants professed to work with their clients. This is not in itself surprising when employing a phenomenological perspective. However, what is notable is the strength of the belief in the subjective viewpoints of both therapist and client and the equally strong rejection of a more objective stance, which some participants seem to assume is the pervading narrative in some other forms of therapy. In this way, participants set themselves apart from other approaches.

5.2.2 Uncertainty is central

All participants asserted their strongly held existential view of the world that life is full of uncertainty and that the process of therapy needs to reflect that. They positioned this perspective against the notion that there can be any degree of certainty either in life or in therapeutic practice. Chloe (ET) described the existential approach as advocating the idea of "uncertainty and how, erm, how as human beings a lot of what we are struggling with is trying to find certainty where there is no essential…certainty."

Allied to this belief in an uncertain world, is the premise that the therapist does not have any clear theoretical stance on what will happen in the therapy sessions:

> *So erm, in a way, it's almost like existential theory is a theory about not knowing and it sounds almost contradictory, but it provides some, erm, it provides not evidence based, but it provides, erm, some kind of support for not being theory-driven or not being technique-driven.* (Janice-ET).

As well as positioning herself in alignment with the concept of uncertainty or 'not knowing,' Janice also clearly positioned herself against being driven by theoretical certainty. She seemed to be hinting at a theorical position advocating not being driven by a pre-existing structural framework, but, instead, being flexible and tentative, which she sees as a very different type of theorical stance to those advocated by most therapeutic orientations.

Most participants adopted a relational stance with clients which reflected this tentative approach. They regarded themselves as a 'fellow traveller' or 'guide' or 'co-collaborator,' in other words someone who is "no more the expert on living than they are" (Chloe-ET). Although there were differences in how they perceived their own levels of expertise, only one participant saw herself as a kind of teacher. There was an almost universal rejection of the idea of being an expert. Chloe, for example, contrasted the egalitarian nature of existential therapy with what she, herself, had experienced when in psychodynamic therapy where the therapist insisted "on harking back to my relationship with my father or my childhood." On the other hand, the existential approach:

> *seemed to address, erm well you address you know the, the, the issue, the human condition really in a very egalitarian kind of way and that appealed to me. I wasn't very keen on setting myself up as the expert.*

The use of the term "harking back" was expressed in an irritated tone of voice suggesting a strong aversion to what she saw as an approach where the therapist made assumptions based on a cause and effect theoretical framework. She also alluded to the way in which they took the lead in determining the direction of the therapy with little involvement from her as the client.

So, she, and most other participants, adopted the stance of a fellow human being who is, like their clients, uncertain in the face of the challenges of the human condition and does not profess to have a predictive model of therapy; conversely, they mostly rejected the conceptual stance of therapist as expert.

Participants' rejection of the concept of certainty was also evident in their negative perception of seeking explanations for clients' issues. Instead, they favoured increasing client awareness and understanding. This contrast was sometimes explicitly drawn:

> *But I guess in certain respects, in terms of how I practise, it's certainly very different from the psychoanalytic tradition or the psychodynamic tradition which relies much more on looking for an explanation for things. I'm much more concerned about understanding and I see understanding as a more hermeneutic kind of on-going endeavour, you know, one question kind of raises another question.* (Harry-ET).

So, the therapeutic process was not seen as leading to the certainty of answers but is rather a series of ongoing questions. Sometimes the rebuttal of explanation and interpretation not only expressed what participants stood for, and did not stand for, on a deeply personal level,

but was also framed as a moral choice. The following extract, from Phoebe (ET) not only exhibits a powerfully explicit antagonism towards use of interpretations and explanations, but also conveys it as being morally problematic:

> *So, it was all about interpretation and all about, erm, explanations and analysis and these things I found, erm, very annoying because they seemed to go in a very different direction than what philosophy was about, which was to understand and take a much wider perspective, rather than probe in that particular theoretical way and to use a particular kind of framework to, erm, to make interpretations to people. It always seemed to me that that was wrong.*

When discussing the process of training Nigel (TR) emphasised the need for trainees to be willing to accept that the training process is an uncertain process rather than a clearly defined one. He described it thus:

> *It's a big ask, although it's understood from the word go that this is what we're asking for, that this is what they're coming into the course for, but you trust the process, as opposed to look for the answer, that the process, if you give yourself to it, delivers something, which is way in excess of an immediate answer. You know, staying with that anxiety, staying with that anxiety, remaining in a sense of not being sure and unknowing, is a tall order for most of us and it, it is, I would say, some of the time, always going to be like that.*

So, the training process seems to mirror the therapeutic process in requiring trainees to accept its uncertain nature. The implication for practice is that undergoing a period of uncertainty, which by implication leads to insight, is far more valuable than being presented with a clear, unambiguous method of working.

Gerry (TR) highlighted his "non-dogmatic attitude" and described his adherence to an "unknowing" stance. Trainees also described the importance of engaging with clients from a position of uncertainty without preconceptions. Owen (TE) described the approach in this way:

> *I get to see with them, [clients] their world view and I can be unknowing about it. I can say what's that like, I don't understand that, say more about that, so they have to bring their being into my presence and to our shared space, without me putting a preconception on it and perhaps it's our misunderstandings and our different*

horizons that (unclear) this, that then force us to realign things and, so, that's what it's like for you.

The implication for practice in these extracts is that it is only by adhering to a position of uncertainty and 'not knowing' that therapists will be able to effectively help clients to explore their issues in a meaningful way. Similarly, trainees need to embrace uncertainty while training rather than looking for a clearly defined therapeutic method as this is likely to elicit a deeper sense of understanding of the therapeutic process in the longer term.

Thus, participants very strongly identified with the concept of uncertainty on a deeply personal level, advocating a tentative and open approach to therapeutic practice. Conversely, they rejected, sometimes passionately, the notion of seeking certainty via explanations offered by pre-existing theories.

5.2.3 Experience is foregrounded

Most participants emphasised the importance of exploring the client's experience without focusing very much, if at all, on theoretical concepts. Billy (TE) stated:

It really was just the two of us and often just me kind of finding it out, I guess. Erm, so where you were asking kind of how existentialism and existential philosophy then kind of comes into the training room, into the practice room, in a way it kind of doesn't, because you're not, I don't think I'm ever going, 'Ah, that person at the moment is acting in bad faith,' to use a (unclear) term or 'this person is encountering the clearing,' as Heidegger would say, or this person is doing what this person talks about from this writer, or this philosopher, or this practitioner. I'm not kind of spotting things and matching it with some term or theory that I've read somewhere.

This idea of theory not entering the therapy room is a commonly expressed one. Here Billy appears rather dismissive of the notion of matching what the client has spoken about with a specific existential concept. He implies that this would not be a productive process, but that the intimacy ("just the two of us") of the encounter involving his exploration of the client's experience is the valuable part.

Working phenomenologically was a central construct for all participants as it enabled them to focus on the client's experience. Conversely, most participants positioned themselves in opposition to deterministic theoretical constructs. Harry (ET) stated:

> *I think that's a big difference, the emphasis more on phenomenology, trying to understand the subjective experience of the client on their terms, not bringing in theory too much and certainly not looking for cause or deterministic sort of facts, you know, the past, you know, the idea of the past determining the present wouldn't have any kind of place in the existential kind of approach really.*

Although it is not surprising that existential therapists reject cause and effect theory, Harry did emphasise his complete rejection of "the past determining the present." Similarly, Chloe (ET) contrasted the existential approach with the psychodynamic approach. In doing so, she highlighted her strong preference for focusing on the client's experience ("sitting with this other human being… it's an exploration") and equally strong antipathy towards grand theories:

> *I, as a human being, am sitting with this other human being and, you know, we're in it together and erm, and it's an exploration and I'm not erm I'm not imposing my highfaluting erm psychological ideas on them. You know there's something about just, just being in the room and me being just as affected by the human condition as they are.*

Here, as elsewhere, it is the choice of words used to describe the concepts which often conveys the strength of feeling involved in the affiliation to her chosen philosophical standpoint and the complete rejection of another. That she found existential approach personally meaningful is conveyed in: "there's something about just, just being in the room…" On the other hand, the psychodynamic approach is described using derogatory terms, namely: "not imposing my highfaluting psychological theories on them." There is also an implication that such an approach with its deterministic body of theory, is likely to have detrimental impact on clients.

From the perspective of training, acquiring an understanding of existential philosophy was often regarded by participants as involving an 'experiential understanding.' Nigel (TR) described the approach as "*a form of enquiry that goes beyond the cognitive"* and captured what many participants echoed when he described what is to be gained by reading the work of existential philosophers:

> *So, what they do is being existential philosophers, they're addressing you through the words, but they're also doing something to you in your experience. I mean it's not just receiving words and learning them, it's an actual experience.*

He seemed to be suggesting that trainees not only learn about existential philosophy via the traditional knowledge acquisition method, but also experience the impact of the ideas on a deeply personal level. He went on to highlight what he regarded as one of the key differences between this and other theoretical orientations:

> *They* [the trainees] *find that working in that way with, with clients and for themselves, is quite radical and has a different quality to it, compared with other modalities. So, there's something very specific and slightly mysterious, because it is difficult to put it into words, but there's, without a doubt, there's a kind of an embodied felt experience. There's something going on.*

Here Nigel conveyed what many participants expressed: that the approach stands in opposition to other approaches in a way that challenges their central premise ("quite radical"), which was partly due to some form of embodied experience encountered during therapy and during the training which was hard to verbalise. The sense of something mystical occurring in the session, as a result of the experiential way of working, is also commonly expressed.

Anika, a trainee, also made clear her allegiance to the idea of focusing on the client and their experience while rejecting more theoretical interpretations of the client's issues:

> *But to me, the difference was that when I engage in existential philosophy, somehow, it helps me, rather than to classify, conceptualise…, just understand the client. It helps me to really look at what's going on at the present moment in the encounter between the two of us and it helps me in a very embodied way to access the present moment, unlike that sometimes an intellectual idea can and I seem to miss.*

Again, there is an implication that theory can often get in the way of understanding the client's experience. It is far more effective to focus on the present encounter in a very immediate sense.

So, the concept of drawing on a theoretical stance that is grounded in cause and effect or certainty is a complete anathema to all participants. The focus needs to be on the client's experience of the human condition, with theoretical concepts not playing a central role in the therapy sessions. Participants are keen to draw a clear distinction between existential therapy's stance on theory and that of other approaches. They appear to view being 'experience-focused' as standing in opposition to being 'theory-focused.'

5.3 Relishing the philosophical challenge

Most of the experienced therapists regarded the existential approach as a challenging one in the sense of making significant personal demands on both therapist and client which other approaches do not make. These include the need to face up to the challenges of existence such as mortality, meaninglessness and ultimate isolation. So, the focus here was on the challenging nature of the philosophical ideas and how they impacted on the self, rather than on the challenges of 'putting theory into practice' in a more traditional sense. The method of working whereby the therapist is required to be direct and challenging with the client was also highlighted as being particularly demanding; so here the focus was on the nature of the therapeutic relationship. Despite my expectation that some trainees would find the training challenging, the degree to which they experienced it as a demanding and sometimes anxiety-provoking process was greater than I had anticipated. Indeed, this was a recurrent theme across all trainees' accounts. Similarly, both trainers referred to the intense challenge of the training and of the therapeutic orientation. The challenge was, however, welcomed, indeed relished, by most participants. Some of the reasons given for the extent of the challenge in terms of training included the fact that existential therapy training places great emphasis on the trainee 'finding their own way' in terms of making sense of the theory and practice; the focus is on often anxiety-provoking experiential methods of learning and that it challenges one's underlying perspectives on the self, others and social and cultural norms.

Although the process is extremely demanding all but one of the participants (a trainee) emphasised the positive outcomes of these challenges in terms of personal growth and insight both for themselves and for clients. Experienced therapists also alluded to the value of the challenge both for their own personal development and for the benefit of clients.

Participants highlighted the fact that both the training and the therapy demand that one has the courage to face reality head on as it encourages them to engage in deep and challenging philosophical enquiry. There were also some references to intense struggles sometimes leading to particularly strong negative affect amongst trainees. It was the extent and impact of the challenge which was a particularly notable feature as was the fact that the challenges were usually, although not always, seen to be extremely valuable. In addition, the focus was on personal development as a process of understanding theory in practice.

5.3.1 The extremity of the challenge

The extremity of the challenge was regarded as both intellectual and emotional in nature and was experienced by both experienced therapists and those undergoing training. Having said

this, it was the trainees and NQTs who focused more on the profound challenges they faced. Nevertheless, the issue of challenge for both therapists and clients was highlighted by some experienced therapists. Chloe (ET) for example, described the approach as “meatier” than the person-centred approach in that:

> *It’s challenging. It can be really challenging. You really get stuck in there with a client and my experience of the person-centred approach to that date, I hadn’t seen too much of that.*

She also explained this in terms of having to engage directly with the client rather than hiding behind a safe, neutral façade as in the psychodynamic approach. So, the way the therapeutic relationship is conceptualized is central here. The importance of expressing what she is feeling about the client can be frightening (“I might even feel quite frightened”).

Janice (ET) also refers to the challenge of the approach, this time in terms of the challenges that clients are required to face:

> *whereas there’s something with existential therapy about really confronting, you know. There’s existential givens, sort of isolation and responsibility, that you are responsible for yourself and your own life and that, I mean I think, you know, that you don’t really come across that in other theories.*

Again, the philosophical assumptions underpinning the existential approach are being contrasted with the nature of other approaches which are perceived as less challenging. Participants often emphasized the degree of challenge by this means.

Billy (TE) termed the approach ‘provocative:’

> *…the kind of provocations of, you know, why do you think that, why do you think that you think that, where does this come from?*

Here he alludes to the types of interventions from trainers which challenged his way of thinking about the world. The use of the word ‘provocations’ implies that he experienced an emotional as well as a cognitive response and the degree of questioning seems to be intense and ongoing almost like a barrage of questions which force him to face up to and challenge his entire world view.

Another trainee stated that no one tells you the right way to do things so that “*it’s up to you, you have, you have to be responsible for finding your way through this course”* (Owen). He indicated that some trainees complained that the course was not looking after them, or as he

put it “not parenting them.” So, the perceived lack of guidance was experienced differently by different trainees, with this individual coping well with it from the outset but others, at least according to this participant, struggling and feeling angry and unsupported. A lack of parenting also implies a perceived lack of care or a lack of a safe supportive environment. On the other hand, some trainees regarded their tutors as providing a safe space in which they could deal with the challenges.

Some trainees found the process emotionally draining:

> *Yeah, well the training was really, really hard, erm, and exhausting, emotionally, and it always used to be, you'd get to the end of term and you'd think like, you know, why do I feel so drained, like what is it? It used to be really hard to make sense of it, because it's like oh, I don't actually know what it is we've done in the term that should make me feel almost like I'm having some sort of like, you know, I'm close to collapse at the end of each term, like how come, what is it we've done that's so intense?* (Eleanor).

Some of the language used emphasises the extremity of the experience – ‘exhausting,’ ‘drained,’ ‘close to collapse’ and ‘intense.’ This participant was not simply saying this is a hard or challenging experience.

Eleanor went on to describe an experiential exercise designed to develop the ability to sit with silence which she really struggled with and which she felt contributed to her feeling so emotionally exhausted. She was clearly deeply affected by it. This trainee also indicated that as a result of her personal struggles with some of the experiential work she almost left the course finding it “really, really, really hard, awful.” She added:

> *I remember thinking I'm going to have to leave the course because I can't do that [the exercise] it's too hard, I can't keep going back to do that*.

Although she was the only student to express this degree of struggle with aspects of the course, the majority referred to the emotional strain they encountered.

Trainees frequently alluded to the way that the challenging nature of the training had a profound emotional impact on them. Some of the feelings experienced were ‘positives’ ones- for example one trainee described the early stages of her training as “amazing”- but all experienced anxiety and uncertainty at times and attributed this partly to the experiential nature of existential training. When discussing her experience of the training Sandra stated:

It was like a stirring up, that's the, it was quite challenging, it was a constant stirring up, erm, ...there was a difference in style from my previous trainings or any other trainings I'd had.

Her reference to being 'stirred up' suggests an emotional impact. She goes on to describe how the tutors placed the responsibility for managing the process of discussions onto the trainees which she saw as encouraging personal insight even though she felt extremely anxious at times.

Trainers also alluded to the extremity of the challenge:

I mean the whole thing is characterised by challenge and difficulty, because that's the, if you like, the bread and butter of what, you know, if you're up against a struggle, then it's the process of working through that struggle that illuminates, that brings some kind of illumination. So, I mean in a way, you can perhaps look at the training as a safe space in which to really struggle. I mean really struggle, err, and bring up things which are highly personal.

Here Nigel (TR) emphasised the challenge of the training process by the repetition of the word 'struggle.' It is notable that he also referred to providing a safe space in which to struggle as compared to the trainee from a different course who described some of his colleagues as feeling a lack of such a safe space. Nigel also highlighted the negative affect that trainees can experience when struggling to clarify the connection between the philosophy and the practice which, he implies, is not easy to delineate. He expresses this from the trainee perspective:

that kind of anxiety about well what is that connection between [theory and practice], you know, what I'm reading and philosophy, yeah, I'm interested in that, erm, and what I'm doing, you know. It does provoke anxiety.

Gerry (TR) points to a similar challenge faced by his trainees when trying to clarify the theory/practice connection.

Well I don't think, err, students necessarily find that, err, readily easy, or accessible. Erm, err, I think because it's less defined, erm, I guess, erm, and because it is, what am I trying to say, erm, I think often, I think more students than not, err, have difficulty, err, especially in their early years of training, erm, in, err, talking and explaining and considering that [practice] *against existential themes, erm, I think that's quite a challenge.*

He compares this to CBT which has a far more transparent and manualised theory/practice connection:

> *Well, here is some real structure and you know, there is, err, clear objectives and there's a sort of, almost a much more of a how to, erm, get from a to b, erm, and I think people find that much less anxiety- provoking. I think it's quite, erm, an anxiety-provoking method, ours, the sitting with uncertainty, the sitting with, you know, not knowing, erm err, I think is uncomfortable for, because often it's quite a challenge to sort of think in that sort of attitude, you know, erm, because people sort of feel quite disempowered, or you know, what is it I'm doing here and that's where I think the struggle is.*

So, the struggle for trainers was conceptualised largely in the inherent difficulty in making a link between the philosophy and the practice, particularly because the approach is based on an attitude rather than a clearly defined method. For the trainees and NQTs the extreme challenge related to the nature of the training which requires one to confront one's deeply held beliefs and to develop an understanding of the relationship between theory and practice for themselves. For the experienced therapist the extreme challenge, though not as commonly expressed, tended to focus around the challenges posed by the philosophical ideas for both therapists and clients.

5.3.2 The value of the struggle

The value of the struggle tended to be much more explicitly stated by trainees, NQTs and trainers than by experienced therapists. This may be because they were, or had recently been, engaged in the training process where making sense of philosophy in practice is foregrounded. However, the way that the latter referred to the challenging nature of the approach, including how they described its relative challenge to other approaches, encapsulates this sense of the approach being particularly effective because of the challenge.

Chloe (ET) highlighted how whenever she engaged the client directly in a discussion of what she is feeling about them and what is going on between them-something she describes as really challenging-it is of great value:

> *You know the kind of the Socratic questioning, the existential ideas, the listening, the reflecting, all of that is relatively easy compared to putting yourself into the room and into the relationship, erm, but you know it's interesting because every time, <u>every</u>*

time my supervisor has encouraged me to do it, you know, so I'll be talking about how I feel with a client and he'll say, "Well have you told him?" (Yeah) And if I haven't why haven't I? We'll explore that and so on. Erm, every time I've then done it it's always proved massively fruitful.

So, again, the nature of the relationship is foregrounded over the theoretical ideas, skills or techniques. Most of the participants regarded their perception that existential therapy was more challenging than other therapeutic approaches as being part of its appeal and value. Reference was made to both the professional and personal value of the struggle. In terms of professional benefit, Anika (TE) focused on the greater focus of existential than other training courses on ongoing self-challenge and honesty:

I think at the heart of it [the existential approach] is a constant questioning of what am I doing and why am I doing it. So, all the way along, we're being asked to open up those questions and to really look at that and I don't think any other approach kind of does it, I think, with that much honesty that's required.

Here again a clear distinction is drawn between the existential approach and other orientations with the existential approach being presented, at least implicitly, as more effective. This extract emphasises the extremely close examination of one's motives and actions that existential therapy training demands but also how, according to this participant, the approach expects the kind of valuable in-depth exploration of self that no other approach does. Such a notion of superiority was more strongly implied on various other occasions. This was despite some trainees emphasising that they saw value in all approaches. The expression of "*unconditional regard and being with people through their pain*" as demonstrated by the humanistic approach was contrasted with "*stepping up a gear or two*" when engaging in existential therapy: "*Erm, so it's not just accepting, it's being challenging, it's being real*." (Owen - TE). So, unlike a person-centred therapist, it is vital to really challenge the client. Here the implication is that the humanistic approach is of value, but the nature of the therapeutic relationship lacks the necessary challenge to enable clients to get to heart of the issue.

Another of the trainees compared the rigor of her existential training to other training experiences:

Yeah, yeah, they're so rigorous! They are so rigorous. I think everyone I've ever spoken to who has done the training would say exactly the same, you know, there ain't no hiding place! Not at all and I have to say, a criticism of my former training,

> *even though I actually hold it in quite high respect, so, yeah, I think in theory, you could have come out having learnt the moves a lot and gone away, and I think you can get through BACP accreditation learning the moves and say the right things and having the right language* (Sandra-TE).

This idea of rigor and lack of a place to hide pinpoints how this trainee felt exposed by the way the training was undertaken. The image is one of someone under a spotlight with all frailties on view. However, not only is the challenging nature of the training highlighted here but also the notion that the extreme challenge results in there being fewer opportunities to 'get away with things' in this approach than another training route.

It is notable that I did not ask participants to compare the existential approach with other approaches although the majority did so. The comparison invariably favoured the former approach and often implied a critique of the other approach as being in some way more superficial or less challenging. There was an implied undercurrent from most participants that existential therapy training was 'better' than other types of training.

Most trainees saw the challenges of the training in a positive light, as a route to personal and professional growth and development resulting in greater confidence. Eleanor (TE) did acknowledge the resulting value of the struggles she had endured in terms of greater confidence:

> *the idea that oh yeah, it* [the training] *trains you to be more confident in who you are, so you can then be a therapist, that, I think that's what it's done. It's like I don't feel, in a way, like I have to hold really hard and fast to things, in a way, because I know that, you know… I embody those ways of being and you know, nobody can take them away from me. You know, they don't, so and that's what I mean about giving me like a real confidence.*

Here it is not the accumulation of theory or techniques that were of value but having developed herself, through a process of challenging self-development, to the point of feeling she was an effective and confident therapist. Learning about theoretical concepts in the traditional sense did not appear to be as central an element of the training process as developing the self so as to be able to embody the ideas as a way of being.

Similarly, Billy (NQT) who referred to the training as being provocative and involving constant questioning, highlighted how during the personal and professional development activities he saw himself as being:

almost forced, to a degree, to kind of interact and do stuff together, erm. Yeah, that kind of opened my eyes to a lot of my own, almost kind of what were before then, kind of almost invisible to me, assumptions of the world, kind of how things operate and the experiences that people have and what things are like and kind of what I'm like and how I thought, how I thought I came across to people, having that kind of revealed to me.

So, although he described the process as feeling imposed upon him to some degree, he acknowledged the value of the outcome in terms of transforming his view of himself, others and the world. It was this, rather than theory acquisition, which formed the core aspect of the training and which provides the challenge and the value.

While the value of the struggle was more heavily emphasized by trainees, trainers and NQTs than experienced therapists, most participants made reference to its value in terms of either profound personal change resulting in their becoming a more effective therapist or in terms of the potentially transformative challenge offered to clients. The value of the challenge was often further highlighted via contrasting it favorably with other theoretical orientations which are seen to be less challenging and, therefore, less valuable. Theory or philosophy was mentioned less than personal challenge and transformation and when it was, it was often either seen as secondary, or as being embodied in the person of the therapist.

5.3.3 The need for courage

Most participants alluded to the need to be robust in order to either work as an existential therapist or successfully manage the training process. Chloe (ET) when referring to the importance of discussing how she was feeling about her client and what was going on between them, stated:

that, that is where the really difficult part of the work is, I think, and, I think, sometimes it takes real courage and over time I hope I'm getting more courageous with that, erm.

Janice (ET) described how resilience was needed to "withstand the client stuff." This is:

because there's something about, you know, working phenomenologically or existentially about jumping into the client's world and, you know. Spinelli talks about it. This can be incredibly frightening, you know, to jump into somebody else's world, especially if they're in distress and it's chaotic or confusing or, erm, because you jump in as if everything is real because it is real for them, you know. There is only

experience, that is, that is all there is. That there isn't some absolute treatment that you judge experience by. But, erm, there's something about not, erm, Spinelli says this as well, about not getting swallowed up in the client's world. So, this feel is this thing that I kind of touched on before, this almost like one foot in, one foot out, but being able to jump into the client's world, but not get just swept away with it.

Janice contrasted the difficulty-based on existential assumptions- of entering the client's world directly, with what she implied is the easier option of employing a more clearly defined form of treatment or therapeutic method, based on very different theoretical assumptions. She considered great courage and resilience to be needed to adopt this existential stance.

Nigel (TR) regarded the importance of creating and holding a therapeutic space for the client as being:

about actually really going into one's self as a practitioner to begin to articulate the truth of the, the experience with the client, which takes a lot of courage. It takes a lot of peeling away of layers, of, err, supposed expectation and now it's once they begin to accept that that's what's happening and it's safe enough to actually come forward with that, they are drawing inevitably on the philosophical notions, start to coincide with the thing that's being described.

This partially echoes Chloe's (ET) comment about the need to bring oneself into the therapy room in the sense of being direct and open with the client about how one is really experiencing them. I interpreted this extract as emphasising the importance of being honest with the client in a way that is only possible after in-depth personal development. Only then are the philosophical ideas truly accessible to them in the way they engage with the client. Again, the focus here was on the need for courage when engaging in these essential existential processes.

Eleanor (TE) described an important part of the training process as requiring resilience:

I think that's one of the most valuable things, how better to learn about how you are inter-subjectively, which is, I think, ethically what you've got to do because you are with your client. Then to explore that with your colleagues and you know, there's a certain amount of robustness needed there.

Here the value and challenge of the training input seem to go hand in hand, but emotional resilience is seen as a necessary quality to 'survive' the training. The main aspects of the training which were seen to require resilience were dealing with the uncertainty of the

process of learning about the approach and coping with the depth of the self- scrutiny. The overall message seems to be that trainees need to be emotionally robust in order to withstand the immense challenges involved in existential training. Those who are not, will not get through.

Most trainees seemed to feel they had sufficient courage and resilience to cope with the inherent demands of the approach, but for a few the strain proved overwhelming at times. One trainee referred to some of his peers who found the initial stages of the training as being extremely difficult as they felt unsupported and lost:

> *So other people on the course are complaining often that... [the institution] isn't looking after them… We're doing a psychodynamic module at the moment, so there's a lot of talk about [the institution] as a bad object and us putting our negative experiences on them for not parenting us, you know* (Owen).

Having said this, this was the participant's view of other course members rather than his own perspective. As mentioned earlier, though, one of the participants almost left the course as a result of some of the experiential work she was required to undergo and, at times, trainees did not feel sufficiently resilient and as a result experienced periods of anxiety and disorientation.

Eleanor (TE) mentioned a fellow trainee with whom she did not feel able to be sufficiently honest in a training group:

> *I know my intentions weren't to attack her and there was, you know, I held back from, this was to do with the part that we were holding back from saying things because she was incredibly fragile, which impacted on the rest of the group's kind of, we were all in a very different place where we were wanting to be kind of quite rigorous and open and honest and yet not doing that with her because she wasn't really there and that was what actually, what we were saying, you know, so I feel like I'm really holding back because I'm worried about you.*

So, it appears, at least from participants' perspectives, that there were some trainees who were regarded as too fragile to cope with the demands of the training and it is not clear to what extent such students were offered additional support. Certainly, this participant took some responsibility upon herself to protect her fellow trainee from potential harm and it is not clear what role the trainers took. It is notable that participants rarely mentioned feeling safe (there is only one mention of this in relation to a supervisor) and there is a sense that those

without sufficient resilience could flounder on a course of this type where the acquisition of the theoretical ideas are so closely aligned to the development of the self.

5.4 Chapter summary

To conclude, participants from all three groups shared a very similar perspective in relation to this first theme. They expressed a strong affinity with an existential view of the world, often experiencing powerful feelings of relief or excitement on discovering it, which sometimes resembled a spiritual awakening. This was important to them because working as an existential therapist was regarded less as putting the philosophy into practice but as forming, for most, a central part of their identity. They emphasised the need to develop an existential attitude and a willingness to be 'refigured' as a result of the training and ongoing personal development, resulting in a process of assimilation of the philosophy so as to embody it in themselves.

Participants expressed a strong affiliation with a range of existential concepts and tended to forcefully reject concepts which did not support an existential attitude. Such concepts were imbued with deep personal meaning and formed a central part of their identity rather than simply being theoretical constructs to draw upon. They were quick to draw a clear distinction between existential therapy's perspective on theory and that of other approaches, favouring a focus on the client's experience, with theory playing a lesser role.

Most of the participants regarded the existential approach as far more challenging than other theoretical approaches due to the significant personal demands it made on both therapist and client, for the reasons outlined above, and which they considered other approaches not to make to the same degree. The extreme challenges of the training input were seen to be of immense value, but emotional resilience was regarded as a necessary quality to 'survive' the intensity and demands of the experiential and personal development aspects of the training. This was partly due to the need to 'assimilate' the philosophical concepts via the development of the existential self.

Chapter 6: Findings (2) The road less travelled

This chapter focuses on the overarching theme of *The road less travelled*. Participants emphasised, often with a certain degree of pride, that existential theory and practice was decidedly different to other theoretical orientations in several respects. This difference was closely related to their sense of identity as outsiders, pursuing a radical, alternative approach to therapy. The approach was seen to be radical in the way that it offered a challenge to the dominant therapeutic ideology, based on psychological theories, where the focus was on employing a clear theoretical framework to bring about client change. Its perceived radical stance placed it outside the norm and could result in its being side lined by the therapeutic mainstream. In addition, it was regarded as being difficult to grasp, partly due to its drawing on complex philosophical concepts, and, also, the unconventional ways in which it made sense of the theory/practice connection. As a result, it was regarded as likely to be misunderstood by outsiders, as well as being difficult to learn. Although this might be regarded as a potential vulnerability and significant challenge, participants tended to view it as being advantageous, a real strength, or even, at times, reflective of a certain superiority of the approach as compared to other orientations.

The first sub-theme is *Challenging the dominant ideology* which incorporates two lower order themes: *A radical approach* and *Not well recognised.* The second sub-theme is *Easily misunderstood* which captures the inherent difficulties of clearly conveying how the approach works in practice to those not involved in using it. The lower order themes are: *Challenging to explain*, A *challenge to understand* and *Challenging to learn*.

6.1 Challenging the dominant ideologies

Participants emphasized the fact that the existential approach was very different to other therapeutic orientations and that part of that difference was its radical stance. Many saw it as challenging the dominant therapeutic ideologies such as CBT and psychoanalysis with their underlying psychological ‘grand’ theories as well as questioning traditional western cultural and social norms.

Nigel (TR) described the approach as “radical” and having “a different quality to it compared to other modalities.” He advocated moving away from “a dualistic paradigm” when attempting to understand concepts such as ‘love’ or ‘the body’ and advocated an orientation which “goes beyond theory” to get at the core of how clients have chosen to live their lives.

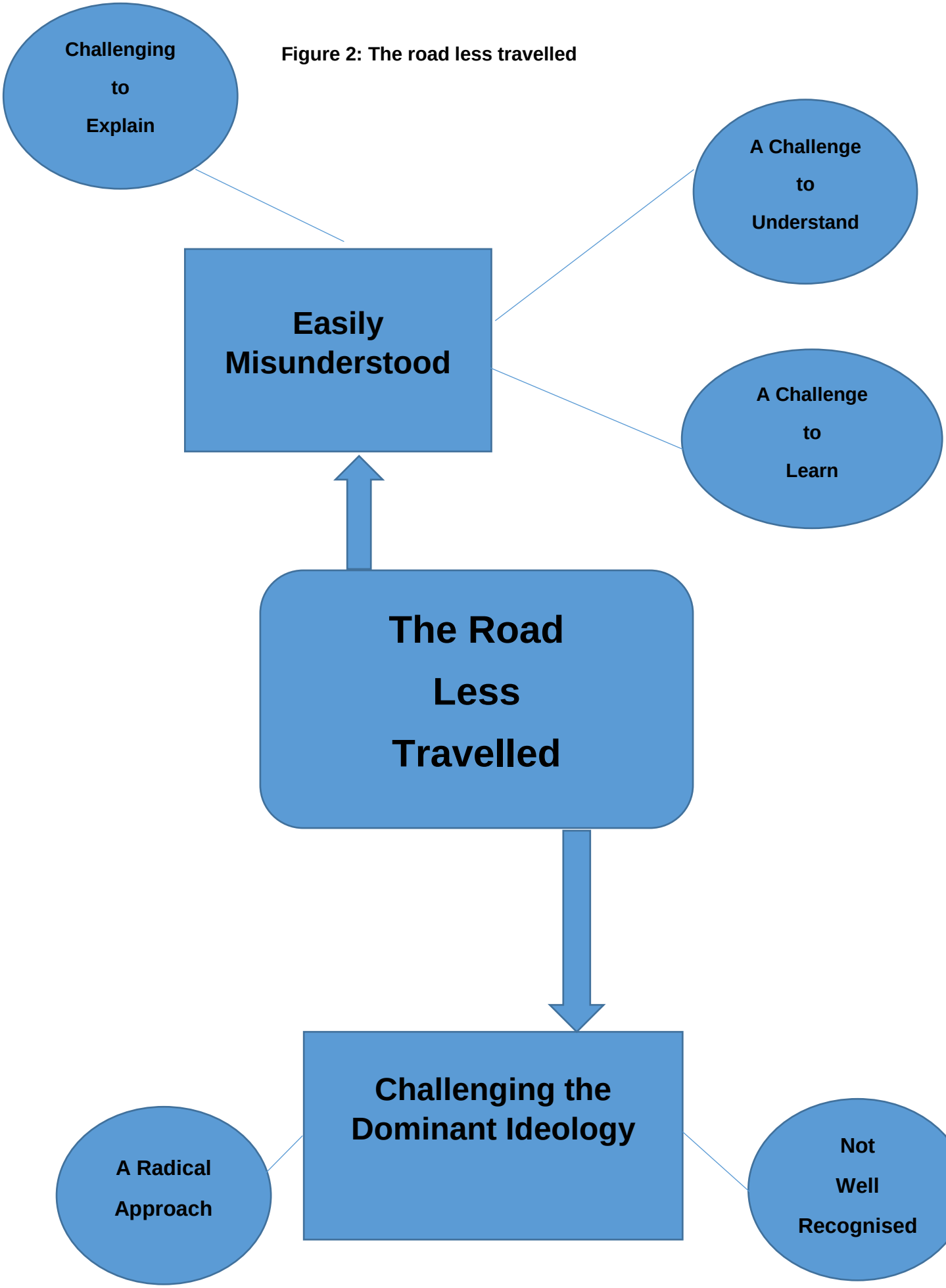


Figure 2: The road less travelled

Partly as a result of its radical and challenging nature, participants highlighted how their approach was not well recognised by the therapeutic establishment or by the population at large, with Eleanor (TE) describing how she would use non-existential language when going for interviews and was worried she would not be employable if she admitted to using the existential way of working. Occasionally this was viewed as a problem, but most participants tended to regard this as a feature to admire in the way one might admire a rebel who does not conform and is, therefore, outlawed. One reason for this lack of recognition was cited as the lack of a solid evidence base. However, this was also not generally perceived as a negative feature, but rather a proud adherence to the existential principle of openness and creativity which eschews the need for formal evaluation.

6.1.1 A radical approach

Most participants conveyed a belief in the radical nature of practising the existential approach which served to challenge what they regarded as more traditional forms of therapy. Nigel (TR) put it thus:

> *They find that working in that way with, with clients and for themselves, is quite radical and has a different quality to it, compared with other modalities.*

There was also a common conviction that this radical practice was preferable to more conventional approaches which were in some way lacking. For example, Sandra (TE) drew attention to the differences between psychological approaches and the existential approach:

> *I think a lot of people that I see feel quite bowed down under a kind of psychologising their experience, which actually seems quite cruel sometimes, you know, or very internal, rather than social or political or of its time, you know, so putting themselves in context really, bigger context.*

Here Sandra clearly referred to what she saw as the negative features of the theorising involved in other orientations and contrasts this with the distinct, more valuable, contextualised nature of existential therapy. Indeed, the use of the word ‘cruel’ was a strong word to use with its clear connotations of harm and damage.

Owen (TE) drew attention to the difference between his organisation’s approach to care and treatment and the existential perspective:

> *So, it’s become like, erm, there’s a computer system, we have to feed the computer system, we have to do everything to order and it’s, we’re losing the human quality about being as workers and losing the sense of the people who work with the*

humans and it's becoming a managed care, is the thing. So, I'm kind of rebelling against that with existentialism, trying to find a way to, err, relate to myself and other people as humans.

Here Owen conjured up a world of heartless mechanisation lacking in humanity in his place of work in the helping professions as opposed to the existential 'way' which challenges that attitude by valuing human qualities. Existentialism was presented as the radical way of being and there is a sense here of existentialism saving us from our rush towards ever increasing inhumanity as well as being superior in its philosophical stance.

The radical nature of the approach was further emphasized by Owen when he referred to most therapy as "*soft policing…So it is trying to get people to think within the norms of society."* In contrast he was drawn to what he saw as an alternative therapeutic vision which challenges traditional social and therapeutic assumptions:

So, I'd like a therapeutic approach that's allied to a philosophical tradition that asks a specific question of society, and the purpose of therapy and not just here is a tool, go and do a job. Ask why, why do this job? Who is this serving? And all those questions behind it, you know.

Nigel (TR) also asserted how existentialism allows us to "*move beyond the literal...to maintain a certain level of humanity"* in a world increasingly obsessed *with "wanting to know what you're up to and wanting you to be able to concretely report."* He saw it in terms of *"the culture's going that way."*

This idea of existential therapy being provocative and challenging by questioning social norms is echoed by most participants. Again, the radical, questioning nature of the philosophy was highlighted here which was contrasted with what was regarded as the limited, mechanized ways that other non-philosophically orientated therapies operated.

This radical stance was also apparent in a university context. Nigel contrasted what his training course was attempting to do with the cultural norms of the university in which the course was based:

It's in a, it's in a setting where, you know, in a cultural setting, where it's extremely unfashionable to, to attempt to do the kind of things that we're doing, particularly in a university, err, you know, which is all about measurement and all about goals and all about, you know, concrete stuff. Err, so it's, it's quite a task to maintain this sort of level of, erm, freedom.

Here existential therapy training is presented as valiantly battling against the cultural norms of the institution. 'Measurement' and 'goals' and 'concrete stuff' are all concepts which the participants positioned themselves very strongly against, so this radical and unfashionable stance is part of the existential fight against what they regarded as the destructive and limiting features of present day social and organisational norms as well as of most therapeutic approaches.

While some other participants did not refer directly to the radical nature of the approach, they nevertheless implied this via a discussion of its difference and sometimes its implied superiority. For example, Janice (ET) purported:

> *You know, there's something about existential therapy that's almost not cosy, but somehow, erm, as you become this person, you will be part of this nice group of other people and you'll all get on, and whereas there's something with existential therapy about really confronting, you know, there's existential given sort of isolation and responsibility, that you are responsible for yourself and your own life and that, I mean, I think, you know, that you don't really come across that in other theories.*

Here Janice highlighted the way that the philosophical ideas embedded in existential therapy were intensely challenging as opposed to the rather 'cosy' nature of other approaches. There is clearly a suggestion that, not only is this approach radical, but it is also preferable, indeed superior, to other less challenging approaches. The terms 'cosy' and being 'part of this nice group' imply conformity which may be safe, but which is ultimately futile.

There were many instances of participants comparing existential theory and practice favourably with other orientations, often with the implication that the other approaches were lacking in some way. For example, Sandra (TE) regarded the approach as "*really rich*" and "*challenging*" and involving "*a difference in style* [of facilitation] *from my previous trainings or any other trainings I'd had."* She compared it favourably with her previous training courses, implying its greater richness and challenge. Comments such as these serve to highlight the unique nature of the approach for participants and to also imply its radical nature as well as its superiority in their eyes.

So, the radical nature of existential therapy was indicated by its reluctance to 'psychologise' clients' problems, instead moving away from theorising about internal issues to considering the broader social and political contexts within which clients live their lives. Underlying this narrative was a critique of what was regarded as an increasingly dehumanising culture-

including the dominant therapeutic culture-which requires people to conform to a certain way of being driven by goals and targets and a certain 'cosy' and safe way of existing.

6.1.2 Not well recognised

Although not mentioned by many participants, a small number did allude to the fact the existential approach was not as well recognised as other approaches, such as CBT and psychodynamic therapy, either by the general public or by employers. This sometimes led to their modifying the way they presented themselves to these groups. Denise (ET) decided to avoid using the term 'existential therapist' on her website:

> *The reason for that* [not calling herself an existential therapist on her website*] is quite simply that I think that existentialism can appear, err not many people, not as many people know about it (Yeah). I think you can cut out a lot of potential clients (Right) by saying that you just work, you know, existentially, so I use it as a kind of, my work has a strong flavour of that and I am qualified, you know, to work in a number of different ways.*

Although she stated elsewhere that she saw herself as possessing an increasingly existential identity as she gained in experience, she seemed to have taken a pragmatic decision so as not to exclude any potential clients who may be 'put off' by a term with which they are unfamiliar. A few other participants had also decided to refer to themselves in ways other than as existential therapists (such as 'integrative therapist' or 'counselling psychologist'), although this was occasionally a reflection of how they conceptualised their professional identity in that they drew on other theoretical concepts in addition to existential ones.

Eleanor (TE) discussed at some length the potential issues surrounding the fact that existential therapy was not recognised by employers such as the NHS. Initially, when deciding which theoretical orientation to train in, she stated:

> *I did spend a long time thinking about it and the thing that sort of put me off was I was worried I wouldn't be very employable if I had, like, a specialism in existential psychotherapy, particularly within the NHS… I sort of felt maybe it would be more sensible to do something else.*

Having opted to train existentially because her attraction to the approach overrode her pragmatism, she decided, in her NHS supervision, to adapt the language she used to fit in

with the approaches which are recognised in the NICE guidelines. She provided this rationale for doing so:

> *So, it sounds more like I'm doing the job I'm actually being employed to do, which is an understanding that it fits within NICE Guidelines [ah, okay], okay, so or CBT, you know, so it sounds more scientific and more proper and you know, it's like playing a bit of a game. But I think it's just, it's, you know, they know, people who, they know that that's what I'm doing, but they have, it's like we have to show that we're, we're jumping through hoops.*

Eleanor acknowledged what she saw as the necessity of 'playing the game' in order to conform to what her employer values and recognises. There was a slightly dismissive edge to her comment about sounding "more scientific and more proper" as it was the lack of scientific focus that she valued in the existential approach. She suggested that a shared subterfuge was taking place of which both parties were aware. She also stated that she would modify her language by using terms "*that I felt they would be more likely to understand, like I might use 'unconscious' rather than 'out of their awareness.'"* Although Eleanor was experiencing a certain pressure to use non-existential terms in her supervision within the NHS, she did not express any frustration with this or appear to see it as a difficult challenge. Instead, she appeared to accept the necessity of 'jumping through hoops,' particularly as she had chosen to work in a way which was not formally recognised by her employer.

Denise (ET) had, in addition to being self-employed, previously worked for an organisation offering short term therapy. She referred to working "*in kind of the constraints of the limitations of that"* and when I asked her how that worked for her, she replied that *"it sucks."* Although she went on to say "*I mean that's not entirely fair. Erm (sighs) It focuses the mind,"* she did not sound entirely convinced and this method of working certainly seemed to conflict with her comments elsewhere about what she valued in the existential approach such as flexibility and not having specific goals. She seemed to pragmatically accept that she had to modify her method of working in order to work for an organisation rather than being self-employed. Nevertheless, her comments that 'it sucks' could suggest some frustration at having to abandon her existential principles, at least to some degree.

Some of the participants highlighted that this lack of recognition was partly due to the lack of an extensive evidence base. Chloe (ET) stated:

> *Erm, you know, it's a topic that comes up in existential forums and oh, you know, conferences all the time, err, because, of course, we aren't in the NICE guidelines, because we haven't done evidence-based research, random control trials, all of that. Erm, so it is a real question. In private practice it's not one that bothers me.*

So, this participant was aware of the ongoing discussion about the issue but did not regard it as problematic if one is not based in an organisational setting. It is notable that many of the participants did not mention the issue of adapting their practice, probably because they worked in private practice and, thus, independently of institutions such as the NHS.

Owen (TE) expressed his frustration at the way in which attempts were made to force existential therapy into a paradigm which is opposed to all it stands for:

> *I'm aware that a lot of funding has been attracted to doing a controlled trial in the UK [ah, yeah] … It's kind of squeezing one philosophical viewpoint into another. So, existentialism gets squeezed into a science- based paradigm in which things either work or they don't work, in some defined way and I'm wondering about your work is more explorative, so it's getting to understand what existential therapy is, rather than does it work or doesn't it work.*

He was clearly irritated that the approach he so revered was being contaminated by a "science-based paradigm" which sits in opposition to his core values of openness and exploration. He did not express concern about the fact that the approach is less well recognised than some of the more prominent theoretical orientations. Indeed, participants tended to express a certain pride in existential therapy being radical and challenging of what they saw as the traditional therapeutic paradigm. Equally, that it was not well recognised was not generally regarded as problematic in any significant way. In fact, this was more commonly see as implying the superiority of the approach.

6.2 Easily misunderstood

Participants commonly regarded the existential approach as being easily misunderstood for a range of reasons, amongst them the idea that there was no single existential approach and therapists tended to avoid the use of specific techniques. Denise (ET) decided not to call herself an existential therapist, or to include much detail about the specific approach, as she was concerned that potential clients might be put off by the complexity of the ideas.

Harry (ET) stated that it is more effective to *"be an existential therapist rather than to tell them*[clients] *what is an existential therapist,"* implying that it is far easier to experience the

process than to attempt to explain it. He regarded his approach as the sum of a range of influences, some of which are from other orientations, but quite how those come through in how I work it's very difficult to say, really, you know."

Janice (ET) highlighted what she regarded as the lack of a clear connection between theory and practice when training to be an existential therapist:

> *It's not, like having some sense of theory when you're training to be a counsellor is immediately accessible and immediately makes sense in the context of a therapeutic relationship.*

As a result, it was frequently perceived as difficult to explain, to understand and, as a result, to learn. Gerry (TR) encapsulated something of the perceived inaccessibility of the approach when discussing the challenges of learning to relate theory and practice:

> *Well I don't think, erm, students necessarily find that, err, readily easy or accessible. Erm, err, I think because it's less defined… I think more students than not err, have difficulty, err, especially in the early years of training, erm, in, err, talking and explaining and considering that* [practice] *against existential themes.*

He later added that the fact that there is a range of perspectives which sit under the existential 'umbrella' can lead to "quite confused, err, understandings." He, himself, remembered struggling to grasp the approach when training, asking the question: "but what is it we actually do?" He also acknowledged that it took him a long time to feel confident that he fully understood this.

The tendency to being misunderstood was only occasionally ascribed to its complex philosophical concepts or in its being viewed as overly intellectualised. Eleanor (TE) asserted that:

> *I think, on existential psychotherapy, or, maybe, just for me in the way I practice it sometimes, is that it can get quite a long way away from feelings and it can get too intellectual.*

However, while acknowledging that its lack of concreteness can mean it is seen as vague and overly abstract, she emphasised its benefits relating to not needing to be preoccupied with the theory:

> *even though it sounds a bit airy fairy, the idea that, oh yeah, it trains you to be more confident in who you are, so you can then be a therapist, that, I think that's what it's*

done, it's like I don't feel, in a way, like I have to hold really hard and fast to things, in a way.

However, this was very rarely presented as a negative or problematic aspect of the approach. Instead, it was usually seen as an issue inherent in such a complex orientation. The implication seemed to be that its complexity was as a result of its depth, power and creativity.

In terms of the training, Nigel (TR), when referring to the significant experiential work the trainees undertook on the course, attempted to give an example, then admitted: *"It's difficult to give you examples really."* His professed aim was that students should be able:

> *To move towards, as they go through the course, being able to say what they do, in absolutely clear language to the public.*

However, he appeared to provide a counterargument in the following statement:

> *you start to use that language that way and it's important that we can do that because as a, as a community of practice, we can better understand and make sense of what each of us is doing through that language, which to somebody who isn't, erm, schooled in that, might not get, which is part of the difficulty in an interview like this.*

So, there was some agreement that the approach was easily misunderstood partly because the theory/practice connection is not immediately apparent resulting in its being hard to explain, to understand and equally difficult to learn.

6.2.1 A challenge to explain

Participants frequently referred to the difficulties they encountered in trying to verbally capture what they did when working as an existential therapist. Billy (NQT) stated that "*it's almost a weird one to try and pin down"* and Anika (TE) acknowledged that "*it's really hard to put into words"* and "*I think that's something about the existential approach, is whereas it may be difficult to pin down."* Eleanor (TE) considered that *"it is quite hard to explain because it's quite subtle."*

Harry (ET) explained the challenge in terms of its being far less concrete than some other approaches:

> *I think you might find trying to kind of trying to pin it* [how they work] *down in terms of existential therapists is more of a challenge than if you had a group of CBT therapists*

(laughs). I think they'd give you a lot more concrete, tangible (Yes) techniques, you know, all that sort of stuff which I suppose existential therapists, on the whole, shy away a little bit from, you know.

Here the issue was not only about the fact that the approach was less concrete but also that there was a reluctance amongst therapists of this orientation to engage in such explanations. It was not regarded as part of their belief system to either conceptualise or convey a clear theory or technique-driven approach. Janice (ET) highlighted how, in the past, she gave detailed explanations to clients about her approach in the initial session, but had now abandoned this practice:

So, they [clients] *can say what's existential therapy? I give this great long explanation, it doesn't answer their question and I haven't explained it very well anyway, as inevitably you never do.*

She highlighted a rather different reason for not attempting to explain the approach: that it was impossible to do so. Instead she suggested that a client had a session with her to experience it rather than to have it inadequately explained.

Various explanations were given for why the approach was hard to explain. The following extract from Sandra (TE) captured some of these:

It's a cluster of phenomenon, which one would most adequately, or, oh, but then if you look at that, then that brings that into sight as well. So that maybe why, that would be why I would find it hard to be concrete about it. But I think in a way, existentially, I'd say well that's an interesting phenomenon, what does that mean, not being able to pin it down, because, you know, we're kind of bound by our limitations and at the time, that time, you have to commit down, even if it's unknowable. It's like an artistic process isn't it, you've got to create something.

Sandra described the approach as a cluster of ideas (rather than a unified approach) but this difficulty was part of the inevitable limitations existential therapists regard human beings as facing so there was also the idea that being hard to explain is just one of the many existential limitations we face in life and, therefore, has to be accepted and worked with. Another reason was the fact that there is a powerful artistic, creative element to the approach which renders it hard to explain in words. So, here the fact that it is difficult to explain is not seen as a problem but as the nature of the approach itself. Many of the participants regarded the issue in this way: it is the nature of the orientation rather than being a problem to solve.

However, a few participants expressed a frustration or slight embarrassment at finding the approach hard to explain. Billy (NQT) stated:

> *Erm, because it's, it's not just the relationship, say between a client and their mother, it's all the other things that a relationship should be and can be and is and isn't and everything else that kind of comes. I'm not doing a very good job of explaining this.*

Clearly what he was describing is not easy to understand as it was not being described in terms which relate to specific theory or techniques. He did, however, express frustration at his inability to convey to me a clear meaning of what he was doing. Similarly, Denise (ET) when asked about how she evaluated the effectiveness of her sessions, replied with:

> *I don't evaluate the effectiveness of sessions in a specific way. (No). It comes with each client. Each client will be able to evaluate it in their own way or we will evaluate it in our own way. (Sure. Yeah). It sounds very woolly probably.*

This individualised and unique approach to evaluation reflected the general existential principle of treating each client as a unique individual. This intrinsic value mitigates against being able to specify a specific method of evaluating sessions. However, Denise acknowledged the lack of clarity inherent in such a statement. So, some of the participants, while adhering to existential ideas and values, nevertheless indicate the associated difficulties with attempting to explain this approach to others. Having said this, it is rare that participants regarded this obtuseness as problematic or significantly disadvantageous.

Nigel (TR) alluded to the fact that existential therapy did not adhere to the widely accepted dualistic mind/body dichotomy as a reason for the difficulty inherent in trying to explain how it works. Here he was referring to what happens when the trainees come to a session having read a specific text:

> *So, there's a kind of a, a provocation through the text of drawing one's attention to something, which is, you know, how do you say what love is, for example, how do you say what one's body is, without remaining within a kind of dualistic paradigm, you know. I could talk about it in terms of I've got hands and I've got vessels and all this, that and the other. It's more mysterious than that.*

He referred to the mysteriousness of what is attempting to be conveyed and there was an implied sense of hidden value in that mysteriousness. Elsewhere, he professed that there is a real need to experience the approach directly via experiential exercises involved in the training process rather than attempting to explain it:

You're talking about something which is, you know, which can't be talked about.

On the other hand, Billy (NQT), unlike some of the other participants, emphasized the importance of attempting to explain the approach rather than simply accepting that by its very nature it is hard to explain:

> *One of the reasons I wanted to kind of speak to you about it, is I think that there's, I think it's, it's absolutely wrong to kind of plainly think well it can't be explained and that's it, you know, oh it's just this, it's just that. I think it's, I think we're beholden to try and think about why and try and explain it and I think that's really important. ….it's kind of the foundation as a way of here's how you can, here's some ideas for what you can do when you sit in a room with someone, and this really weird thing that you do, therapy, and then after that, it was that okay, well here's some ideas about the world and about humanity and about existence, about everything else, see what you make of those and see how it impacts on you and how you then interact with others. Erm, so it's kind of those two together, I think.*

The issue though is that I did find his explanation hard to grasp, despite his valiant attempt to clarify his way of working... I was left with a sense that despite various efforts to explain the way the approach works, the nature of it renders it, despite some participants' attempts, very difficult to explain to those not using the approach themselves. Even when participants attempt to explain their use of theory in practice it often remained hard to understand.

Nigel (TR) echoed the idea of its being a challenge to explain the approach, but also highlighted this challenge as a central component of the training. He talked at some length about how important he considered it for trainees to be able to articulate to the uninitiated what they do as existential therapists as well as his being able to clarify the approach to me:

> *So, people who come onto my course... have usually, their usual process is that there's something about that type of therapy that they're drawn towards but find it difficult to articulate what it is… So, there's something very specific and slightly mysterious, because it is difficult to put it into words, but there's, without a doubt, there's a kind of an embodied felt experience, there's something going on. So, my course really is, a significant element of it, is trying to, erm, add language, so that one can speak of what one does, you know. I suppose this is what the test of it is, me being able to speak to you about it, in a way.*

Again, the use of the words ‘mysterious’ and ‘an embodied felt experience ‘suggested a somewhat inexplicable process, but he also expressed the belief that the approach can be explained. Having said this, he later stated:

> *Yeah, to describe it is very difficult because the experiential is missing from it. What we’re trying to do, I suppose in a conversation like this, is translate something which is, erm, beyond words, into words, erm. I think that’s the, that’s the conundrum you’re up against.*

There was a real emphasis on the need to experience rather than discuss the approach in order to fully understand it.

Many of the participants highlighted the experiential nature of existential therapy, as I have discussed in chapter 5, and it is certainly a complicating factor when attempting to clarify the therapy/practice connection in existential therapy. However, Nigel presented a paradox facing existential therapists. He emphasized the importance of both he and trainees being able to clearly explain their therapeutic orientation, while also asserting how intrinsically difficult, indeed how well-nigh impossible, it was to verbally convey how the approach works in practice. There is a sense of many of the participants accepting that the approach is hard to explain and regarding this as an inevitability, indeed as something of a positive feature, which sits in opposition to the other orientations which can be more clearly explicated. This nebulous quality is often seen to indicate the rich and complex nature of the existential approach.

6.2.2 A challenge to understand

Closely linked to the fact that most of the participants considered the approach to be hard to explain is the idea of its being hard to understand. Nigel (TR) stated:

> *There is an inherent, erm, dilemma, I think, in what you’re doing [*my research*] in that you’re talking about something which is essentially about experience [I: well yeah] and it’s, the difficulty is that talking can actually be a bar to understanding sometimes.*

This captured Nigel’s view, shared mainly by some of the experienced therapists, that one has to experience existential therapy to understand it.

Certainly, I often found that participants’ descriptions of how they described the relationship between theory and practice were sometimes hard to fully comprehend. This is because they often described the orientation in abstract terms, in terms of their own reactions or in terms of their use of an intuitive, rather than a theoretically driven, therapeutic response.

Eleanor (TE) acknowledged that how she was describing the approach was somewhat nebulous:

> *I talk about being an existential psychotherapist, but I feel like I can also say I do other things, because I do, but the existential bit underlies it all (yes, yes) and, but that's, even though it sounds a bit airy fairy, the idea that oh yeah, it trains you to be more confident in who you are, so you can then be a therapist, that, I think that's what it's done. It's like I don't feel, in a way, like I have to hold really hard and fast to things, in a way, because I know that, you know, I do such a word from xxx University on my course, but I embody those ways of being and you know, nobody can take them away from me.*

Terms such as 'I do other things,' not holding 'really hard and fast to things' and 'embody those ways of being' are all abstract and somewhat nebulous terms which, nevertheless, were very meaningful and valuable to Eleanor. There is no mention of theory in practice here but instead a sense of developing confidence which is another abstract term. Conceptualizing the approach as "embodying those ways of being" inevitably renders it difficult for others outside the field to grasp how an existential therapist works with their clients.

Another reason why the approach may be hard to understand was participants' frequent use of an intuitive response to their clients. Anika (TE) stated:

> *So, so it's, yeah, it's this individual experience of having been with the client in the session at that point in time, but also this intuition, on an intuitive level, where I go with the client and what's happening and also being, erm, sort of aware of what's coming up for you, erm, as well as the client in the session.*

Because the individual nature of the approach as well as the use of intuition are central to this orientation, it is inevitably more difficult for an outsider to understand the process than if Anika had explained how she might relate theory to practice in a more mechanized way. As discussed earlier, it is concepts such as these which are valued by existential therapists, but which cannot be easily grasped by 'outsiders' as they are abstract terms.

Harry (ET) outlined how he recognized when a client was "changing in some way" by the fact that "*often the atmosphere changes in the room, it feels less urgent and, err, sort of the client is less kind of driven in the sessions."* Both extracts made reference to an intuitive, felt response rather than to more concrete concepts such as symptom reduction or a theoretical understanding of the issue which serves to guide the therapeutic intervention.

A small number of participants reported that they had either decided not to refer to themselves as existential therapists when advertising their services, or to reassure potential clients of its accessibility on the assumption that it is generally perceived as 'airy fairy' and remote. Chloe (ET) stated:

> *as you probably will have noticed on my website, what I'm quite wary, I think I say on it, you know, my approach is existential, but it's more down to earth than it sounds because I think it can be quite off-putting. So, I try as much as I can to give a, a, a, rather than a description of, you know, a description of what it's like to work with me.*

It is as if this participant has identified a need to convince potential clients of the accessibility of the approach in the face of anticipated negative perceptions about its abstract nature. However, Chloe is very clear that the reality of the approach in practice is "grounded" and rooted in experience. So, the perceptions of the uninitiated and the reality of the approach are very different for her.

From my perspective, there were various examples when participants outlined how they worked which I struggled to grasp. Phoebe (ET) described how she sought to understand her clients:

> *But it* [what the client is like*] is like music and it is like, you know, vibration. The kind of vibration the person brings into the room is something I need to attune to and I need to learn to be with them in the way they need me to be and that really is very different with one person or another and indeed it is different one day or another with the same person.*

The use of the words 'vibration' and 'music,' although evocative, are not concrete expressions of how the therapist engaged therapeutically with her clients. Words and phrases such as 'learn to be with' and 'attune' evoke a sense of a 'felt' rather than a cognitive response which are inevitably harder to understand. What was apparent, as well, was that the process was focused around the therapeutic relationship and was, by its very nature, unique. So, it was difficult for me, as an outsider, to delineate from this extract how this therapist worked more generally with clients. Although she did later describe using a range of concepts such as van Deurzen's four worlds framework and the emotional compass model (van Deurzen & Adams, 2011) the specific input varied dependent on the therapeutic relationship.

Anika (TE), when describing how philosophers' ideas impacted on her practice, used similar words to evoke how she worked with clients:

Kierkegaard, I suppose, talking about kind of love and that, that kind of space, that encounter, what happens in that moment when you connect with somebody, when it's sort of beyond just necessarily the words and when I read Martin Buber, I read about that kind of 'I -Thou,' something resonates with me, really quite deeply, that's the moment when I'm with a client and we meet and it's like something clicks and it's like an understanding takes place between us.

Again, words such as 'encounter,' 'connect,' 'resonates,' 'something clicks' and 'an understanding' all conveyed a sense of the therapy being more about a 'felt' experience resulting from an effective therapeutic relationship rather than about the philosophy being used in a cognitive sense. She also emphasized the experience being beyond words. Most participants used similarly abstract terms to describe what they do and, even when they provided specific examples, I struggled to fully understand how the approach worked in practice. As the therapy is so heavily focused on the experiential and relational elements instead of the theory, this is not easy to convey or to understand in a way that conforms to the traditional methods of elucidating theory in practice in therapy.

In terms of the training, Nigel (TR) highlighted the tensions and challenges that resulted from the nature of the training not being understood by his employing institution:

Yeah, you know, in a way, you can feel kind of pressure with stuff around quality assurance and you know, validations and QAA and all that stuff is like pressing in all the time. But the institution has also got this sort of duty, or within the school, a duty towards protecting the space to enable something exciting to happen. But there's a real tension around that, because people don't know what you're on about and if they don't know what you're on about, they tend to want to stamp all over it because they're frightened of it, or don't get it, or they're wondering whether the next person is inspecting them, if they can't justify it, you know. So, there's, there is a real pressure all the time.

He sounded rather dismissive of the institutional requirements relating to quality assurance which fits with an existential aversion to formal evaluation. He contrasted this with the 'exciting' things that happen when, by implication, a different and preferable way of working is allowed to flourish. But he acknowledged the resulting tensions and fear which can arise from a lack of understanding. I also got a sense of his slight disdain for those who "don't get it" and are concerned because they cannot easily measure the training's effectiveness.

The frequent use of abstract terms and the reliance on intuition mitigate against this being an approach which is easy to understand. I certainly struggled to grasp some of the descriptions

which participants offered as to how they engaged theory in practice. Allied to this was the possible impact of this nebulousness on potential clients and the challenges for the institutions in which the training takes place.

6.2.3 Challenging to learn

Trainees frequently highlighted how challenging and difficult they found relating existential philosophy to therapeutic practice while training, particularly in the early stages of their course. Indeed, one of the training courses, in particular, did not appear to place much emphasis on drawing explicit links between philosophy and practice. Billy (NQT) asserted:

> *It stumps me when I try and kind of explain it in terms of, yeah, in a kind of practical manner, because it really isn't something where, I mean yeah, at all during the …*[course], *was it 'So here's a piece of philosophy, here's how we could deconstruct this to then come up with a method or an explanation' or anything that, whatsoever. It was only ever 'Here's a piece of philosophy, what do we think about this?' And that was kind of it, erm. It isn't something where you go to a philosophy and then you find method; it isn't something where you go to philosophy and find a framework or find anything else. It really is something that it feels like you do to yourself.*

Billy emphasized the focus of the training being on exploring one's personal views and reactions to the philosophical ideas which then result in self-development. The idea of the philosophy somehow changing one's view of the world and one's interventions with clients was commonly expressed amongst participants, as was the assertion that there was little emphasis on drawing clear connections between theory and practice or on learning an explicit model or framework which could then be applied to practice. This inevitably resulted in the training being "challenging" and an "anxiety-provoking method." Hana (TE) highlighted a slightly different point:

> *So, the first year, I think we were a bit confused as well, as trainees, saying where is the existential bit, you know, we're doing the counselling skills, we're doing, we're bringing in the psychology, we're being, erm, taught that, you know, bring theory into practice, link them together, but erm, where's the sense of existentialism?*

Hana, who undertook the same course as Billy, regarded the issue rather differently in that she thought the course did draw links between theory and practice in some ways, but it was the existential concepts which were not overtly linked to practice. This highlights how different trainees seemed to have slightly varying perceptions of the nature of the training. Having said that, most participants discussed how the theory/practice link was not made

explicit. Particularly on one of the courses, the emphasis was much more on learning to embody the ideas in oneself as discussed in chapter 5. Gerry, the trainer from a different course, placed more emphasis on a link needing to be made more explicitly, but he did also acknowledge that trainees can struggle to grasp the theory/practice connection:

> *because people sort of feel quite disempowered, or you know, what is it I'm doing here and that's where I think the struggle is, because it starts to sound a bit well what is this, what is it, the vocabulary, you know, I can't get hold of it.*

While he elsewhere stated that there was a clear method and process on his course, I did not find his or the trainees' descriptions of the theory/practice relationship more concrete than those of participants on the other training course.

Indeed, Gerry experienced his own difficulties when undertaking his own training which suggested that this was a common experience:

> *I remember as a student, really finding that quite, you know, but what is it we actually do, you know? What is it you, err, and again, it's coming from a, that, err, prism of thinking, erm, what is it we do? I need to be able to very quickly sort of say, erm, you know, some words around.*

Janice (ET) echoed the notion of the theory/ practice link being unclear when training:

> *So, to make a conscious choice to choose it [*existential therapy*] you'd probably have to have had, or you know, my feeling is you'd have had to have contact with it before. It's not like having some sense of theory when you're training to be a counsellor is immediately accessible and immediately makes sense in the context of a therapeutic relationship. Whereas existential therapy is not immediately obvious how what (unclear) says has got anything whatsoever to do with therapy.*

Some of the trainees indicated a different reason as to how and why they regarded the approach as being hard to learn and teach. Anika (TE) stated:

> *Yeah, of course, erm, it's an interesting one isn't it because I think, err, the way I understand existential therapy is, it's sort of like a, it doesn't really have one unified theory or approach. So, it's a relatively, it feels like it's quite a relatively difficult thing to, erm, teach, I would imagine.*

This extract captured what many participants voiced about the lack of a unified approach with there being "*a lot of conflict within the umbrella."* Chloe (ET) pointed out that "*half the existential camp:* were "*devout Christians"* and half were "*devout atheists*."

The lack of a clear link between theory and practice was highlighted as contributing to the challenges involved in learning to work existentially as was the fact that there was no single unified approach. This sometimes resulted in trainees feeling unsure about what they were being required to do as trainee therapists which led to feelings of disempowerment particularly early on in the training process.

6.3 Chapter summary

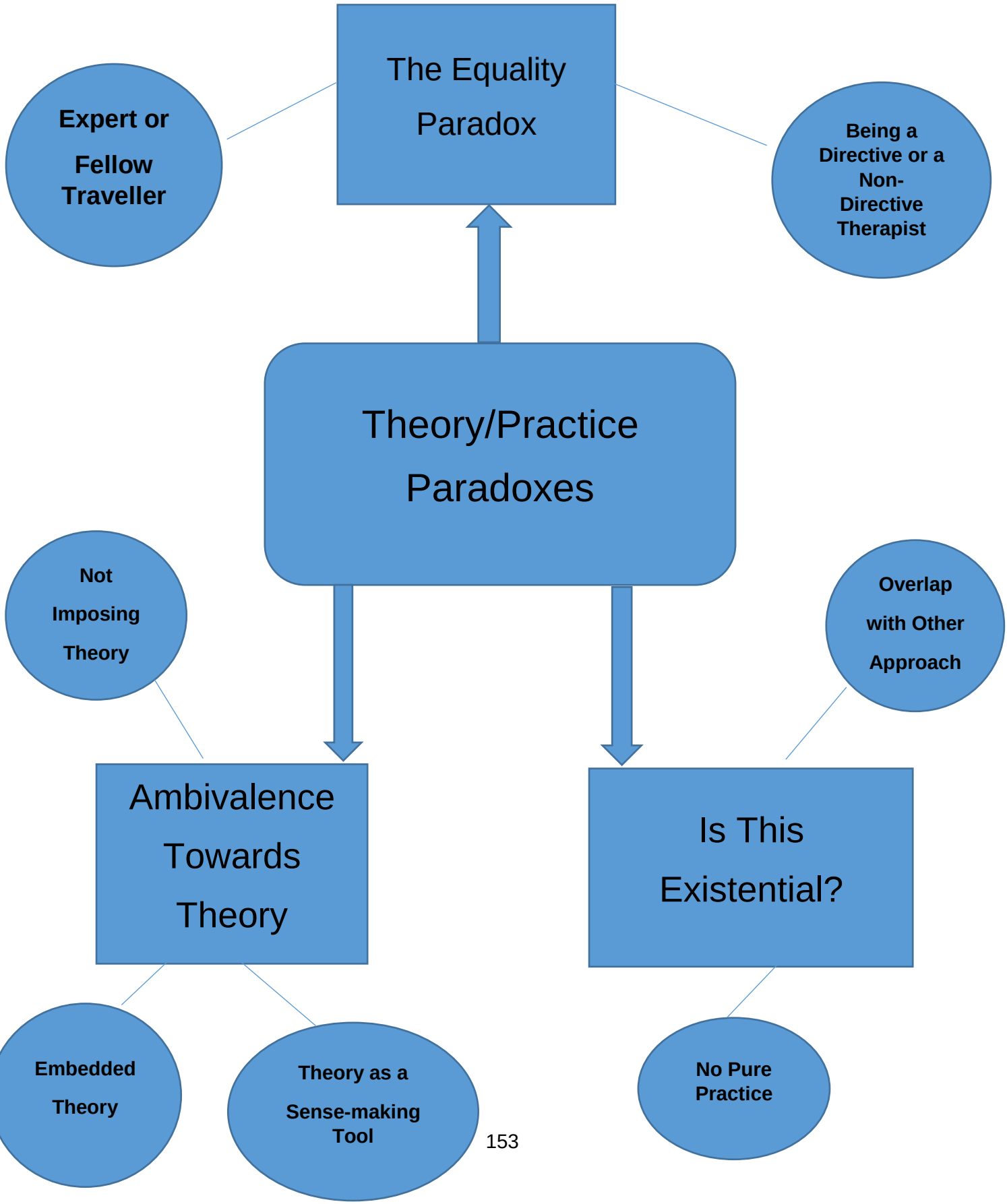
To conclude, participants tended to perceive existential theory and practice as avoiding the mainstream or 'the commonly accepted ways of doing things' in a number of respects. Alongside this, was a sense of participants seeing themselves as outsiders in the therapeutic community with this being experienced as admirable, indeed, at times, superior. Its perceived radical stance was grounded in its inherent challenge to the dominant norms within western culture as well as within the contemporary therapy world. One of the outcomes of this was the fact that the approach is not as well recognised or as commonly used as some other more 'conventional' approaches such as CBT and the psychodynamic approach. The therapy was regarded as adopting an unconventional approach to relating theory and practice which resulted in its often being a challenge to understand, to explain and to learn as a trainee therapist. These various factors were regarded as setting the orientation apart from the mainstream, whether this is defined socially, culturally, politically or therapeutically. And yet, although a few participants reported devising strategies for managing the resulting separateness and potential exclusion, many saw it as an enriching feature which attested to the implied superiority of this radical way of engaging theory in practice.

Chapter 7: Findings (3) Theory/practice paradoxes

The way in which the participants outlined their therapeutic approach in relation to theory and practice seemed to me to embody a number of paradoxes. Some of these were highlighted by participants, others were ones which I identified which participants did not appear to regard as paradoxical. This chapter will present and discuss the overarching theme of *Theory/practice paradoxes.* The fact that I have identified and presented a range of paradoxes is not intended as a critique of the existential approach, as such paradoxes are, I would argue, almost inevitable when aiming to describe such a diverse and complex orientation. Also, there is a recognition within the existential therapy community that paradoxes lie at the heart of human existence and are one of its many challenges (van Deurzen, 1998). Paradoxes emerged in relation to the conceptualisation of the therapeutic relationship, the nature of the therapeutic process and the use of theory. The three sub-themes are: *The equality paradox; Ambivalence towards theory* and *Is this existential?*

In terms of the *Equality paradox*, I will present two sub-themes: *Expert or fellow traveller* and *Being a directive or non-directive therapist*. The way in which the participants conceptualised their role in the therapeutic relationship was to some degree paradoxical. The idea of the therapist being a 'fellow traveller' or 'Sherpa' who accompanies the client on their therapeutic journey were metaphors used by some of the therapists which seemed to capture the essence of what many of the participants aimed to convey about the nature of the therapist's role: a companion or facilitator. This encapsulated the important existential value of not being an expert who can provide a cure or an answer to the struggles of the human condition. At the same time, there was an acknowledgment from most participants, sometimes expressed directly and at other times implied, that being an effective practitioner required a great deal of skill, expertise or wisdom, so that the therapist was more than simply a 'fellow traveller,' although this expertise should be used carefully. In addition, although client and therapist are equal in their humanity, there was an acknowledgement from some that the therapeutic relationship was inevitably unequal in terms of the therapist's power and greater wisdom. In one or two instances, though, the therapist was regarded as more of a teacher, suggesting the role of someone with knowledge to impart. However, the notion of possessing expertise was not conveyed by all, with one experienced therapist stating that client and therapist are 'in it together' with no caveats. On the other hand, she also gave examples where the ideal of an equal relationship was not in evidence. Therefore, the degree of perceived equality in the relationship was both variable and, at times, paradoxical.

Figure 3: Theory/practice paradoxes



In terms of *Being directive or non-directive* most participants stressed the importance of the existential ideal of being non-directive. However, some acknowledged that they were at times rather directive, despite being aware that that was not consistent with existential philosophical assumptions. At other times, some participants did not appear to be aware of the difference between their ideals and their practice. So, participants reported that they sometimes introduced existential ideas and discussed these with their clients or provided feedback which included their view of the client's behaviour or situation. While such paradoxes were very commonly expressed, not all participants highlighted such paradoxes.

7.1 The equality paradox

Equality, in the sense of not adopting "the expert's superiority of knowledge and status" is a core value in existential therapy (Spinelli, 2007: 61) and the participants were keen to stress its importance. Chloe (ET) referred to "*that equality really, that two people in it together"* and, in doing so, captured many of the participants' views as to what attracted them to the approach. She later remarked:

> *There was something about the existential thinking that just seemed to be very grounded to me. It seemed to make sense, it seemed to address, erm, well you, address, you know, the, the, the issue, the human condition really in a very egalitarian kind of way and that appealed to me.*

On the other hand, she later outlined how she drew on existential philosophy to help her clients:

> *I may very gently introduce some existential ideas or ideas about the human condition and what we all share, you know, the sense that we're all in it together. This is what it's like for me too, erm, but I don't see myself as a teacher, no (Right). Not at all.*

It is interesting that Chloe highlighted that she introduces the ideas "very gently." I wondered whether this demonstrated a recognition that the practice may not always fully align with the theory. She valued the egalitarian ideal but inevitably could not work in a way which is entirely egalitarian. She perhaps recognised that, as the therapist, she tentatively drew on knowledge which the client does not usually possess, introducing a new-existential-perspective even though the knowledge is about the shared human condition.

Janice (ET) drew attention to a potential paradox with regards to how equality is conceived. When asked how she saw the issue of equality between herself and her clients she explained how she made sense of the potential problems with the equality issue:

> *Yes, I mean for me that's kind of yes and no. So yes, equal in terms of I absolutely don't … see them* [the client] *as having a problematic life and me having a less problematic life, and that quite often it's completely the other way round, I'm kind of sitting there thinking 'wow,' you know, you're doing that really well and I don't do that well in my life, something like that. So, in terms of just us as people, yes, I see us as absolutely equal. I have my problems in living and, you know, I take them maybe to my therapist, so that feels equal … But the way in which they're not equal is obviously in that particular space I'm not the one bringing my stuff and I'm not the one working on my stuff. So, it never can be equal, there is a power imbalance and there's just no way round that. I can't pretend there isn't, a power imbalance (unclear), or because at the end of the day, the client is opening up their vulnerabilities and their difficult things with me and I'm not doing it with them. I might be doing it somewhere else, but I'm not doing it with them. So, it is unequal in that sense, I think.*

So, where the relationship is unequal is in the lack of reciprocity in the exposure of personal issues which results in a power imbalance. Janice's attitude towards the client was, nevertheless, one of acknowledging a shared humanity and as a result shared struggles with living even if they did not manifest in the same way. This therapist acknowledged the complexity of the equality issue, certainly as regards the inevitable power imbalance.

Several of the participants discussed the potential problems and inevitable limitations with equality, though this was more common amongst trainees and newly qualified therapists than experienced therapists or trainers. This may be due to these issues being discussed regularly as part of the training process. Anika (TE) seemed to acknowledge the difference between the ideal phenomenological position based purely on description of experience and the reality of the therapeutic encounter:

> *If you're working phenomenologically, one of the things that you have to do, if you're thinking about sort of classic, err, phenomenology would be to have things on exactly the same level, so that in the relationship, you would be entirely equal... But, of course, it's completely unachievable in therapy because there is always, I've come to you for help… and you are not there to explicitly talk about, you know, I'm not going to share specific things about my life necessarily. So, there is that inequality …So, I*

> *feel like I'm always holding and thinking about power and, sometimes, I think that the ideal end of therapy is when the client sees you as just somebody who, who can't do anything for them and they can sit there in themselves alongside me.*

The acknowledged paradox here is about the inevitable inequality in the therapeutic encounter even though the philosophical ideal is to work as equals. So, undertaking therapeutic work inevitably involves compromising this ideal. However, the process of therapy, and the hoped-for end result, involves working towards, and as far as possible achieving, that philosophical ideal of equality.

Another perspective was offered by Billy (NQT) who expressed his rejection of the equality ideal very forcefully:

> *It being an equal relationship, that's bunkum for me. I think that's a load of waffle. I think why do you go and train for five years and why do you do CPD* [continuing professional development] *every year and why do you pay all this money and you know, build yourself a website and do all of these things, to offer a service, to offer to do something with someone and then go 'hey,' you know, we're both equals. I think that's a cop out.*

The strength of his feeling on this issue is clear. There is no paradox, just a clear rebuttal of the notion of an equal relationship in that a valuable service is being offered. So, equality is seen in different ways by different participants, although some highlight the complexities of the issue and offer caveats to the notion of complete equality.

7.1.1 Expert or 'fellow traveller'

The 'fellow-traveller' metaphor used by some participants -of 'standing beside' or 'staying with' the client (Spinelli, 2007:60)- seems to capture a central element of the commonly expressed notion of not being the expert in the therapeutic encounter. Denise (ET) highlighted how she had changed as she gained in experience:

> *(I'm) much more at ease with not being the expert but being a kind of fellow- traveller (Right). Err, and, and much more at ease with, with basically exploring the client's world in detail rather than feeling I have to impose theory on practice or tools or techniques.*

Here she contrasts the idea of the 'fellow traveller' with being an expert whose aim is to impose their own theoretical ideas of what will work onto the client. Gerry, one of the

trainers, stressed "*the importance of not being the expert in the room, as it were, you know, and really sort of, err, removing any sense of that from yourself."* However, the conception of the therapist's role, while it was mainly seen as non-expert in some sense, was not always seen definitively as such and varied between participants. Sandra (ET) offered this perspective about her view of the 'fellow traveller' idea:

> *I think it's, erm, sometimes, it feels like, well it's always facilitation, I think, erm, I'm not sure, err, a fellow traveller idea is there, but actually I suppose it's sometimes about which road you've been on and err, which roads you haven't been on, erm, which roads you want to go on, err, so you know, I think there's, there's something about, erm, do you know, I think about it almost like being a co-researcher, to be honest.*

The words used are slightly different to the idea of a fellow traveller - 'facilitation' and 'co-researcher'- with 'facilitation' implying a slightly more active role. However, she does not suggest an expert role but the idea of engaging in a process of helping the client to explore and clarify their world view.

Chloe (ET), conceptualized the role both as a companion and as a facilitator:

> *I suppose as a therapist I think erm it's as a companion really, it's a facilitator, it's to be, to offer a relationship, I think it's to be supportive but challenging as well (Yes). It's not, not a friend. You know clients can get quite confused about that. It's not an emergency service (Right) erm, erm, for me it's not about being the expert, it's about being another human being who is willing to sit in a room with them and explore their world, erm, and to make explicit a lot of what is implicit. (Yes) And I guess to some extent to give feedback.*

Here Chloe mentioned several different roles, including not being an expert, which again echo the perspectives presented above.

Janice (ET) strongly believed in adopting a non-expert role and a stance of 'not knowing' where the session will go with clients. She chose to see herself as a "Sherpa" who follows the client on their therapeutic journey, protecting them on their voyage, but certainly not leading the way:

> *Yeah, I don't really see myself as a teacher, erm, I mean a guide in the sense of maybe, yeah, holding the torch when it gets dark or looking out for the, erm, pitfalls along the way or, you know, someone once described it to me as like climbing a*

mountain, and almost being the Sherpa, you know, I'm not the mountain climber, that's the client. But I'm there, yeah, looking out for the light or the weather or. So, guide I think is, I'm not guiding them where to go or how to go up the mountain, I am kind of following them, but I'm [Mmm, that's a lovely image], I'm letting them do that safely.

However, this image suggests a knowledgeable protector of sorts. She also acknowledged that she drew on expertise to some extent:

Obviously, I'm expert in the sense of having had all this training and you know, I'm not denying there's some expertise there.

She later stated:

I was starting to say about what that skill is, oh yeah. So, it's something that feels almost, it's psychodynamic in that something about being able to, erm, I was going to say withstand the client stuff, because there's something about, you know, working phenomenologically or existentially, about jumping into the client's world and you know, Spinelli talks about it, this can be incredibly frightening, you know, to jump into somebody else's world, especially if they're in distress and it's chaotic or confusing.

Here the skill or expertise is seen as the interpersonal ability of not being overwhelmed by the client's material and yet entering the client's world sufficiently to be able to understand it. This form of expertise is seen here as in some respects similar to psychodynamic therapy and yet in some ways a specifically existential phenomenon requiring, it is implied, a high level of personal expertise.

On the other hand, Owen (TE) discussed how his existential training reflected the existential ideal of finding your own way without expert guidance:

It's like we have to find our own way and it's anxiety-provoking and nobody tells you how to do it and the correct way of doing things. You know, there is that emphasis on it's up to you, you have to be responsible for finding your way through this course.

He also acknowledged that he was idealistic at this stage in his training ("*it's something we aspire to")* and aimed to allow clients to find their own way: *"What people actually need is the space to find themselves on their own,"* although he also recognised that he might modify his approach to include more techniques as he gained in experience.

So, again, there seemed to be some lack of agreement in terms of defining the role and the level of expertise involved in the therapeutic process with some participants indicating their belief in having expertise more than others. Where some degree of expertise was asserted, the nature of it varied to some degree between participants.

Phoebe (ET) placed more emphasis on her role as an expert than the others. On the one hand, she did not disagree with the concept of the fellow traveller in the sense of being a fellow human being:

> *They [therapists] are fellow travellers, but you know I am the guide in that travelling. I am not just saying this to you, otherwise I wouldn't set myself up as a therapist.*

She also emphasised the "special skill" she had spent many years fine tuning and which she valued immensely:

> *When you pay a musician to play music for you, you might jam with them and you say 'yeah we're all musicians together,' but, by Jove, you wouldn't engage them if they didn't have something to teach you, if they weren't a greater musician than you.*

The tone of her comment conveys her certainty that she has valuable expertise to offer clients. Her stance is a clearer, more unequivocal one, than that expressed by the other participants based on a belief in having a specialised skill to offer and being equipped through her training to be a teacher of philosophy. This idea of possessing a certain amount of expertise did emerge in discussions with other experienced therapists, though perhaps a little more equivocally. Denise, who described herself as non-expert and a fellow traveller, did also acknowledge that:

> *and so that the only thing that really occurs to me is this kind of non-directive, non-expert you know perhaps, perhaps as Emmy* [van Deurzen] *says, erm, we as existential therapists are a little bit less clumsy at living (mmm) or erm as Nietzsche says we've come through, we've used hardship to erm help us understand the world.*

So, she regards herself as not possessing expertise, and yet also as someone who is more skilled at dealing with the human condition than her clients are and, therefore, well placed to help someone else navigate their way through their problems with living. The writer and author Emmy van Deurzen is mentioned here as also possessing this viewpoint.

A slightly different perspective on this *expert or fellow traveller* paradox, expressed by Chloe (ET) is the human urge to intervene to make clients feel better and the seductive quality of being the expert when a client is pushing their therapist for their opinion:

> *…but he <u>really</u> wants to know what I think and so I will tell him what I think, but then you've got to be wary of him seeing that as an expert opinion (Yes). Erm, so sometimes with clients you can, erm, I'm going to use the word 'manipulate,' but it's not a sort of, erm, intentional manipulation by them, but you can feel a little bit manipulated into, erm, the kind of role of the professional because they want you to be the professional (Right), erm, and the expert and the person who knows what's going on for them or where this is leading (Mmm). You can get kind of seduced into that a little bit, so I suppose one, that some of the things I find more challenging to stay with is the absolute uncertainty of them not knowing and err, erm, you know particularly when you've got someone who is very, very anxious or very, very depressed, erm, you know. I think that as a, as a human being there's a pull to want to, to make them feel better (Mmm), treat them in some way and actually that's not what an existential approach is about at all.*

Here the human urge to help, to offer some expertise from a professional standpoint, which Chloe suggested, she did, sometimes, engage in, was set against the existential ideal of allowing the client to find their own way through the challenges they are facing. This extract suggests that this therapist may have engaged in a more or less expert role depending on perceived client need.

So, overall, there appeared to be a general acknowledgement that existential therapists needed to be wary of adopting the role of expert with their clients. However, there was some variation in the conceptualization of the extent and nature of one's expertise. There also appeared to be some paradoxes, around the conceptualization of the therapist as 'non-expert,' as well as the ways in which the 'ideal' therapist sometimes conflicted with the 'therapist in practice.'

7.1.2 Being directive or non-directive

Existential therapy was regarded by all participants as being non-directive in the sense of being client-led and valuing the client's autonomy. There was agreement amongst the participants that the use of a phenomenological exploration of what the client presented in the therapy facilitated a non-directive theoretical position. Participants described how they aimed to avoid making explanatory interpretations, such as those used by psychoanalytic

therapists, focusing instead on helping the client to describe their lived experience. Denise (ET) described how she had changed as she had gained in experience:

> *I've definitely become more phenomenological, more focused on the description, less, as I suppose every therapist does, err, far less feeling that I've got to do something to or for the client. (Yeah).*

Here, becoming a more competent therapist was associated with becoming more phenomenological and less directive and interventionist. Some of the trainees also highlighted the non-directive nature of the approach. They referred to this in various ways: it was "less directed" (Hana); "it's not led by a therapist, it's client led;" (Hana) and "I will sit, I will be with them and facilitate." (Anika).

Owen (TE) asserted the importance of allowing clients to work things out for themselves:

> *I think many times in my career, when I've been involved in helping situations, I've wanted to rush in and help. I've always been interested in this, this principle that you can just be muddying the waters. What people actually need is that space to find themselves on their own and so, hopefully, yes, if that helps people…, I feel that it's because we've taken the time to let the person know themselves and find their own way forward.*

Gerry (TR) was also very clear how important a non-directive, collaborative stance was in existential therapy:

> *The first word that comes to mind, you know, when you were saying that,* [therapeutic relationship] *is erm, so it's collaborative, erm, it's really very key to me, you know, it's really important.*

Being client-led was regarded as an important premise in all participants' way of working. This was captured by the commonly expressed idea of working with the material introduced by the client 'in the room' and reflects the existential belief in 'bracketing' (van Deurzen & Adams, 2011) or putting to one side one's own assumptions. Nevertheless, while valuing being non-directive, Denise (ET) alluded to how she used philosophical ideas to guide her clients. She described how she had used a specific image to capture the idea of the client's world view being shattered on finding out his wife had had an affair. I suggested that this sounded like she was guiding the client to some extent, to which she replied:

Yeah, I think, I think that's very astute, Vicki. I think there are points if you work existentially, I would say I'm using the guidance offered by centuries of wisdom. That seems very esoteric and pyramid-like. I'm not waving crystals or anything, but I would say that I'm using philosophy to guide them rather than <u>me</u> guiding them.

It is interesting that she made a distinction between using philosophy to guide clients and guiding them herself. She explained that she saw this as highlighting the universal nature of our problems but did acknowledge that there was a directive element to the process. This interaction seemed to capture something of the paradox of adhering in practice to the philosophical ideal of being totally non-directive by bracketing off all assumptions. It seemed to highlight what most therapists with a belief in therapy being client-led and based on maintaining client autonomy grapple with: the inevitability of directing the sessions in practice, to some extent, and sometimes in terms of content as well as process.

This paradox was captured in a comment made by Chloe (ET) who was a strong advocate of adopting a non-directive stance:

We've worked on this for a while and yesterday we began to talk about actually thinking about the notion that we are, erm, that we live in a, in an entirely uncertain world, a chaotic world and we as human beings will find different ways to approach that, one of which is to think in very black and white terms. So, the idea would be that her response to the, you know, to the ontological notion of uncertainty, her ontic response to that is to create a world view that says there is certainty here, there is a right way and a wrong way, erm, my job is just to find it and when we went to talk about that she suddenly thought: 'God you're right, it makes sense. I actually don't feel so mad anymore.'

Here Chloe was offering ideas to the client which the client adopted ("*God, you're right"*) and which led her to gain a different perspective on her issues. Similarly, when I asked Chloe whether she ever introduced some of the existential ideas into the session she replied:

I don't always but occasionally it feels appropriate (yeah) to say, 'OK thinking of what you've said there, this is your understanding of the world, this is one of the existential ideas I have about the world, you know, how does that, you know, what would it be like to think about that in, in, in the context of what you're saying' and sometimes (unclear) that acts as a challenge, you know, different ways of thinking about the world.

Here Chloe offered existential ideas as a form of challenge to the client. The argument is that what the client says can trigger the therapist into thinking about existential ideas which relate to what is being discussed and, thereby, offering a different perspective. This seems to highlight the inevitable paradoxes involved in adhering to a non-directive stance.

Harry (ET) gave a specific example of when he offered his opinion of the client's situation:

> *There was a lot of stuff that she was entertaining but actually, you know, because I got to know her well over a period of time we were able to explore a lot of these assumptions that she was bringing and to say, actually, you know, you're in this relationship but, actually, you're telling me that you're alone in this relationship anyway. You don't really have much of a relationship, you don't really see your partner, you know, you're like ships in the night, you know, you're the primary bread winner, your partner's not actually bringing in any money really. You strike me from everything you've told me, really, to be incredibly independent and resourceful.*

Although it is unclear exactly how this message was conveyed and to what extent it was presented by the therapist or arrived at mutually, this appears to be an instance where the therapist is giving feedback to his client regarding how he perceives her and her situation and which arguably implies that a certain course of action in relation to her partner would make sense.

Denise (ET) offers her viewpoint on what her client needs to do:

> *and I talk to them about the fact that then they have to, in those circumstances, they have to find a way to re-stabilise, to have a new world view, maybe, you know, maybe lots of components will stay the same but one or two of them will, will shift.*

It is notable that it is the experienced therapists who tend to, at times, adopt a more directive stance, perhaps because they have found, through experience, that it can be helpful for clients.

Janice (ET) offered a way she used to make sense of the issue around directing the session and promoting client autonomy:

> *I can see like if you just had a theory and you were just doing stuff in therapy, that's much easier because it's much more right I'm going in, I'm clear about what works, I'm clear about what I need to do. This is what we're going to do. I would be much more in charge. So, there's something about letting the client be in charge in some*

ways, but nevertheless trying to direct the process, if not the content, somehow, and I think that does take a lot of skill.

The crux of the issue for this therapist seems to be that the therapist facilitates the therapy session while allowing the client to decide what areas to focus on. Indeed, this extract conveys the complexity, as well as the inevitability, of this paradox and acknowledges that the existential ideal of not-knowing and not leading can sit alongside being directive of the process of the therapy which includes making decisions about how to intervene.

In terms of the trainee and NQT perspective, several of them indicated what they saw as the problematic nature of the non-directive ideal. Sandra (TE) acknowledged that being directive is, to some extent, unavoidable:

Erm, but to me, it's, it's about being active and being very present and if you're very present, you can't really help but be directive, because in some ways, you know, your face is doing it all the time, isn't it, all the time…… But it's not, it's not being direct this is where we're going, but it is being active in where are we now, does that make sense?

Sandra made a distinction between directing the client and being active in the session but highlighted what she saw as the inevitability of one's opinions intruding into the session. Eleanor (TE) highlighted her own struggle with the ideal of the philosophical position of 'horizontalization' (Spinelli, 2007) and the reality of her experience:

The horizontalization, where you're supposed to leave things very open and not decide too much what's most important. I find that quite hard. I usually have some idea that I feel, I'm, erm, I'm not that open. I usually try and guide it by something that I think is more important than others.

Elsewhere, Eleanor, who was unusual in her stance as a trainee, was very open about the fact that she sees herself as having more authority than the client, that she is in charge of the session, that she guides the client, that she brings in new ideas and suggestions and that she does make assumptions. She did not, however, regard this as problematic.

So, this potential paradox is discussed in slightly different ways by different participants, with more trainees and NQTs highlighting it than ETs, there appear to be a range of challenges involved when attempting to apply the philosophical ideal of being non-directive to practice and fully enabling client autonomy in the therapy. As seen in some of the extracts above, participants described instances where they intervened in a way which was to some extent

directive of content and which would be likely to influence the client's perception of their issue. These interventions may be effective, but they do serve to highlight the paradoxes and inevitable compromises involved in aiming to be non-directive in existential therapy practice.

7.2 Ambivalence towards theory

The original premise of this research was to clarify the relationship between existential philosophy and the therapeutic practice of existential therapists. In fact, the participants challenged this premise in that they did not see a clearly defined connection between the two and their perception of the value of theory or philosophy was in any case a rather ambivalent one. On many of the occasions when the participants described their use of philosophy in practice the two did not connect by following a specific model or framework as in, say, CBT. Instead, theory was either minimised, conceptualised as something which was, in some way, separate to the therapeutic encounter or expressed through the therapeutic relationship. They frequently expressed some cautiousness about using theory and indeed some ambivalence towards it. The cautiousness attached to drawing on the philosophy was at times expressed more forcefully in a rejection of the idea of what some participants saw as imposing an overarching theoretical framework. At the same time there was a real recognition of the value of existential philosophy (and sometimes other theories) for making sense of the client's predicament and significant discussion about how specific theoretical concepts were relevant to practice. There was a range of areas of apparent paradox which I have presented as the following sub-themes: *Not imposing theory*; *Theory as a sense-making tool; Embodied theory.* Some of the paradoxes were highlighted by the participants although they did not necessarily regard them as problematic. Others relate to my own perceptions which were not alluded to by the participants.

7.2.1 Not imposing theory

The participants were strongly against the idea of imposing theory on clients, which was something they tended to regard some other approaches, such as the psychodynamic approach, as being guilty of. Chloe (ET) outlined how she experienced psychodynamic therapy as a trainee and as a client:

> *I, I, I was quite turned off by the jargon of the psychodynamic approach (Mmm). It seemed, you know, a lot of it seemed, you know, so convoluted, you know. We'd just done a lot about Oedipal Complexes and, erm, you know, all that sort of stuff-*

(unclear) it felt, it just felt very, erm, contrived (Right) and, erm, at the time I was in therapy, 'cos you had to be in therapy while training, and I was with a psychodynamic therapist myself and I found her sort of insistence on harking back to my relationship with my father or my childhood really irrelevant and unhelpful.

The strength of her aversion to this experience was palpable. Her sense of being coerced into engaging with a theoretical perspective clearly had a powerfully negative effect on her. The implication seemed to be that imposing a theoretical framework onto clients will inevitably be ineffective. Instead, her view was that therapy needed to be much more about an exploration of client issues, with theory playing a secondary role. She went on to explain her attraction to the existential approach in these terms:

And what I really liked about that was that it seemed to meet, it seemed to be about meeting somebody, it seemed to be about meeting someone where they are not dragging them into theories and not dragging them into, erm you know, not dragging them into ideas where they don't want to go.

Again, the contrasting images are stark: a benign existential therapist engaging with their client in a way which recognised and accepted their present predicament as opposed to a somewhat brutal and domineering psychodynamic therapist dragging the client against their will into a web of meaningless and unhelpful theoretical ideas. This image vividly conveys her dismissal of using a pre-existing theoretical framework to understand her clients' worldview.

Nigel, a trainer, highlighted the fact that there was *"no underlying supporting theory"* in existential therapy and Owen (TE) echoed the idea of not applying theory:

An existential approach is you're open to what the person might become. You're not applying any form of knowledge or preconception of that. You're not trying to find out something from their past that tells you something about how they will behave.

He also presented this in contrast to the psychodynamic theory (*"you're using the science model of causality")* and the humanistic approach which purports a theory of self-actualisation. Here what is contrasted in the existential approach is a lack of any assumptions about the client, something which can only occur without a pre-existing theoretical framework. The other point which seems important, and which many participants voiced, is the avoidance of any theory involving cause and effect so that behaviour can be

predicted. Most participants emphasised that existential therapy did *not* employ theory of this kind.

Anika (TE) highlighted the flexibility of the approach:

> *So, if it [a technique] becomes appropriate, I would offer to a client, if it was something that felt it would be useful. Erm, so I suppose existential therapy, for me, doesn't say you can't, doesn't really say you can or can't do anything.*

Interestingly, this participant was not rejecting formal techniques in the way that many of the participants did, but the lack of any form of prescription was clearly expressed.

As mentioned earlier, the uncertainty of existence is a key idea underpinning existential philosophy and existential therapy (Yalom, 1980). This partly finds its expression in the participants aiming to avoid making, as far as possible, any theoretical assumptions about the direction or outcomes of the therapy. A potential paradox here is that all the participants were clear about what they regarded as the overall aims of existential therapy-which included greater awareness of their values and beliefs and a greater openness to a range of possibilities- while acknowledging that they would be likely to assist clients in achieving these broad aims in different ways. At the same time, they were keen to emphasise the importance of 'not knowing' and the uncertainty of the therapeutic venture. A distinguishing feature of existential therapy, according to Janice (ET), was that it did not have a clear theoretical framework or a set of techniques which indicate how the therapist should work with the client. However, she highlighted the need for some form of theoretical underpinning and conceptualised this as "a theory about not knowing."

Billy (NQT) contrasted the psychodynamic and humanistic approaches with the existential approach:

> *But, ultimately, it's [psychodynamic and humanistic approaches] almost like there's a set of rules and you've got to kind of work it all out, using those rules. Where with existentialism, through reading the philosophy and engaging with it, it's, rather than kind of narrowing things down, so, and this is what the answer is, it almost serves to kind of just blow things wider and wider apart… …the less I'm able to take for granted, the less I'm able to kind of assume, the less I'm able to rely on kind of doctrine or method or kind of anything like that.*

The implication was that to narrow down using theory, as other approaches do, is a negative feature which can restrict the client. On the other hand, the existential approach helps the

client to expand their perspective which is a much more beneficial way of working. What was being conveyed both here, and by the vast majority of participants, was the stark difference between the existential approach and other approaches in its lack of adherence to an explanatory theoretical framework, or a method which indicates accepted ways of working with the client. Participants also emphasised a flexible approach which is not mechanised and has no overarching theoretical framework. Because issues are not regarded as identifiable mental health problems, there do not need to be specific goals to enable the client and therapist to address those problems.

Having said all this, participants also acknowledged the value of the philosophical ideas and how they drew on them to help clients to understand their predicament more clearly. Indeed, there did, sometimes, seem to be a potential paradox between the conceptualisation of using philosophy in practice as discussed above (this is how we see it and what we value but we tend not to 'use' it directly) and the examples which were sometimes provided of what they did (this is how we refer to or draw on theory). Janice (ET) outlined how using phenomenology means "not having a theory that I bring to the client." At the same time, she outlined her way of working which included helping the client to describe what is going on and to uncover previously hidden, 'sedimented beliefs,' leading to a greater level of choice and empowerment in their lives, though she did not regard this as theoretical.

In addition, many of the participants, when asked about their use of theory, offered alternative perspectives which appeared to be very much focused on theoretical concepts. Gerry (TR) placed a strong emphasis on using certain philosophical conceptualisations:

> *The other thing I should say is, erm, err, Binswanger and, err, Emmy van Deurzen's four givens, erm, err, again, err, less so of strategies or techniques, but, you know, that certainly informs how I, err, conceptualise or, erm, you know, think about and help and train my students on thinking about cases and formulating what's going on.*

His use of the words 'conceptualise' and 'formulating' suggests a rather more systematic orientation than that put forward by many other participants. He was also keen to stress that there was:

> *very much a method...closely informed by the sort of underpinning philosophy and specifically, I guess, …you know, a phenomenological method.*

Similarly, Eleanor (ET) described how she uses:

quite a lot of theory and also in terms of practice, what we were taught was, you know, to be existential you work phenomenologically, erm, and I do try and work phenomenologically because I think when I do work phenomenologically, it's really good.

Certainly, working phenomenologically involves using a theoretically influenced method which is underpinned by very clear philosophical assumptions.

There were some paradoxes which emerged which focused on a professed reluctance to use theory and techniques and yet an acknowledgement that they could be valuable. Having said this there was a commonly held view that the way theory was used was different in the existential approach to its use in other approaches. Sandra (TE) expressed this idea as follows:

It was, it is really different from the theory in practice in my first counsellor training, where you were applying theory, in a slightly different way. But this, it's essentially, it's about life and any theory is just, has just come out of people's experience of living and the philosophers are just people who have had an experience of living and decided to articulate it in that way.

The perception of the theory seemed to involve a shift away from an imposition of a theoretical framework to make sense of client issues and towards drawing on philosophical ideas about how to make sense of the human condition. However, while some participants stated that the only 'theory' used is that of not-knowing, there were also a range of theoretical constructs at play. The central ideal in relation to theory, though, seems to be about valuing client freedom in relation to theory, not imposing it on clients, using it tentatively, together with an aversion to, and an aim to steer clear of, cause and effect theories that enable predictions.

7.2.2 Theory as a sense-making tool

Many participants discussed how, rather than using an overarching theoretical framework to guide the sessions, they tended to have a range of concepts in their minds that they could draw on when necessary to make sense of client material.

Many asserted that they considered theory "most before the session and after the session" (Hana-trainee), thus using it outside the session as a sense-making tool. Janice (ET) described her use of theory in this way:

> *Like sometimes if there's a really difficult situation in the therapy, like I feel really kind of 'Oh God, what am I going to do about this' and I'll go to my supervisor and we'll talk about it. We might, you know, try to understand what's going on and then even have a plan of action or I'll go back and share this or make this intervention. I almost never do. So, it almost feels like all that thinking and theorising is actually a way of me processing what's happening in order to then go back to the client to be fresh and open and everything else again. So that theorising, then I don't use it to direct the therapy. It's almost like I use it to just make sense of what's in a way that feels comfortable for me.*

So, here theory is employed in supervision as a common language for clarifying difficult issues in the session, but it is for her use only. She seems to regard it as having an impact on herself in relation to her client rather than on the therapy in a theoretical sense.

Denise (ET) stated:

> *I think with, the reason I'm struggling with the question* [about whether she sometimes felt that something she was doing was not working with a client] *is that it kind of infers that I'm choosing something to try to make work with the client, whereas I would always feel that what emerges in the room (Yeah) and what would have been already set up by the client, the client would have already headed in that direction (Yeah) and kind of I'm using the philosophy to, to, err illustrate or consolidate or act as a metaphor for what was already expressed.*

The idea, commonly expressed, was that theory or philosophy, rather than being an entity which was used to explain the client's issues, was only mentioned if it related to what a client had already mentioned. Harry (ET) made a similar point:

> *to bring in existential philosophy would, unless there's a kind of, unless it's there already really (Yeah, yeah, sure). That's the most important thing that it's already there in the room, erm, I wouldn't bring in anything if it wasn't already there you know in the room and then when you start picking up on these themes...*

Interestingly, this therapist later acknowledged that one's perception of what is there in the client material is heavily influenced by what one is looking for. So, one's philosophical assumptions are likely to impact on how one conceptualises the client's problems.

Denise (ET) was keen to emphasise the flexibility and openness in the way she was influenced by theoretical concepts:

> *some people might, I mean Emmy,* [van Deurzen] *for example, uses her four worlds thing (Yeah, yes) you know, so some people might use that kind of thing (Yes) and, and look out for, you know, is the client not mentioning anything about, about (unclear) physical. I don't, it's extremely fluid, I see what emerges. ...I'm, I'm not trying to understand the client's problems from the perspective of a particular model or, or, you know, or a particular philosopher. I'm very much open to where the session takes us and if something comes into mind that could be useful then I might use it. So, it's, it's not starting at a particular point.*

At another point, this participant described how she used Sartre's theoretical spectrum to make sense of client material. She outlined how it consists of "*three ways of being deluded in terms of your freedom in the world."* She stated:

> *and that concept I have, I have in my mind, I do, when clients come in, put them somewhere on that spectrum (Ah, yes) in terms of does this client think they're responsible for everything, (Right) erm, everything their fault, they could change everything, or do they say I'm ill, I'm sick, this has all happened to me, or are they somewhere in the middle.*

She emphasised that when she said she 'uses' theory she means that she has it in her mind. This appears to be an example of having a preconceived theoretical construct which is employed as a sense-making tool, rather than an idea which emerges from the presenting client material. She referred to "putting clients on that spectrum" which suggests an application of theory. Denise stated that she sometimes discussed this concept with clients so did appear to be drawing directly on theory in some sessions.

Other participants professed to using a clear framework to understand client experience. Gerry, a trainer, stated:

> *those ideas about anxiety, erm, so, err, yeah, it's very much coming from a how to map and understand, erm, experience, you know. Erm, I encourage people to use that just as a, a framework, to help them make sense and think more holistically.*

All participants discussed some of the philosophers who had an influence on how they worked. Denise (ET) stated:

> *The idea, I guess, the first one would be, erm, the idea that, of non-pathologizing, erm, and particularly Heidegger's idea that we are beings-in-the world; (Yeah) and issues about, about people's, people contracting with experience, erm, in relation to*

the world and not about intra-psychic things. (Right) and so I think that's a fundamental core belief that I have in common with Heidegger and later with people like Laing… I do take a lot from Sartre. I do still go for the hell is other people idea (Yeah) and I do use a lot of that in my work and the idea you know that people kind of have a masochistic battle in relationships, try to objectify in order to avoid being objectified (OK) and so we talk a lot about, about the challenges of being in a relationship and the challenges of being with other people.

So, the difficult balance to be struck seems to be between drawing lightly on theory, while being influenced by various philosophical assumptions which underpin her work and which inevitably influence how she engages with her clients.

Two of the trainees discussed how they differentiated between Heidegger's concepts of 'leaping in' and 'leaping ahead' and several participants referred to existential techniques such as 'horizontalization' and 'bracketing.' Although being aware of, or influenced by, existential concepts is not the same as using a clearly delineated model of therapy, it nevertheless suggests that the therapists make therapeutic decisions based on a range of shared philosophical assumptions derived from their therapeutic orientation.

Eleanor (NQT) alluded to how she made sense of client material, which had an almost psychodynamic, explanatory interpretation to it:

I know quite often, if people start talking about doubts and stuff, I'm quite quick to bring in the idea of uncertainty and knowing and then in the back of my mind, I might be thinking, I guess, especially if someone is very anxious, like you know, there's something about fearing dying, there's something about a fear of death that's not been spoken about.

This struck me as rather different to the commonly expressed and highly valued existential concept of the ideas emerging directly from the client material, which suggests that existential theory can be used in a range of different ways.

So, the process of using theory in practice is often described as being, in a sense, reversed, such that the therapist starts with what the client is bringing to the therapy, which then alerts them to some philosophical concept which relates to that client issue. But this assumes that therapists can put all theory to one side until a client raises something which puts them in mind of a certain concept. Certainly, this idea of bracketing one's assumptions is seen as central in existential therapy (Spinelli, 2007). It is, however, recognised as an ideal which is

very difficult to achieve bearing in mind that all therapists, including existential ones, work from certain theoretical assumptions which inevitably influence what they choose to notice in the therapy and how they decide to conceptualise it. Also, as touched on above, it could be argued that whatever one's theoretical persuasion, the underlying assumptions of an approach will inevitably have a powerful influence both on the way the client's problems are conceived and on the choices of therapeutic interventions employed. Finally, it is clear that some participants do use theoretical frameworks both outside of and within therapy sessions to help them to make sense of client material.

7.2.3 Embodied theory

The *conceptualisation* of theory, then, is somewhat different to the overarching framework offered by approaches such as the psychodynamic, person-centred or cognitive behavioural approaches, even though some participants do employ a range of theoretical concepts in practice. Another strand of the *Ambivalence to theory* theme was the idea of theory being embodied in the therapist rather than being a separate entity to be drawn on or referred to. The participants outlined how learning about existential philosophy had changed their way of being and how they related to others including their clients. The potential paradox here is that they also described how they made use of theory in other ways which seemed separate from such embodiment.

When asked about how existential philosophy was used in practice, there was a general rejection of there being a simplistic, clearly defined link. Chloe (ET) described her relationship with theory as "having a sort of awareness" of it. Others alluded to a 'way of being' - Nigel (TR) and Phoebe (ET) - and another as an 'orientation to the world.' (Denise - ET). Harry (ET) stated:

> *For me existential therapy is, it's more of an attitude really, a style of working, of thinking about the world. I, I think if you start talking about it too much as an approach then it starts to get too techniquey for me and I see it more in a loose sense of the word really.*

There was a commonly held belief in an existential world view being essential in order to be an existential therapist such that the existential philosophy formed a part of one's essential self. Allied to this was the fact that most participant groups referred to the idea of the therapist learning about the philosophical ideas with a view to embodying those ideas within

the self rather than its being a purely cognitive process. Nigel (TR) described this as being "beyond the cognitive." He stated:

> *They* [the trainees] *find that working in that way with, with clients and for themselves, is quite radical and has a different quality to it, compared with other modalities. So, there's some very specific and slightly mysterious, because it is difficult to put it into words, but there's, without a doubt, there's a kind of an embodied felt experience, there's something going on.*

The way this was described was not easy to understand. He nevertheless captured what many participants expressed about what they saw as the radical nature of the approach in that it conceptualises theory differently to other approaches: it is mysterious in nature in that what happens between client and therapist is not easily explained and the interaction of the theory and practice is experienced in a physical way as well as in a more analytical, cognitive manner. Anika (TE) also rejected an entirely analytical understanding of the client's issues in favour of helping the client to experience "*an understanding in my* [the client's] *whole embodied sort of being"* which allows something to click and then opens up *"other possibilities of being with others."* She stated:

> *I am in the room with my clients and all of those experiences I've had inform that. So, I suppose I'm building my own theory in myself, through practice in the training.*

The experiences she referred to comprise a range of experiential exercises undertaken on the training course, but also her life experiences which inevitably have had an impact on her developing world view. Instead of the philosophical ideas forming an external framework which therapists can draw on, participants often conceptualised theory as not only internalised but becoming a part of the self ("building my own theory in myself.") The existential givens of existence (Yalom, 1980) such as mortality, isolation and meaninglessness do not exist as external concepts but form part of an individual's unique 'givens' which are formed through their unique experiences:

> *And we talk about the givens, and you know, for me, I think that my givens in a sense, you know, I'm originally from XXX and I've lived in XXX band now I'm in the UK, so those, that sort of facticity in, you know, my situation of being sort of being a middle child and all of that is a part of me as a therapist and it is brought into the room.* (Hana - TE).

So, each therapist not only embodies existential ideas but also their own unique experiences which inevitably influence how they perceive the client's issues and how they interact with them. Anika placed a heavy reliance on her "*bodily experience*" for understanding the client: *"do my sort of hairs stand on end when they say something, has something just moved in the air between us?"*

Also, Phoebe (ET) criticised learning when it focused entirely on understanding in a cognitive sense, stating that *"being based in the body, it always seemed to me a very important thing."*

Eleanor (TE) explained this concept slightly differently:

> *the whole two years was about how you embody, erm, existential philosophies and ideas yourself, as a person, and how that informs your then being a therapist and how that will then inform how you are within the counselling, therapeutic alliance. That's what I'd say it was and it is quite subtle, how that's all done, because at times, it didn't feel like things were necessarily about therapy at all, in some ways. So, it was much more about us becoming more who we were, in order that we could then take that with us, in being a therapist.*

Participants described how much of the training focused on the development of the self in relation to existential philosophy rather than development only as a therapist. Billy, another trainee, saw it as *"something that it feels like you do to yourself, it allows you then to be in a way that a lot of people can't be."* This does echo person-centred therapy training, although with this modality a very specific type of self needs to be developed focusing round the core conditions (Rogers, 1957). Here there is much more flexibility, although the development of the self in relation to existential philosophical ideas is central. Janice (ET), when discussing existential givens such as isolation, responsibility and finitude, stated:

> *So, that seems quite distinctive again. It's not something that I bring into therapy, but I think it has an impact on me and the way that I live my life and, therefore, that comes in somehow, you know, in the inner-feel, in the relationships subliminally almost.*

So, the philosophy impacts on the therapist, thus influencing her way of being which, in turn, impacts on the therapeutic relationship.

Billy (NQT) captures this idea in this way:

> *When I'm sat with a client, everything I'm thinking about them and everything I'm wondering about can only come from my own experiences, even if that's an*

experience of 'Oh, this is how you learn to bracket everything that you've ever understood and ever had.' But I think I am quite, I think part of the confidence of where I am in the training that I've had is an ability to kind of reckon with myself and that's the bit where it's, that's where I'm able to kind of get myself out of the way of, I can treat my own thoughts and my own wonderings as much as material is kind of coming from the client.

I understood this to mean that the philosophical ideas, such as bracketing, are inevitably filtered through one's own perception of them so that the extent to which theory or philosophy is used is through the therapist's experience of it. However, the fact that such statements are not transparent and need to be interpreted does indicate that the theory/practice connection is seen to be complex and is, to some extent, obtuse to outsiders. Overall, though, one of the key paradoxes here is how the commonly expressed idea of embodying theory and the previous assertions about using theoretical ideas in a much more traditional way appear to both form a part of participants' conceptualisations of the theory/practice relationship.

7.3 Is it existential?

As discussed earlier, participants did adhere, to a large degree, to a shared vision of what they regarded as existential therapy and alluded to a range of common existential assumptions and concepts. However, many acknowledged that the existential therapy field was a very broad church with a diverse range of ways of working sitting under the same umbrella. Chloe (ET) asserted that: *"As you know existential practitioners focus on very different aspects of philosophy."*

There were, however, a few participants who also saw significant overlap with other theoretical orientations both in terms of theoretical concepts and in terms of the influence of those concepts in practice. Also, some regarded the differences between approaches being more about the use of different terms or languages rather than inherent distinctions. Eleanor (NQT) explained how she would "reformulate" her description of her approach using psychodynamic language when she is working in the NHS, yet she saw this as "saying the same things, the same things" as much of what the existential approach referred to using different terminology.

In addition, participants frequently alluded to how they drew on other theoretical approaches depending on client need. What could be termed a 'pure' existential approach did not exist for many as they professed to working integratively or eclectically while adhering to an

overarching existential world view. All stressed the importance of working in a unique way with each individual client, depending on what seemed to be useful for them at any given moment, which might include drawing on ideas from other orientations. The sub-themes relating to this theme are: *No 'pure' practice* and *'Overlap with other approaches.'*

7.3.1 No 'pure' practice

In addition to existential concepts, all but one participant discussed how they were influenced by theories outside of the existential tradition. This acknowledgment of the inevitability of a certain degree of eclecticism or integration further challenges the idea of a clearly defined link between existential theory and practice. Participants often regarded drawing on other theories as offering additional ways of meeting clients' needs. While some argued that doing so did not detract from an overarching existential world view, others acknowledged that they did not work from a purely existential perspective, indeed, one or two questioned whether this existed at all.

However, a common perspective was that existential therapy was different from other orientations in that:

> *It isn't an approach so much as an orientation to the world through which you can apply any approach* (Denise - ET).

She is, therefore, advocating drawing on a range of other theoretical perspectives whilst adhering to an overarching existential world view.

Owen (TR) drew a contrast between the ideal of being completely unknowing and the reality of practice:

> *It's probably idealistic. It's something we aspire to. In reality we're probably going to do something a bit more eclectic.*

It is worth noting here that, as Cooper (2003) states, there is not a single branch of existential therapy but many branches of existential therapies. Some of these sit most comfortably in the humanistic tradition, for example, the existential humanistic and the British school, while others are more closely allied to the psychodynamic tradition, for example, Daseinanalysis and logotherapy. The participants involved in this study were all from the British school (Cooper, 2003) although this did not preclude them from drawing on psychodynamic concepts. Chloe (ET) stated that she sometimes drew on attachment theory (Bowlby, 2005) to make sense of her clients' issues:

So, for me really, if I'm integrating anything beyond the existential perspective, it probably would be attachment theory which is probably quite unusual, but I don't actually think that the two are incompatible (Right) when I'm thinking of them. You know, I suppose I think about attachment theory being about how at an early age we lay down expectations and templates (Yes) for the way the world and the people in our world are going to relate to us and we're going to relate to them and I think there's nothing incompatible with an existential way of thinking there.

Most participants stated how they would make use of alternative techniques from other orientations according to client need. Sandra (TE) stated:

So, sometimes I, if they look like they're going to be more helped by something that, like, I don't know, doing a cognitive diary, or something else, you know, I need the freedom to go off and do that with them, so I will pull in such things, I suppose.

Hana (TE) referred to a 'toolbox' from which you "*pick up the tools accordingly."* and Gerry (TR) professed to an openness to a range of perspectives:

that there should be a mutual respect, erm, and erm, and an openness to, well if something comes in, you know, if some new research or if anything comes in that says, you know, these are useful ways of thinking about things, erm, again, I go back to that existential attitude that I talk about, you know. Let's say there are as many truths as there are possibilities.

It did not appear unusual for participants to have been influenced by a wide range of theoretical ideas to which they were exposed during their training and ongoing professional development. Indeed, Phoebe (ET) referred to the multitude of influences on which she sometimes drew. *("So, it's a mixing bowl all of the time and that's fine"*). Many participants thought that being able to draw on concepts from other orientations was a positive feature of their work which enhanced their flexibility and effectiveness.

Anika, also a trainee, discussed her use of a range of non-existential theoretical constructs:

I do like lots of gestalt kind of approaches. Sometimes, I do what looks like a two-chair work in the room, or re-enactment, erm, so I'm obviously influenced by, I mean attachment theory as well is something that makes just complete sense to me. Erm, even, erm, you know neuropsychological research, which I find really interesting, mirror neurones and all this kind of stuff that's coming out. I will read quite broadly. I

wouldn't, I don't restrict what I read to just being philosophy or coming from an existential school of thought with therapy.

Unsurprisingly, there was some variation in the extent to which participants described drawing constructs from other theoretical orientations, but certainly concepts from other approaches were frequently seen to provide useful insights.

Another aspect which stood in opposition to the idea of a 'pure' existential approach was the fact that some participants did not refer to themselves as existential therapists, even though they adhered to many aspects of the philosophy. Pluralism or integration were terms commonly used to describe their practice. Hana (TE) stated:

I would like to, you know, call myself a counselling psychologist who practices pluralistically, in that, you know, I work existentially, I work psychodynamically. Mindfulness is another area where, erm, I'm exploring and so perhaps, you know, working with mindfulness, erm, approaches.

There also seemed to be a feeling that it was important to be able to offer clients other types of intervention apart from existential ones. As far as trainees were concerned this was sometimes because they were learning about other approaches on their training courses: So, for example, Owen (TE) mentioned that:

I have some negative thoughts about CBT and psychodynamic theory. I'm learning to integrate them into existential practice, so I've been talking about building a world view, this is Spinelli's concept, which has been compared with CBT.

Even though he is not well disposed towards these other approaches, the course includes how to integrate other approaches within the existential framework, so it is perhaps a necessary evil in his case. Other trainees were much more positive about this integration such as Anika who welcomed using ideas from other approaches. She had undertaken some training about eating disorders that she used with a client which *"was very much based in attachment theory and, err, psychodynamic, err, ways of working."*

Some participants did not see any potential philosophical conflict in using a deterministic model such as attachment theory while working existentially, nor did they equate it with 'imposing theory' on clients. While some regarded the use of what they saw as drawing on incompatible theoretical constructs as performing "therapist gymnastics" (Gerry-TR*),* others acknowledged an awareness of the difficulties but continued to draw on the ideas. Chloe (ET) stated that attachment theory was the main theoretical concept of which she has "a sort

of awareness" other than existential ideas. She did, however, introduce a caveat when outlining the influence, it had on her work:

> *But, of course, I'm very careful with that because you know I believe very much that what matters is what we choose to do with what we have now. So, this, so this happened to me as a child and, therefore, this is the way things are for me now. That's a very kind of fixed cause and effect that I'm not comfortable with.*

From an outsider's perspective, and as this therapist acknowledged, there is a potential incompatibility between the existential belief in the freedom to choose one's future and one's world view and the deterministic stance taken by attachment theory. So, her existential values dictated that she believed in the freedom to choose one's future and yet in practice this apparently conflicting theory offered her something of value in her client work. And although this therapist may have worked in an individualised way in that, as she herself said elsewhere, she chose whether or not to introduce concepts from attachment theory depending on her client, the way she conceptualised client issues was, nevertheless, influenced by that theory. From my perspective, I wondered if some participants experienced a conflict between their ideals and what they perceived as working, more pragmatically, in the therapeutic encounter. Having said this, this was not a conflict that was highlighted with any frequency.

7.3.2 Overlap with other approaches

Another element which mitigated against participants' perceptions of an exclusively existential approach was the assertion, by many, that there were significant overlaps between the theoretical concepts in their orientation and those in other theoretical perspectives. There was also a suggestion, by some, that although the theoretical conceptualisations might differ, the practice was likely to be more similar. The way different approaches used different terms or languages for what could be regarded as overlapping ideas or modes of practice was another relevant issue. So, despite a strong sense of existential identity and a passionate adherence to existential concepts, most participants also highlighted, at times, that their orientation was not as distinct an approach as its philosophical standpoint might indicate.

Owen (TE) stated that:

> *So, I've been talking about building a world view, this is Spinelli's concept, which has been compared with CBT. So, I'm looking for how the person routinely thinks about*

and experiences their world and there's a mismatch often between their experiences of the world, of their worlding and what they expect the world to be …and then they're disappointed to find that it's all just sorrow, meaningless and chaos. So, you're working with those two worlds and that overlaps a lot with CBT and CBT work, where you explore a person's… usual habitual way of thinking and you challenge them say well… to see the world in that way, how is it for you to always expect the world is going to be really (unclear) and then be disappointed by it, how to get people thinking. So, I can see the overlaps and I can hold onto the existential principles that Spinelli is grounding his approach in, which is radically different from CBT. So, although the practice might meet and look very similar, they're grounded in very different ways of conceptualizing.

He is acknowledging that, although the theoretical conceptualisations of existential therapy and CBT are very different, the way these theoretical ideas are conveyed in therapeutic practice might not be significantly different. Anika (TE), when alluding to her discussions with colleagues from other theoretical persuasions, asserted that "a lot of us seem to practice perhaps in the same way… are talking about the same thing." Hana (TE) also demonstrated a similar perspective:

But then again, you know, it's difficult to label what you're doing exactly within a specific approach [I: yeah], you know, I can't say I was being existential and I did that and I, err, I was definitely being psychodynamic in doing that, because the thing is, often times you're doing something and it can be seen as, erm, something different in each approach.

Again, the theoretical conceptualisation may be different, but the practice is likely to be the same.

From a slightly different perspective, a number of participants, both those training and in practice, referred to how they saw significant overlaps between different theoretical orientations. Billy (NQT) stated how "psychodynamic was moving closer to using phenomenology" and how "there's an overlap we can do there." Chloe (ET) indicated how "CBT is coming closer and closer to existential therapy in its third wave" also indicating "there are an awful lot of overlaps." Phoebe (ET) highlighted how:

I'm aware that I might be claiming something is existential when I've actually learned it from somewhere else… it's a mixing bowl all the time and that's fine.

And:

> *There's all kinds of overlaps all over the place and, obviously, mindfulness is very close to sort of the existential stuff. There are overlaps and you know, interactions between all these approaches.*

So, both trainees, NQTs and experienced therapists were all acknowledging overlaps both between theoretical conceptualisations and the influence of theory in practice.

In terms of use of language, some participants alluded to how similar concepts were referred to using distinct terms as defined by the particular theoretical orientation. For example, Anika (TE) stated how different types of therapists could be "talking about the same thing but in a different language" and Eleanor (TE) explained how she sometimes reformulated an existential idea using different language "so it sounds quite psychodynamic," with a view to making it easier for her clients or colleagues from other orientations to understand.

> *I would say so, yes, I might use, yeah, and I would use, I might use some language that I felt they would be more likely to understand, like I might use 'unconscious' rather than 'out of their awareness.' I might use that term when I, because I still like, you know, it's, so that would be more, I would try and tailor my language, so they'd understand what I meant, rather than having to explain why as an existential psychotherapist, I'd use the term 'out of awareness,' you know.*

The suggestion was that there was significant similarity between the theoretical concepts despite the different terms used to explain them to others.

Gerry (TR) acknowledged a "common language" between approaches such as Acceptance and Commitment Therapy (ACT) and mindfulness, explaining how existential therapists can think about issues which overlap with concepts within these approaches:

> *We talk about commitments, you know, and I think well really, you know, in those sort of lines I can understand, erm, you know, we can think about acceptance, you know, things we don't have volition or control over, erm, so the sort of, you know, wider givens, if you like, and commitment, you know. We sit and talk about intentional living and that's a very sort of similar idea, you know, sort of committing to purposeful living in different ways. So, I think, you know, there are certainly things we think of you know. This is a real common language, or there are real similarities here.*

Gerry alludes to the applicability of ACT and mindfulness concepts to existential therapy, seeing overlap between languages, rather than different languages being used for similar

concepts as highlighted above. Having said this, Gerry did believe that any ideas used needed to be philosophically consistent with an existential attitude.

Eleanor (TE) expressed an unusual viewpoint when she stated:

> *I think probably you could find a page where Freud says, 'Actually I'm an existentialist,' you know. It's like and Carl Rogers was too, and Freud is too. They're all existentialists at heart, it's just how things get dressed up and actually, you know, [that's interesting, that's very interesting], yeah, with some of the psychodynamic people I've worked with, they would say that they are existential as well, actually, but you know, it's like a myth that these things are opposed.*

Eleanor appears to be indicating that she sees, not only some overlap between approaches, but the incorporation of psychodynamic and person-centred ideas into an existential world view, with the key founders indicating that they too adhered to an existential perspective. Although she may be exaggerating her claim to make her point, this does indicate a belief in substantial similarities of perspective between approaches.

To conclude, most participants from all groups, even when they were firm adherents to existential philosophy, alluded to how they drew on concepts and practices from other theoretical standpoints. Many also saw some overlap between existential therapy and other theoretical orientations, whether in terms of theory or practice or both. One of the paradoxes which emerged in relation to the theme *Is it existential?* was that this recognition of being influenced by many different perspectives appeared to sit in opposition to participants often strong advocacy of existential concepts and their often forceful, rejection of ideas from other orientations.

7.4 Chapter summary

It seems that the task of conceptualising the theory/practice relationship in existential therapy is not only a complex one, but one which is riven with paradoxes. All participants seemed to adhere to a position based on existential ideals in terms of, for example, the nature of the therapeutic relationship, or a particular stance towards not imposing theoretical concepts on clients. At the same time, some also encountered paradoxes when attempting to verbalise how they put such ideals into practice. Although there were some variations in terms of whether paradoxes were highlighted this was not more pronounced amongst any participant group. In terms of the trainers, there appeared to be some variation in training

methods with different emphases being placed on experience-focused methods or theoretically-focused models and case conceptualisations.

On the one hand, a significant number of participants in all groups alluded to how they embodied their approach such that the focus of their training was far more on personal development -whereby theoretical concepts became a part of their internalised world view- rather than on the development of theoretical knowledge. This process of embodiment of theory seemed to be a narrative commonly used to explain how theory and practice are non-binary and form a holistic entity within the person of the therapist and the relationships they establish with their clients. Having said this, trainees and trainers focused more on the idea of an embodied encounter between client and therapist.

In terms of most participants in all groups, theory was frequently described as being a peripheral activity and yet, paradoxically, descriptions of practice often included use of specific theoretical frameworks or concepts. While there was a shared vision of what existential practitioners believed in theoretically, there was also an acknowledgment by many that a 'pure' existential approach did not exist in practice and even ideas which may appear philosophically incompatible with the approach were sometimes employed to aid client understanding of their issues.

In terms of any differences between participant groups, unsurprisingly, trainees, NQTs and trainers tended to emphasise the idea of a shared journey towards developing an existential identity and way of being and the benefits of working and struggling together. Trainees and NQTs tended to be more vocal about the differences between the ideal of the philosophical stance and the reality of practice. Some also emphasised some of the similarities and overlaps between orientations more often. However, there were not as many distinctions between participant groups as I had predicted when embarking on the second phase of the research study.

Chapter 8: Discussion

In this chapter I aim to discuss my research findings with reference to my research aims in order to demonstrate to what extent I have met these. I will also discuss how my findings relate to previous research in the field and the specific contribution my research makes to the overall body of knowledge concerning the theory/practice relationship in existential therapy.

The overall aim of this project was to explore how experienced existential therapists, trainee and recently qualified therapists and trainers perceived the relationship between existential philosophy and therapy.

In order to address this broad aim, I developed three more specific aims:

- To explore how participants drew on existential philosophy in their therapeutic practice
- To explore what participants saw as the value of existential philosophy for informing training and practice
- To explore what participants regarded as some of the challenges of using and learning to use existential philosophy in practice.

8.1 Summary of main findings

What follows in the next few paragraphs is a summary of how the participants perceived the theory/practice relationship in existential therapy. Some of the key issues will then be discussed in more detail later in the chapter. Overall, participants demonstrated a very complex, and sometimes paradoxical, relationship with existential theory in practice, in the sense that they both professed to minimise the use of theory in practice, or to embody it, but were also heavily influenced by aspects of it when working with clients, sometimes employing it in highly traditional ways.

In terms of how participants drew on existential philosophy in their practice (aim one), many of them, rather than engaging with the premise of this aim directly, challenged the assumptions that this statement makes about the philosophy being in some way ‘used’ in practice. Despite anticipating the emphasis on relational rather than theoretical elements of existential therapy, I had not anticipated the extent to which many would reject the idea of theoretical constructs being valuable to practice in the sense of drawing on them. I will discuss the impact of my own assumptions about the theory-practice relationship and its

potential impact on the research findings in Chapter 9. Most questioned the dominance of theory, particularly the use of prescriptive theoretical models which define the causes of mental health issues and specific ways of intervening to help clients to change. At times, the dangers of using such theoretical constructs to make sense of client material were highlighted. Some suggested side-lining theory altogether when working with clients, as the therapeutic encounter was regarded as more important, advocating, instead, a not-knowing stance. So, theoretical concepts were often viewed as sitting at a distance from the practice, or being embodied in the person of the therapist, though some thought they could be used as a means of making sense of client issues outside of the sessions in supervision.

The literature on this issue often focuses on discussion of the philosophical assumptions underpinning the approach (Spinelli, 2007; Langdridge, 2013) and the importance of relational elements for practice. It also often recommends adopting an unknowing stance; but there is literature, too, which outlines specific models and frameworks for use with clients with very clear theoretical assumptions (van Deurzen & Adams, 2011). In terms of my research, the narrative was predominantly one of putting theory to one side when engaged in the therapeutic encounter, but, equally, there was some variation in terms of the degree to which participants employed models and frameworks in practice, with some, in all participant groups, making significant use of them, despite stating that they made minimal use of theoretical constructs. Having said this, participants did not discuss the use of theory as a means of predicting behaviour as in a positivist paradigm.

What came through more powerfully than in previous literature was a very strong sense of an existential identity and way of being based on the ideals of existential philosophy. Although previous literature discusses an existential world view (Spinelli, 2015; van Deurzen, 2010; van Deurzen & Adams, 2011), the strength of feeling involved in adopting this sense of identity seemed to be new, as did the fact that it included a powerful rejection of concepts which conflicted with this philosophy and could involve negative stereotyping of other theoretical orientations. This stereotyping tended to involve simplistic and negative perspectives of other orientations such as CBT and psychodynamic theories, at least by some participants.

The findings in this study also provide empirical support for a narrative which conceptualises the theory/practice relationship in a significantly different way to the more traditional linear narrative espoused by positivist and post-positivist epistemologies which involves a rational, explanatory and predictive process. Instead, theory was regarded as being a complex, multi-faceted process which involved affective, intuitive and out-of-awareness processes as well

as cognitive, conscious ones. For some participants theory and practice were regarded as symbiotic in the sense that the therapist developed an attitude or world view which enabled them to 'embody' the philosophical ideas which could then be conveyed in the way the therapist relates and responds to the client, in other words the ideas are transmitted via the therapeutic relationship. In this way, theory and practice are not conceptualised as separate entities but, instead, philosophical ideas form a central part of therapist identity and, as such, are conceptualised as part of the self. This echoes what Spinelli and Marshall (2001) refer to as embodied theories and what Langdridge (2013: 5) alludes to when he describes existential therapists as "embodying their knowledge." I see this as what might be termed a non-binary narrative whereby theory and practice are regarded as combined in the person of the therapist rather than as being distinct elements. The process of learning about the philosophy - or more accurately developing an existential attitude or identity - resulted in an experience which was sometimes described in a way which resembled a spiritual conversion. It was also, at times, accompanied by a negative and sometimes stereotyped view of other theoretical orientations. Although existential literature frequently alludes to an existential world view, my findings provide more detail about how this process is developed in training through a focus on experiential activities and via an in-depth exploration of how personal responses to existential philosophy impacted on the trainee's personal development and development as a therapist.

As there is mention of a non-binary narrative between theory and practice in the literature (Reeder, 2002; Worsley, 2012: Spinelli & Marshall, 2001) this was not totally unexpected. However, my findings extend understanding of this narrative by showing how existential practitioners aimed to embody their theoretical perspective and yet also, at times, encountered hurdles with putting this into practice. A significant finding was that although they often strongly asserted a non-binary narrative, the ways in which they sometimes described their practice was much more aligned to a binary narrative, with models and frameworks being employed to understand clients' issues. This paradox struck me as being unsurprising, indeed almost inevitable, when attempting to challenge a longstanding narrative, not only from a conceptual perspective but also from the point of view of practice. My own struggles with fully grasping this non-binary narrative in the early stages of my research attest to this.

This idea of embodying theory was accompanied by an expressed or implied sense of participants regarding themselves as different to other types of therapists in that they were challenging therapeutic norms. Allied to this, at least as far as some participants were concerned, was an implied feeling of superiority, although this was never overtly expressed.

Again, while this idea of being different was commonly expressed in the literature (van Deurzen, 2012; Spinelli, 2015), the sense of superiority was not something I have found previously in relation to psychotherapy.

In this opposing non-binary narrative, the importance of philosophical consistency was sometimes emphasised, but theory often appeared to be applied in a more inconsistent and incoherent way, with therapists drawing on a range of theoretical ideas some of which conflicted with each other philosophically. Sometimes therapists were aware of this inconsistency; sometimes they were seemingly unaware of the paradoxes implicit in their descriptions of the relationship between theory and practice. While previous literature has stressed the need for philosophical consistency (van Deurzen, 2002) my findings provide evidence that this does not always happen in practice. It appeared that participants' strong sense of identity or way of being was not always reflected in existential therapeutic practice. Practitioners, and trainees, often worked in integrative and eclectic ways, which could include drawing on theories which conflicted philosophically with their existential ideals. The consistency that did exist tended to be expressed, not so much through the application of theory, but via the use of a common therapeutic language and a shared sense of identity and philosophical values.

In terms of using theoretical concepts and methods from other approaches, these included apparently conflicting ideas such as attachment theory and CBT techniques, but there was also a narrative (including from the same therapist) about the importance of drawing on theory tentatively and sparingly. What is new is that there seemed to sometimes be significant variation between a participant's narrative about the nature of the existential approach and some of ways in which they described their practice. While there is a significant body of literature on how other approaches can be integrated with existential ideas (Lantz 2001; Lewis, 2014), this literature does not, unlike my findings, also present a narrative which advocates minimising theoretical input.

Partly due to a broad acceptance of eclectic methods, most participants did not consider it possible to conceive of theory in a 'pure' way, in the sense of being relatively 'uncontaminated' by ideas from other orientations. Indeed, eclecticism was often seen as inevitable in that they, either consciously or unconsciously, invariably drew on theoretical ideas from perspectives other than existential ones. This research provides new insight into of some of the ways in which existential practitioners employ eclectic methods alongside an adherence to an existential identity and world view, which can sometimes result in their working in ways which are not philosophically coherent with that world view. Having said

this, existential ideas were passionately adhered to by many, even when concepts from other approaches conflicted with them. Existential ideas generally provided an overarching philosophical stance, and it was those ideas, rather than those from other approaches, which elicited the passion. This struck me as something of a paradox in that eclecticism was generally accepted, even advocated, and yet it was the existential ideas that were highly prized and ideas from other approaches often disparaged.

In terms of what participants saw as the value of existential philosophy for informing practice (aim two), it was very striking that what they regarded as valuable very much focused around what they perceived as some of the central challenges of the approach (aim three). For example, participants highlighted the uncertainty involved in the lack of a clear relationship between theory and practice. Trainees and trainers emphasised the challenges of learning the approach, highlighting how the inevitable uncertainty of the training process could be frightening. This was contrasted with other theoretical orientations which were often seen as being easier and less challenging, both in terms of the training involved and the therapeutic practice. There is very little literature on existential therapy training, so the trainee/NQT perspective in this research provides additional understanding about the perceived challenges involved in the training process.

Another key value, and challenge, was the process of transformation involved in developing an existential identity, which included the adoption of a shared existential language and a shared narrative about the theory/practice relationship. Part of the personal transformation which participants underwent while training involved facing up to the uncertainties of existence, which was reflected in the underlying assumptions of the therapeutic orientation. Although there was a consistent message, on one level, that all approaches were of equal value, I detected another underlying belief that existential therapy was, in some ways, of greater value, due to the immense challenges which both trainees, practising therapists and clients needed to face if they were to truly engage with this form of therapy. This highlights what may be, to some extent, a little acknowledged, but very real belief, for some, that their chosen approach is the most valuable.

In addition, the radical nature of the approach, which was seen to challenge dominant social and cultural norms such as the centrality of measurement and change in therapy, was seen by participants as an aspect of real value both for clients and therapists. Again, I detected a certain pride in adopting this radical stance which, again, can mask an underlying assumption of the lesser value of what might be perceived of as less radical perspectives. Existential practitioners and trainees often asserted a radical identity which included

positioning themselves philosophically as pioneers within the therapeutic community. However, it appears from my findings that their therapeutic practice may be more similar to that of other theoretical orientations than they always recognise.

In terms of some of the challenges of using and learning to use existential philosophy in practice (aim three), which did not relate to those outlined above, the approach was often regarded as being hard to explain, to understand and to learn and, as a result, frequently misunderstood. This sometimes led to participants deciding not to emphasise the existential part of their work to clients or to employers due to a fear of being rejected due to lack of understanding of the approach. Having said this, it was striking that this aspect was again rarely conveyed as a negative feature. Instead, this was usually seen as an inevitable part of adopting such a radical stance and there tended to be an air of pride in daring to take the 'road less travelled.'

I set out to explore a diversity of views by interviewing experienced therapists, trainees, newly qualified therapists (NQTs) and trainers and expected to find significant differences in their perspectives. However, while remaining alert to potential differences, there were surprisingly few, apart from the anticipated focus on the training experience by trainees, NQTs and trainers. The differences, where they occurred, tended to occur more *within* participant groups than between groups.

8.2 Contribution to knowledge

- This research provides new evidence to support the existence of a strongly held existential identity and the impact it can have on practitioners in terms of their use of theory in practice.

- It provides new evidence that there may be a disconnect between how existential practitioners conceptualise their theoretical approach and how they use theory in their practice.

8.3 Discussion of key issues from the findings

I now intend to highlight and discuss some of the key issues arising from the ways in which participants engaged in relating existential theory to practice, but also the difficulties, both acknowledged and unacknowledged, which they encountered in doing so. In addition, I will discuss the commonly expressed perception - highly prized by participants - of existential

therapy as being significantly different to, and in some cases significantly superior to, other therapeutic orientations.

8.3.1 Challenges to the conventional theory/practice relationship

A significant number of participants appeared to question the nature, value and centrality of existential philosophy in their therapeutic practice. There were, however, some conflicting perspectives within each of the different groups of participants. So, for example, all experienced therapists presented existential therapy as different to other approaches in terms of using theory tentatively, but *some* contradicted this by giving examples of using theory in a more conventional sense such as discussing theoretical ideas with clients as an aid to understanding or explaining their issues or giving their own perspective on the client's issues from an existential perspective. Trainers both emphasised the centrality of an existential world view when discussing how they perceived the relationship between theory and practice, but the methods they employed to develop trainees' understanding of this were different in that one focused on using experiential activities with a view to supporting trainees in embodying theory in practice, while the other made greater use of more traditional methods such as case studies and theoretical frameworks to integrate theory and practice. Trainees also varied in the extent to which they challenged more traditional ways of using theory in practice. A minority espoused traditional narratives of using a toolbox of approaches or clear theoretical frameworks, while others appeared to question the value of these, focusing more on the development of an existential identity which internalised and personalised existential concepts. So, more binary perspectives were in evidence in the way that some trainees discussed the theory-practice relationship, while other adhered firmly to a non-binary, embodied perspective, which echoed some of the way praxis conceptualises the relationship.

This questioning of the value of theory for informing practice challenges the clinical practice literature which adopts a 'traditional,' binary stance as outlined earlier. Having said this, within this more 'traditional' literature, there is wide variation of perspectives of how to make best use of theory in therapeutic practice with some authors adhering to the idea that theory explains or predicts practice (Mulkens, deVos, de Graaff & Waller, 2018; 6), while others take a more flexible stance, but, nevertheless one which advocates having a 'cognitive framework' to inform and guide practice (Whittington & Grey, 2014; Waller, 2007). Clearly, there are some strengths to using a clear framework and set of techniques which include relative clarity when conveying the approach to trainee practitioners and being able to cite specific evidence which supports the effectiveness of specific techniques.

However, one of the dominant messages from participants was the postmodern challenge to the idea of 'grand theories' which assume one version of reality or the truth (McLeod, 2016: 27). This idea of there being a range of possible 'truths,' as advocated by a 'narrative' (McLeod, 2011) or social constructionist epistemology (Gergen, 2016), is an idea which sits comfortably with the existential-phenomenology framework which places the emphasis on the individual's unique perspective (Cooper, 2003). Those participants who referred to theory in a less 'radical' way than others, nevertheless regarded the philosophical ideas as offering a loose framework rather than an "empirical model of explanation" (McLeod, 2009).

Another recurring concept was that of 'not-knowing' (Spinelli, 2015) in the sense of aiming to put theory to one side in order to avoid imposing one's own assumptions or values, theoretical or otherwise, onto the client. This would involve employing the phenomenological method in order to bracket one's own values in order to facilitate the client in exploring their issues from their perspective. Kruger (2002: 31) states that existential therapists sometimes see themselves as the "midwife of wisdom," suggesting that they act as a facilitator to draw out wisdom from the client. This is based on the underpinning existential philosophical assumption that clients can source their own wisdom without the need for theoretical interpretation. Again, this offers a challenge to a (post) positivist epistemology whereby generalised theoretical knowledge is employed to make sense of client issues.

Unsurprisingly, I found there to be a strong adherence amongst participants to concepts such as a phenomenological method, which focuses on facilitating clients to explore and describe their lived experience without the therapist seeking to explain it; a focus on the subjective experience of the client and a belief in the importance of authenticity and embodiment. However, they also explained how their adherence to the phenomenological method indicated a need to avoid abstract theorising (Langdridge, 2013). Although this idea is expressed in the literature, I was surprised at the extent to which theorising was rejected by participants in guiding practice and also the way in which this was avoided, in that it led to many of them asserting that they put theory to one side when engaged in the therapeutic encounter. Theory was generally seen to be of little direct importance in the therapeutic space, even though some participants did also outline how they drew on theoretical concepts. In terms of where the huge body of existential philosophy fitted into the practice of therapy for practitioners, the embodiment of theory in the person of the therapist was an important aspect of this.

Having said this, a more traditional narrative, influenced by positivist assumptions, presented itself in some participants' language when they alluded to 'taking knowledge from different

theories' or using 'techniques from a range of approaches' or 'bringing in the philosophy,' with some trainees using much more of this type of terminology than others. Even then though, there was also mention of embodying the theory even by those who used more of this traditional language: 'being in a different way;' 'embodying understanding' or 'being expertly myself'. It was the degree of use of such language which varied between participants and a sense that although some believed in using theory in a less traditional way, the way some described using it in practice did not appear to diverge from a more traditional approach. So, while these participants saw themselves as adhering to the existential world view or identity, they did, sometimes unwittingly, present an opposing perspective in the ways they described using theory in their practice. This, perhaps, served to demonstrate the difficulties involved in moving away from language and processes which are so deeply embedded in our culture. Alternatively, it could demonstrate the gap between theoretical ideals and the reality of practice.

However, one of the most powerful narratives put forward by some participants was an alternative non-binary way of conceptualising the theory/practice relationship which involved developing an existential identity or attitude which enabled participants to embody the theory within themselves and convey aspects of it via the therapeutic relationship. This offered empirical support for a powerful challenge to the dualistic way theory and practice is traditionally conceptualised, both in much of what is written about theory and practice in relation to therapy training (Wheeler, 1999; Bor & Palmer, 2002), and in relation to a significant amount of the clinical literature (McLeod, 2009; Feltham & Horton, 2012; Corey, 2013; Reeves, 2013). This view was evident amongst both trainees, NQTs and trainers in relation to how training was undertaken and amongst experienced therapists in relation to their own practice.

The concept of 'embodiment' (Cooper, 2003) was used by participants to illustrate how the philosophy related to practice and why many participants adopted what they regarded as an unusual stance towards theory in practice. For many existential therapists the idea of embodiment is a central concept. Langridge (2013) outlines how Merleau Ponty's sophisticated exposition of existential embodiment challenges the dualistic ideas of the mind/body dichotomy, in that he regarded the body as the medium through which human beings understand and engage with the world including other people. The body responds without conscious thought. But here the terms 'embodiment' and 'embodied' were frequently used by participants to explain how they conceived of the relationship between theory and practice: that the existential ideas are conveyed through the person of the therapist in the way they relate to the client. Most participants emphasised the importance of the existential-

phenomenological concept of perception being “embodied and intersubjective” (Langdridge & Butt, 2004: 361) and of an individual’s perception as “being a joint enterprise between the person and the world” (Langdridge & Butt, 2004: 362). As mentioned in earlier chapters, this challenges Cartesian dualism which is inherent in the dominant paradigms of both empiricism and intellectualism (Langdridge & Butt, 2004: 362). Rather than theory being separate to practice, participants described how they embodied theory such that they did not need to ‘draw on it’ in a conscious way as it had become a part of themselves and was conveyed without conscious thought and through their embodied relationship with the client. Just as the person has an inextricable relationship with the world (Langdridge, 2013) in existential philosophy, so the participants saw themselves as having a similar relationship with theory. The philosophy could not be separated from the person of the therapist.

According to Rubenstein (2005), Marx adopted a philosophical position whereby he rejected the dualism of the mind and the body and embraced the symbiotic relationship between the two; indeed, he also expressed a belief in the idea of embodiment. He asserted that consciousness involved the interaction between the body and the external world and, like my participants, stressed the interconnectedness and relational nature of human beings’ relationship with the world. He believed that what occurs in the mind (including one’s beliefs and values) is reflected in an individual’s actions (Rubenstein, 2005). This reflects participants’ ideas of living the theory and enacting a world view. Thus, actions are more important than isolated internal contemplation and one’s ideas are part of one’s practice.

Praxis, a concept introduced in chapter 2, offers way of framing the complexities of the theory/practice relationship as understood by my participants. Like the concept of embodiment, it challenges the more traditional positivist epistemology of a dichotomous theory-practice relationship. Indeed, the idea of embodiment is central to praxis. Bernstein (1971:44), when discussing praxis, flags up Hegel’s idea of the individual being what they do and their products being “concrete embodiments” of the activity they undertake. This description seems to capture the idea of interconnectedness between the action [or practice] and the person doing the acting [or therapist] to which my participants alluded.

My participants’ idea of theory-use sometimes being hard to explain is reflected in Rubenstein’s (2005) discussion of another of Marx’s beliefs: that it is not necessary to be able to conceptually articulate an idea in order to be able to demonstrate it. Cohen (1996) summarises the ideas of a number of authors who present related ideas about not being fully aware of what one is enacting. According to Cohen (1996), Garfinkel and Giddens both indicated how individuals engage in practices without thinking about or being fully aware of

them. Similarly, according to Cohen (1996) Garfinkel argued that although individuals know how to engage in social action, they often only have a vague awareness of what they know, and Weber stated that action usually takes place with its subjective meaning being out of an individual's awareness or indeed residing in the unconscious mind. According to Marx (as above), one's beliefs are usually clearly expressed in one's actions such that they are interconnected but are not always in one's consciousness. So, it is possible to undertake an activity without necessarily being able to articulate what one is doing using theoretical concepts. What follows from this, of course, is that therapists can engage in the process of praxis without engaging with theory in a conscious, cognitive sense. Certainly, such conceptualisations provide ways of understanding some of the struggles my participants encountered when attempting to explain how they 'used' theory in practice.

This non-binary way of thinking echoes the East Asian holistic epistemology - which sits in opposition to the western analytic epistemology - whereby relatively simple theories are seen to be of little use as they cannot capture the complexity of the world (Choi and Nesbitt, 2000: 51). The idea here is that contradictions are inevitable in holistic thinking and that conflicting ideas may be of equal value. It is therefore important to find a 'middle' way. Choi and Nesbitt (2000) assert that this perspective is less acceptable in western cultures where logical, analytical thinking is valued. Indeed, binary or dualistic narratives are very much western constructs which are so deeply embedded in the culture that they are regarded as reality by many in the west. However, some eastern philosophy is based on very different, much more holistic, assumptions. It seems to me that while some participants attempted to convince themselves that there were no significant contradictions between, for example, existential ideas and attachment theory, they may have been - perhaps without realising it - adopting a holistic, more eastern way of conceptualising theory in practice which involved accommodating contradictory perspectives.

Although existential philosophy developed in Europe, it does serve to challenge many of the assumptions of the European philosophical tradition including 'Cartesian dualism,' which asserts a split between the body and the mind. Langdridge (2013: 15) demonstrates how Husserl initially challenged this perspective when arguing that "things in the world are directly given to us in consciousness… and as such the world is knowable through direct experience." In this way, there is no distinction between minds and bodies. So, existential ideas do offer a powerful challenge to some of our taken-for-granted assumptions. The fact that some participants also adopted a non-binary, holistic narrative in relation to the theory and practice link is not surprising, though there is very little empirical support for this idea in the literature.

Of relevance here is the extent to which participants appeared to use the terms ‘existential attitude,’ ‘world view’ and ‘embodying’ theory interchangeably. Existential clinical literature frequently alludes to developing an existential attitude (Gavin, 2018; Spinelli, 2007), and there are many references to ‘embodiment’ as an existential concept (Cohn, 1997, Langdridge, 2013) but I found limited mention of ‘embodiment’ in relation to the theory/practice relationship. Spinelli and Marshall (2002) refer to embodied theories of therapy, but the authors more often discuss the impact of their theoretical orientation on their personal lives. The terms ‘existential attitude’ or ‘world view’ are more frequently used (Spinelli, 2015; van Deurzen & Adams, 2011), although ‘attitude’ (Thesaurus.com) suggests a conscious, cognitively- based perspective since it has synonyms such as ‘point of view,’ ‘frame of mind,’ ‘belief.’ ‘World view’ also suggests a cognitive focus with ‘philosophy of life’ or ‘view of the world’ being suggested synonyms. On the other hand, ‘embodiment’ in existential terms alludes to how all perceptions and understandings occur through the body as well as through the mind (Merleau-Ponty, 1963 in Cohn, 1997). It seems to me that the use of the term ‘embodying existential ideas’ more accurately captures what participants are attempting to explain regarding theory and practice than do the words ‘attitude’ or ‘world view.’

8.3.2 An existential identity

8.3.2.1 A powerful commitment to the approach

Participants’ commitment to existential values and ideals was expressed as an ‘attitude’ or a ‘world view,’ but also as an identity to which they had a powerful emotional attachment. While these findings provide empirical support for the idea of an existential attitude espoused by van Deurzen and Adams (2011) they go beyond this in the depth of personal commitment expressed. For example, one of the trainers discussed how the existential attitude was reflected in how he lives his life and engages with the world. This seemed to form a central part of his being. Perhaps most tellingly, a trainee asserted that she was a “true believer” and that this approach was “the one true path.” Other trainees discussed how this world view or identity was developed during the training process through significant personal development work including a focus on experiential activities. There was also reference to the self-development work enabling them to be “refigured” or to become “much more myself” or “being myself.” Although participants did not seem to draw a clear distinction between an existential attitude, world view and identity, it was the degree of emotional resonance which was striking. This was conveyed in the way that most of the participants referred to their favoured existential concepts - such as uncertainty, subjectivity, being

experience-focused - with passion and the way they forcefully rejected concepts which sat in opposition to this approach. This implied to me a very deeply held sense of existential identity.

Experienced therapists referred to an existential attitude, a way of being and a way of thinking about the world which influenced how they worked with clients. This seemed to focus around having constructed an identity based on the ideas of existential philosophy. While some alluded to how the discovery of the approach reflected their already established, but un-named, world view and their delight or relief in the discovery, one explained how the approach seeped into her bones, changing the way "I think and see and am in the world." In all groups, there was the sense of developing a shared identity which was passionately adhered to and was much more than a professional identity. For many it was central to their very being.

What differentiates my findings from previous literature is this powerful commitment to this identity and world view. What I found surprising here was the degree of their attachment to, and strength of their feelings about, this identity as expressed via their adherence to a range of existential values and concepts. They also forcefully rejected many of the ideas with more positivist underpinnings which sat in opposition to existential ones, such as the idea of an objective reality or the certainty offered by a clear theoretical framework which can be used to interpret clients' issues.

When van Deurzen and Adams (2011) outline elements of what they regard as an existential attitude these include openness to experience, being boundaried and consistent, engaging in a true dialogue with the client and finding a balance between directiveness and non-directiveness. This version of an attitude relates predominantly to recommended ways of working with and engaging with clients. Van Deurzen (2012) describes an existential attitude as being similar to that of a Stoic in that life can be challenging but is better faced with determination and a certain level of acceptance than by finding methods to hide from the challenges. These definitions of an existential attitude are somewhat different from the ways in which my participants conceived of the term in that they referred to a way of engaging with the world and, crucially, seemed to be a core element of the individual's identity as the references to 'being more myself' and 'being myself' imply.

Optimal distinctiveness theory (Brewer, 1991) has some relevance here in that it suggests how individuals strive for a balance between their sense of individual or separate identity as distinct from that of the group and their sense of group identity whereby they have a sense of belonging to a group. There is a constant striving to achieve a balance between these two

identities. Equally, existential therapy places significant emphasis on the individuality and distinctiveness of client world views as well as the importance of therapists working in individualised ways which they develop for themselves. At the same time, the importance of adhering to an existential world view consisting of shared values and assumptions is highlighted. Spinelli (2015) describes how existential therapy is a distinct form of therapy with certain core assumptions to which all existential therapists adhere; but he also emphasises how the approach he espouses is *his* way of practising the approach.

This striving for a balance could be seen in participants' narratives in that although this sense of existential identity was to some extent a personal one with certain philosophical ideas being foregrounded, there was also an element of having a shared or group identity, particularly amongst trainees and trainers, some of whom referred to training as a shared journey. More experienced therapists alluded to shared ideas ("centuries of wisdom"). In so far as this is the case, social identity theory (Killen & Rutland, 2011: 54) appears to have some relevance here. According to this theory, when a group identity is established it becomes *part* of the 'self-concept.' Many participants seemed to regard it as even more central than this suggests with existential values - such as a belief in uncertainty, adopting a not-knowing stance about the world and about clients, and being experienced-focused rather than interpretation-focused - comprising core elements of their personal identity. Killen and Rutland (2011) point to the significant emotional attachment involved in having a group identity and this was certainly apparent amongst all participant groups. However, the sense of belonging to a physical group was much more apparent during training; they became a different type of group linked by shared ideas once training was completed and they were working more independently.

It could be argued that van Deurzen's (2012) four worlds framework, whereby clients' world views are explored using four dimensions (personal, social, physical and spiritual), provides another way of understanding how individuals navigate issues associated with individual and group identities. The social element of this framework indicates the paradoxes inherent in how we relate to the various elements of existence in the social realm. Van Deurzen (2012: 84) highlights the inevitable conflicts which we face between opposing needs for "inclusion and exclusion" and between "sameness and difference." Participants were particularly keen to emphasise their distinctiveness from other theoretical approaches while asserting their shared values (sameness) as a 'community' of existential therapists. At the same time, there were some clear differences in the philosophical ideas they favoured, and they stressed the importance of working in individualised ways.

This sense of identity is therefore a powerful force, which clearly has a range of benefits for the individual and is therefore likely to be adhered to. It could also be argued that such a radical approach with a history of opposition to other therapeutic orientations may also further strengthen a sense of shared struggle. However, this strong shared identity did also give rise to some negative and stereotyped portrayals of other theoretical approaches by some participants. Wachtel (2010: 20) indicates how a strong emotional attachment to a group identity can result in members of the group seeing those outside the group as “inferior” or “misguided” (Wachtel, 2010: 410). According to identity process theory (Breakwell, 1986 in Jaspal, 2013) there are four identity principles, the most relevant of which are self-efficacy, distinctiveness and self-esteem (the other being continuity). Certainly, the participants were keen to point out the distinctiveness of the approach, emphasising its differences to more mainstream orientations, including the underpinning philosophical ideas which foreground embodied experience. It could also be argued that they were attempting to boost their sense of self-esteem and self-efficacy by means of perceiving their approach as, in some ways, superior to other approaches, which included a forceful critique of a causal connection between theory and practice based on (post) positivist assumptions.

Stets and Burke (2000: 40) also indicate that group members are motivated by a need for self-esteem and competence. Although participants did not express self-esteem or competency needs directly, the fact that they sometimes spoke negatively about other orientations, or presented stereotypical perspectives of them, might suggest a need to boost their own position by denigrating that of others. They seemed to have developed their own convincing narratives surrounding the particular value of existential philosophy and therapy which they presented to me with a high degree of self-assurance and confidence. The value focused on its being more challenging than other approaches due to the degree of uncertainty involved in both the training process and the nature of the approach itself; also, in its radical nature and the degree of challenge of social and cultural norms asked of both therapists and clients.

Another relevant element of identity process theory (Breakwell, 1986 in Jaspal, 2013) is that pertaining to an individual’s or a group’s identity being threatened. In this case, coping strategies are developed to minimise the threat such as denial or criticising the other. Although participants did not overtly express a sense of threat to their identity, the fact that other approaches are more prominent in the therapeutic community might have created a need in some to assert their identity more forcefully than they might otherwise have done. Having said this, some were more open to other approaches and acknowledged their value, such that the critical narrative was not all pervasive. However, it was either overt or implied

by some participants. Psychodynamic therapy was sometimes seen as inflexible and dogmatic with theory being imposed on clients; person-centred therapy was referred to as not challenging enough and CBT was portrayed as lacking in depth and not tackling the 'real' issues. Killen and Rutland (2010) indicate how groups can see themselves as both different to and better than other groups which tend to be viewed negatively. This can result in prejudicial attitudes towards other groups as seen here. Stets and Burke (2000: 40) point to the existence of 'in' groups and 'out' groups, with stereotyping occurring in relation to both groups. This suggests that perhaps some participants were making assumptions about the identities of other approaches in order to bolster their opinion of their own. Participants may have been resorting to stereotyping other types of therapies in order to justify their identity as well as expressing it, particularly as it is not a well-recognised approach compared to some others. Having said this, therapists from other orientations may also engage in this type of stereotyping, particularly if their sense of self is heavily invested in the approach.

The potential danger here is that, in order to maintain a stable sense of identity, individuals can focus on elements which support their existing world view and disregard anything which challenges it (Schwartz, Luyckx & Vignoles, 2011: 40). As a result, the value of aspects of other approaches may well be ignored by some. It is also perhaps ironic that some of the stereotypes expressed by participants about PCT were very different to how PCT therapists regard their approach. While some participants regarded PCT as unchallenging and "very warm, very gentle" and just "reflecting back," Worsley, a PCT practitioner, sees his approach as "a philosophy of living" in much the same way as existential therapists do (Worsley, 2012: 161) and regards it as 'challenging' and 'radical.' Similarly, some PCT authors (Worsley, 2012: 180) see existential therapy as more 'directive' than PCT and describe existential therapists as having "expertise in living," suggesting that this orientation adopts an 'expert' approach rather than an open, unknowing stance that they themselves assert (Van Deurzen, 2012; Spinelli, 2015). In other words, although similarities can be highlighted between existential therapy and PCT, practitioners often see clear distinctions. There also appears to be some stereotyping of the other approach by those from the opposing orientation. It could be argued that both sides are asserting their own identity and can be drawn into negative representations, even denigration, of the other approach. This seems to fit with the idea of 'Schoolism' (Clarkson, 2003) whereby different orientations present a distinct perspective which often leads to a rejection of potentially valuable insights provided by other approaches. Certainly, there is a potential danger that too passionate an adherence to a single perspective, particularly if it is accompanied by rejection and/or negative stereotyping

of other approaches, can mitigate against a critical evaluation of one's own approach and a narrowness of vision in relation to the development of one's orientation.

8.3.2.2 Developing an existential language

Another important aspect of having an existential world view or identity, according to some participants, is having a shared language. As with other approaches this shared language serves to define the identity of the orientation. Terms such as 'being-in-the-world' were commonly used to convey the idea that "perception is a joint enterprise *between* the person and the world" (Langdridge & Butt 2004: 362). Spinelli (2015: 58) explains why 'worlding' is, in his view, a more appropriate term than worldview: it is designed to capture the "experience of existence at a pre-reflective level," which is experienced in a holistic way, "ever-shifting, process-like" and hard to convey in language. Such terms are however hard to grasp unless one is very familiar with existential ideas and can be off putting to those outside of the existential 'tribe.' Adherence to such language, despite the difficulties that this can create in terms of communication to others, can be regarded as an attempt to capture in language the existential phenomenological perspective of human beings' relationship with the world. Use of this type of language, I would argue, is also how participants attempted to explain how such ideas are relevant to the theory/practice relationship which challenges the traditional binary narrative, even though their use of it was not consistent or particularly frequent.

Developing an existential language was an issue which trainers in particular discussed, highlighting the need to develop a language ("our language"); the need to do so in order to explain the approach to others and the inherent challenges in doing so. The shared language was regarded as an important aspect of a shared identity, but issues seemed to arise when there was a need to explain the approach to others. Sometimes this was dealt with by not using the existential language at all (including on websites) and sometimes by using more familiar language from other approaches (such as the 'unconscious' instead of 'out of awareness') instead (in supervision with a non-existential supervisor). However, the crux of the difficulty was captured when a trainer, who had previously emphasised the importance of trainees being able to explain the approaches to outsiders, asserted that the approach was very difficult to understand unless one had experienced it and that that was the challenge I was up against in conducting this research! So, I was regarded as an outsider, with limited access to a full grasp of the orientation, due to not having trained in the existential approach. Certainly, there were aspects of the approach which I understood at a

cognitive level relatively early on, but did not develop a deeper, embodied understanding of until much later. I will discuss this issue further in chapter 9.

An additional assumption was that I would not be able to understand the full meaning of the existential language. This seemed to support Langdridge's (2013) concern that some therapists might relish the erroneous notion that it is not possible to define the existential approach to 'outsiders.' He disagrees with this assertion. Another perspective on this statement might be that it is extremely challenging to outline a non-binary narrative of therapy when our language and culture is so heavily geared towards a dualistic view of the person and of their relationship to the world.

8.3.3 The radical nature of existential therapy: the road less travelled

As previously discussed, participants often presented their approach, and indeed themselves, in terms of their existential identity and attitude, as being significantly different to any other therapeutic approach. This was often conveyed with a sense of pride and a sense of daring to be different.

One such example of this was not imposing one's own world view onto the client as this does not fit with an existential narrative. Part of this is the reluctance to 'impose' theory onto clients in order to interpret their experience from a specific theoretical perspective. This social constructionist narrative of there being a range of 'truths' as well as the idea of 'not knowing' was frequently presented by participants as being unique to the existential approach - one of its unique selling points. Most participants emphasised this unique aspect of the orientation, both in terms of training and in terms of therapeutic practice. It is interesting to note, however, that this 'not-knowing' narrative is alluded to by some practitioners and authors of other orientations. Although it is beyond the scope of this thesis to compare in any detail existential therapists' perceptions of the theory/practice relationship with those of other theoretical orientations, it is interesting to note that some of the literature in chapter 2 did indicate that there were some perceived similarities with my participants' ideas amongst those writing about person-centred therapy (Worsley, 2012), CBT (Whittington and Grey, 2014) and psychodynamic therapy (Mander, 2000), including in relation to adopting a 'not-knowing' stance. For example, it appears that some PCT therapists, like many existential therapists, place significant importance on adhering to a 'not-knowing' perspective (Worsley, 2012: 42) and they consider their approach to be 'a way of being in the world.' Worsley (2012: 33) describes theory as being held inside the therapist, coming 'alive there,' which echoes my finding of theory being embodied in the therapist,

although the term ‘embodied’ was not used (Worsley, 2012: 42). In terms of psychodynamic therapy, Mander (2000), a psychoanalyst, alludes to the importance of adopting a ‘not knowing’ stance in terms of practising this theoretical orientation and of staying with uncertainty in relation to Bion’s work.

As mentioned earlier, Ottens and Hanna (1998: 312) state that there are some significant similarities between existential and cognitive therapies, which include similarities in the therapeutic relationship, meaning making and autonomy. For example, in terms of meaning making, existential philosophy holds that individuals create personal meanings and that these meanings have a significant impact on how they view the world as well as how they act. Cognitive therapy also focuses on how clients develop their highly personal perspectives on themselves. Whittington and Grey (2014: 5) advocate the importance of CBT adopting a ‘not-knowing’ stance and not being too rigid.

Although these assertions are not based on empirical studies, this suggests that it may not only be existential therapists who take an alternative position on the relationship between theory and practice based on their philosophical stance and values. Participants were commonly presenting what they seemed to consider a uniquely existential perspective, while, in fact, aspects of it have strong echoes with how some authors view other orientations. However, there did not appear to be the same degree of challenge in the literature on other orientations to the binary narrative of theory and practice as that expressed by my participants. More traditional conceptualisations still seem to be very much alive in relation to other approaches (Reeves, 2013; Corey, 2013), with the above concepts being less dominant than in existential therapy. So, for example, Worsley discusses how he ‘brings in’ other theories including aspects of CBT, TA and gestalt into the person-centred approach. Mearns (2002) explores how to assess the client’s locus of evaluation and the difficulties of working with a client with a strong external locus of evaluation; he also discusses the issues involved in self-concept change. Both authors stick very firmly to a binary narrative when outlining the use of theory in practice.

It strikes me that although existential therapy has inherently radical underpinning philosophy in the sense of challenging traditional therapeutic norms, it may not be as distinctive in its practice as existential authors, and my participants, sometimes assert. The radical narrative seems to be very central to an existential identity, with the idea of being very different in this way being a key feature. The notion of challenging social and cultural norms was another aspect of many participants’ identities. This was presented as a positive and admirable aspect of the approach which differentiated it from others, but which also increased the

challenging nature of the orientation. However, there was more variation in the ways in which participants described how they worked with clients, with some alluding to using existential frameworks and models as well as drawing on other theoretical orientations such as CBT and psychodynamic theory. These narratives had the ring of a relatively traditional theory/practice relationship. Having said this, a significant number of participants placed a heavy emphasis on their radical stance, both in theory and in practice, making this a strong narrative in the research findings.

8.3.4 Developing an existential identity while training

The training process is central to understanding how existential therapists arrive at their perception of the relationship between existential philosophy and practice. Participants who were trainees, newly qualified therapists or trainers, frequently referred to the training journey as a transformational process. This was presented as both an immense challenge, but also as an incredibly valuable process for most. The training courses were regarded, not only as a mechanism for developing the ability to work effectively as an existential therapist, but also as a process enabling a personal transformation to take place. This transformation was facilitated by means of intensive self-development with a focus, particularly on one course, on experiential input/exercises. Personal development, of course, is a central aspect of most therapeutic training, whatever the orientation (Godward, Dale and Smith, 2019). Having said this, the degree of personal development required was perceived as being of much greater depth and intensity than on other types of training courses. The degree of uncertainty inherent in the process and the resulting anxiety generated were emphasised by most. In addition, the process of personal change was sometimes described in religious or spiritual terms, with the word ‘mystical’ being used by some participants, suggesting it could not be captured or explained fully. The process was also described as a form of personal “refiguring” (or personal change) which formed a central part of the training experience. So, again, the distinctiveness, extreme challenge and implied superiority of existential therapy training were highlighted.

McLeod (2009) refers to the process whereby trainees are socialised into whatever theoretical orientation they choose and highlights how this facilitates the development of a professional identity. He points to the development of a knowledge community with shared values and a shared ‘mythology’ (McLeod, 2009: 50) and alludes to the idea of there being ‘brand names’ such as ‘psychodynamic therapy’ or ‘person-centred therapy’ for these professional identities. However, what the participants expressed was far more profound in its impact than this version of identity development. The focus, instead, seemed to be on

personal development and transformation as the central training process designed to facilitate the assimilation of the theory/philosophy into the individual. It was the personal response to, and interpretation of, the philosophy which was most important, and which would then enable the trainee therapist to work existentially via their way of being in the therapy. This idea reflects an overt acknowledgement of the social constructionist idea of interpreting and using theory based on one's own beliefs, values and social and cultural context. For example, one trainee described the training process as "something you do to yourself"- rather than "here is a philosophy, find a method"- so that "the ideas change who you are." Another described the training as enabling her to be more confident in who she is and that she embodies those ways of being so nobody can take them away. These examples again allude to an in-depth change to one's sense of self. I am aware that this sounds nebulous and perhaps difficult to understand, but this is, indeed, my interpretation of what participants were telling me.

My understanding of these ideas leads me to suggest that the shift, on at least some existential training courses, is away from learning how to apply theory in practice as the traditional binary conceptualisation advocates and towards an emphasis on developing an existential way of being or personal identity via an intensive process of self-development. Theory or philosophy is not predominantly taught as a body of knowledge as it might be on psychodynamic or cognitive-behavioural therapy (CBT) training courses (Liness, Beale, Lea, Byrne, Hirsch & Clark, 2019; Guthrie, Margison, Mackay, Chew-Graham, Moorey & Sibbald, 2004) but as philosophical ideas to be reflected upon in relation to one's own values and experienced in an embodied way. In this sense, the existential concept of 'embodiment' is reflected in the way in which the relationship between theory and practice is 'taught.' So, the training methods (often experiential in format) regarding how to put theory into practice, at least to some extent, reflect existential philosophy's valuing of holism and challenge to dualism.

As mentioned in chapter 2, personal and social factors have an influence when applying theory to practice. This process can also involve unconscious and emotional processes (Chisholm, 2008). Wringe (2009) highlights the importance of recognising that knowledge is acquired in a variety of contexts which include informal ones which echo narrative and social constructionist principles. In addition, Griffiths (2012) advocates a return to a more philosophically- based form of educational research and practice which recognises the importance of values and meanings involved in education and the complexities of the processes involved in learning.

The concept of ‘transformational learning’ seems relevant here. Willis (2012, in Sohn, Plaas, Franklin, Dellard, Murphy, Greenberg, Pollio & Thomas, 2016) contrasts this approach to learning with the more traditional notion of acquiring skills or knowledge. Sohn et al (2016) describe this type of learning as being based on holistic and existential principles and on the idea that intuition as well as cognition influence learning. Emphasis is placed on creating a safe learning environment where learners can share experiences in a collaborative way with the relationships between tutors and students being as non-hierarchical as possible. Transformational learning facilitates a realisation of the relevance of what has been learnt and leads to finding “deep personal meaning” in it (Sohn et al 2016: 183). Participants in this study reported “a change in being” and “becoming different” (Sohn et al, 2016: 195), which seems to mirror what many of the trainees in my study described in terms of being profoundly changed on a personal level during their training. Certainly, many participants experienced some form of personal transformation during training and regarded this as a highly valuable feature of the training experience which facilitated their ability to work more effectively and at a deeper level with clients.

8.3.5 Theory/practice paradoxes in existential therapy: challenges to an existential identity

So, it seems that most participants have a strong sense of an existential identity which often involves both the rejection of ideas and concepts which contradict existential ones and they also profess to, or imply, some negative perceptions of concepts within alternative approaches. However, what also emerged from the findings was the sometimes paradoxical and contradictory nature of participants’ conceptualisations of the theory/practice relationship.

Some of the key paradoxes highlighted in my analysis of findings were as follows: the equality paradox, whereby there were some contradictions around the role of the therapist as an expert guiding the client or a ‘fellow traveller’ adopting a non-directive stance; and the paradoxical relationship with theory such that, on the one hand there is no real theory and the therapist aims to adopt a ‘not-knowing’ stance or embodies the theory or keeps it at some distance from the therapy, either using it outside the session in supervision or certainly not allowing it to intrude in the session; and on the other hand introducing philosophical ideas in the therapy session, using the ideas to guide the client, using specific frameworks to structure the therapeutic input and making inevitable generalisations about client situations.

8.3.5.1 Inconsistent narratives on the theory/practice relationship

The complexity of the body of knowledge drawn from existential philosophy that the participants were attempting to convey appears to mitigate against their presenting a wholly consistent narrative, even though many attempted to do so. There is a wide range of existential concepts which vary according to the specific philosopher and the type of existential therapy. For example, the central tenets of logotherapy with its tendency towards directing and influencing clients (Yalom, 1980) is very different to the British School of existential therapy which emphasises a more non-directive and open approach (Cooper, 2003). Having said this, van Deurzen, of the British School, has been accused of being overly directive, with a focus on teaching clients how to confront the challenges of life rather than hiding away from them. (Hornby, 1997).

While some participants stressed the importance of a philosophically consistent approach (for example, Gerry, a trainer, emphasised the need to "avoid therapist gymnastics" by ensuring the use of theories which "can co-exist"), some did not seem to acknowledge inconsistencies when they occurred (such as the use of the somewhat prescriptive ideas from attachment theory within an existential framework), whereas others did not seem to regard consistency as essential to the same extent, feeling that what was most important was what would help the client. So, for example, some experienced therapists as well as those newer to the profession, advocated the use of a range of theories, including transactional analysis, psychodynamic therapy and CBT depending on client need.

What also struck me was the way in which some of the existential ideas seemed to sit in opposition to the idea of a strong and stable identity as an existential therapist. Existential philosophy purports that human beings do not have a fixed but rather a fluid and changeable identity or self (van Deurzen & Adams, 2011) which individuals can choose to change, at least within the limits of our existence, and participants were also believers in this idea. Sartre (Lebow, 2012) believed in people's ability to re-shape themselves which assumes that there is an identity, based on ideas of authenticity, to re-shape or transform. According to Rubenstein (2005), Marx purported that individuals construct their identities through action, which supports the idea of therapists creating and developing their identities during the therapy in response to their clients. Lebow (2012) argues that identity discourses came to the fore in the eighteenth century and it was Nietzsche who highlighted the fact that people often seek comfort in consistent identities. Lebow (2012) purports that it is an illusion to think that we have stable or unique identities and challenges the notion that there is a true self to discover. He uses the term "self-identification" (Lebow, 2012: 17) instead of identity, which

he says recognises that individuals have a range of identities which are likely to include paradoxical or conflicting elements. Although most participants did not themselves express this view, much of what emerged in their narratives around the theory/practice relationship did seem to fit with this idea of paradoxical identities. For example, some referred to their fluid, not-knowing world view and yet also advocated making interventions which were clearly leading and directive. For example, Denise, an experienced therapist, stated how she told a client that they needed to find a new world view so as to adopt to their new situation; Chloe, also an experienced therapist, told me that she sometimes presented existential ideas, such as the uncertainty of existence, to her clients for them to consider in relation to their issues. This resulted in one client stating: 'God, you're right!' Also, at times, participants expressed rejection of tools and techniques as being too prescriptive and yet, at another point, discussed how they made use of a range of frameworks and techniques.

In addition, there appeared to be a somewhat conflicting narrative emerging whereby participants were, on the one hand expressing a sense of a strong existential identity, but on the other hand were advocating a need to be open and flexible in their approach and not to impose their own philosophy on clients. One of the existential concepts is that of 'bracketing' or setting aside, one's assumptions, thus enabling the client to explore their issues without the imposition of a set of either theoretical assumptions or the therapist's preconceptions (Cooper, 2003). Another central idea is that of being open to a range of truths which are regarded as of equal value. And yet the strength of commitment of many participants to the existential ideals, and their rejection of opposing ideas, seemed to mitigate against this open, flexible approach.

In terms of participants' narratives around using theory lightly, there was the apparent contradiction, not always recognised by participants, when they also referred to occasions when they were clearly drawing on specific ideas from existential philosophy - such as van Deurzen's four worlds concept (van Deurzen & Adams, 2011) - or, indeed, from other therapeutic approaches and using them to conceptualise clients' issues. At other points they voiced strong opposition to imposing theory. Clearly there is inevitably a degree of conflict between passionate adherence to a shared group identity, comprising a set of values and the concepts that are central to that identity, including the importance of existential givens, (Yalom, 1980) and, on the other hand, a belief in a philosophy which values 'not-knowing' and a phenomenological stance which advocates bracketing one's assumptions.

Lebow's (2012) idea of self-identification - the idea of individuals having a range of sometimes conflicting identities - goes some way to making sense of this. Perhaps such

conflicts highlight the inevitable struggles some participants experienced, and some were less aware of, when attempting to challenge such a deeply embedded dualistic narrative around theory and practice. I certainly encountered my own struggles in challenging this narrative in the early stages of my research, despite encountering this alternative perspective in the literature. Also, viewing this conundrum from a slightly different perspective, there appears to be a gap between the ideals of existential philosophy and what it is possible for any therapist - who is likely to be applying the ideas inconsistently in some respects - to enact in practice. Van Deurzen (2012: 15) argues that "philosophical clarity" is vital and argues that it is not possible to effectively draw on theoretical ideas with assumptions which conflict with the underlying principles of existential philosophy. So, for example, she states that it would not be appropriate to give a client some homework to do as this assumes client 'obedience' and conflicts with the existential premise of following the client's lead. Having said this, many of the participants alluded to their use of what van Deurzen might regard as contradictory theoretical concepts, which seems to reflect the eastern, holistic perspective mentioned earlier by Choi and Nesbitt (2000), where introducing contradictory ideas is not necessarily problematic. This idea of inevitable inconsistency also raises the issue as to the extent to which consistency is a valid concept in existential therapy. Van Deuzen (1998) places a heavy emphasis on paradoxes being inherent in life. It could also be argued that conflicts and paradoxes may be an inevitable part of the relationship between theory and practice in existential therapy and that binary narratives may be very difficult to reject completely.

8.3.5.2 The paradox of integration and eclecticism in existential therapy

Bearing in mind that participants mainly asserted a strong sense of existential identity, it may seem surprising that many, from all groups, indicated that they integrated ideas from other theoretical orientations, including some that do not appear to sit comfortably within the existential philosophical framework, into their way of working and regarded this as a positive feature. The frequent references to integration and the use of integrative perspectives are certainly supported by the fact that it has been on the increase since the second half of the twentieth century (Hollanders, 1999: 19). There were several explanations given by participants to explain how and why integration was legitimate and how they could still retain an existential identity while integrating.

One rationale sometimes given for integrating was there is no single perspective on truth and, indeed, the philosophy of integration could be seen to fit with existential philosophy's adherence to a narrative epistemology of a "multiplicity of truths" (Hollanders, 1999: 488).

What struck me here was that this assertion did not always appear to sit easily with the often strongly held beliefs which make up an existential perspective. Participants sometimes contradicted themselves by acknowledging this multiplicity, but at another point indicating that they regarded some of these perspectives - such as the use of explanatory interpretation - as unhelpful, even damaging. This could be seen to demonstrate the potential difficulty of balancing strongly held beliefs with the existential ideal of bracketing one's assumptions. The existential ideal is not always compatible with the need for a strong identity.

Another assertion by some participants was the importance of using other theories cautiously and in ways which were consistent with the main approach (Worsley 2012). Indeed, one of the debates around integration - and indeed eclecticism - focuses on the importance of philosophical coherence such that only ideas which are consistent with each other should be integrated (Hollanders, 1999). Philosophical clarity was commonly emphasised and yet some participants described how they drew on ideas based on deterministic principles which it might be argued are less consistent with existential therapy such as attachment theory (Bowlby, 2005) or more directive elements of CBT. When I challenged them on this practice, they either acknowledged that there was some incompatibility and indicated a need to be mindful of this or justified it by explaining why it was not as significant as might be thought. I was sometimes struck by an assertion by some of the importance of philosophical clarity which did not appear to always be reflected in their practice. So, the narrative conveyed to me was not always consistent with what they actually did (in so far as this is possible to deduce from their explanations of it). Feltham and Horton (2012) highlight this notion of therapists not always doing what they say they do and Canestri (2012: xx) alludes to how what therapists actually do, in terms of how they use theory, is likely to be significantly different to what they profess to do, which my research certainly appears to support, at least to some extent. This idea is further supported by some participants stating that engaging in a process of integration was an inevitable, if partly unconscious, process due to the assimilation of a range of theoretical ideas during their training and ongoing professional development. So, if the process is at least to some extent unconscious or out of awareness it will not always be in the therapist's control.

There was significant variation in how participants described how they integrated other approaches. Some drew on psychodynamic ideas, others on CBT or transactional analysis. This reflects the idea of existential therapists developing an individualised, personalised approach (Spinelli, 2015). Certainly, integrating other approaches with existential ideas is frequently highlighted in the literature, with a wide range of alternative methods being

suggested (Ottens & Hanna, 1998; Lewis, 2012). For example, Lewis (2012) discusses what he calls a Terror Management Theory integrated existential therapy (Lewis, 2012) and Ottens and Hanna (1998) advocate integrating cognitive and existential therapies. Participants emphasised how their own therapeutic journey had impacted the ideas they were influenced by. This is echoed in the literature where there is a huge variation in the interpretation of what key existential concepts to draw on and the ways in which these can be integrated with other approaches (Coren, 2016; Gagnon, Fillion, Robitaille, Girard, Tardif, Cochrane, Le Moignan Moreau & Breitbart, 2015). These diverse interpretations of integration add another dimension to the complexity of working existentially and, it could be argued, mitigates against the establishment of a clear existential identity in terms of practice.

Although perceptions about the degree to which participants integrated other theoretical perspectives varied, a common narrative - which perhaps allowed them to retain a sense of identity - was that aspects of other approaches could be incorporated into an overarching existential framework. This echoes Worsley's (2012) assertion, in relation to PCT, that it was important to incorporate other theories into PCT such that this process was not about being an integrative or eclectic therapist but about retaining the PCT identity while being freed up to make use of other theoretical ideas where it seemed appropriate. This way of viewing integration seemed to provide some participants with a narrative which enabled them to retain their identity as existential therapists. I am left thinking that the existential ideals, even if different to some degree for each individual, are what form the existential identity but there is also the difficulty of putting those ideals into practice. Some therapists appeared to acknowledge this more than others.

Having said all this, it is debateable whether it is possible, in the fast-moving therapeutic encounter, for therapists to be making moment to moment decisions about which concepts fit philosophically with the main approach. Ideas about the relationship between theory and practice being an intuitive, unconscious process (Reeder, 2002) do not sit easily with this idea. During the interviews I remember thinking I had highlighted some important contradictions which might potentially impact on the participants' therapeutic practice. Now, having reflected on it further in light of relevant literature, I am more inclined to regard this as part of the inevitable paradoxes embedded in the process of putting theory into practice and to reflect on whether it might be somewhat futile to attempt to construct the relationship between theory and practice in a purely rational, coherent way.

Perhaps the water is further muddied by the fact that there is a range of perspectives on what it means to work integratively or eclectically (Faris & Ooijen, 2011; Boswell, Nelson,

Nordberg McAleavey & Castonguay 2010; Finlay, 2016). Although the debate around what constitutes eclecticism and integration is beyond the scope of this thesis, suffice to say that there are no definitive definitions of either, such that what one author regards as integration, another terms eclecticism. Many participants favoured integration over eclecticism which seemed to reflect a desire to be able to retain an existential framework or world view but still be able to retain the desirable flexibility of being open to the value of other ideas. However, it struck me that sometimes when participants described what they called integration, this might be regarded as eclecticism by some authors and practitioners. As Hollanders and McLeod (1999) point out, experienced therapists are more likely to become eclectic which, according to Norcross (2015), is not always a consistent, coherent method. Indeed, Norcross (2015: 15) regards it as "undisciplined subjectivity." I would argue that integration may be presented as more consistent, but it is unlikely to be either consistent or coherent in the hurly burly of the therapeutic encounter. Again, this highlights for me the myriad of perspectives on how many aspects of the theory/practice relationship are conceived.

Another line of argument which supported participants' integration, while still retaining an existential perspective, was that some alluded to the fact that there might be more similarities between approaches than is sometimes recognised with some different theoretical orientations being quite similar in their assumptions. Indeed, this is supported by Ottans and Hanna (1998: 312) who discuss how cognitive therapy can be integrated with existential therapy, asserting that phenomenological-existential psychology provides a "contextual base" for Beck's cognitive therapy and that existential therapy draws on the cognitive idea of constructing personal meanings which have a powerful influence on individuals' lives. Again, this narrative seems to sit in opposition to a discrete existential identity or therapy.

There were also some differing opinions amongst participants in terms of what the key elements of existential therapy are, or at least which aspects are central to their therapeutic practice. For some Sartre's ideas were central whilst for others Yalom's (1980) existential givens and the idea of sedimented beliefs (Spinelli, 2007) were of more importance. This is reflected in the different existential priorities emphasised by different authors regarding what constitutes the theoretical underpinnings of their approach. As mentioned earlier van Deurzen and Spinelli emphasise different elements as key. Taking a different perspective, Lewis (2014), when discussing how to incorporate terror management theory into an existential-integrative approach to therapy, asserts that the underpinnings of existential therapy are not only existential but also psychoanalytic and humanistic. Clearly, there is wide variation of opinion on what the underlying theoretical assumptions of existential therapy

constitute. However, this is not particularly surprising as the idea of developing one's individualised understanding of theory in practice is central to the existential approach.

8.3.5.3 Integration and eclecticism while training

By focusing on how eclecticism and integration are addressed in the training process, I now intend to elucidate the issues that emerged in relation to these concepts from a slightly different angle when the participants were still relatively new to the existential way of working.

The courses which the participants attended did not focus entirely on existential philosophy, but also included input about the psychodynamic, person-centred and CBT approaches. However, the primary focus was on training existential therapists. There were significant variations in how trainees responded to these other approaches, with some being very open to using them and, of those, most did not regard apparently conflicting approaches as problematic. Participants with this perspective tended to be less critical of other approaches and usually, though not always, were less committed to an existential identity. On the other hand, others, who were more committed to an existential identity, tended to be more critical of other approaches. This would seem to fit with Stets and Burke's (2000) ideas in terms of strong emotional attachment to a group being likely to create 'in' groups and 'out' groups.

Trainers emphasised the existential elements and adhering to that world view, but there were slightly different emphases, with one not mentioning integration while the other touched upon it. The latter discussed only using other approaches which are compatible philosophically with existential therapy. Perhaps it is not surprising that those who are engaged in training in a specific orientation are very focused on the ideas of that approach and less interested in diluting it with alternative ideas and concepts. However, this does not appear to have discouraged a few trainees from adopting more of an eclectic, 'toolbox' approach.

An issue which appeared to strike some participants - which was perhaps because they were still engaged in a process of scrutinising the philosophy in relation to practice - was the distinction they saw between the ideal as represented in the philosophy and the reality of practice. For example, Sandra, a trainee, indicated that although the ideal is to have no preconceptions, the reality is "something a bit more eclectic." This seemed to highlight an issue which seemed central to the entire theory/practice conundrum, but which was only noticed directly by those still in training. Similarly, Billy, a newly qualified therapist was aware of the ideal of being non-directive but asserted that, "in reality that was 'bunkum.'" On the

whole, there was less questioning of the difficulties faced when attempting to apply existential ideals into practice by experienced therapists. They seemed to have found their own ways of accommodating these paradoxes, whether by accepting them, finding a way to explain them or by largely ignoring them.

The fact that some trainees indicated that they conceived of the terms used by different theoretical orientations as different languages for the same thing was another element of the theory/practice relationship which seemed to be more foregrounded for those relatively new to practice. Existential language seemed generally to be more firmly held onto by those who were more experienced, including trainers. There seemed to be a perception amongst some trainees that the differences between approaches which are often highlighted are to some degree illusory and that there are more similarities than differences. On the other hand, this was less commonly referred to by experienced therapists, who either distanced themselves from other approaches or acknowledged that they were influenced by them and yet tended to regard them as distinct and based on different assumptions. Perhaps this was reflective of their growing sense of identity as existential therapists. The trainers foregrounded existential ideas and the existential world view, while aiming to convey a message of acceptance of the value of other approaches. So, there was a range of perspectives about the meaning and significance of the language use in existential therapy which seemed to partially reflect participants' stances on integration.

8.4 Chapter summary

To conclude, this chapter has presented and discussed the new research evidence which has emerged from this research project. This evidence supports the existence of a strongly held existential identity and highlights the impact it can have on practitioners, including the elicitation of powerful affective responses towards and against a range of theoretical concepts. It has shown how this identity, and resultant feelings, can result in stereotyping other theoretical orientations and lead to feelings of superiority in relation to them. Many participants had a strong belief in the superiority their own epistemological and philosophical stance, yet also asserted the importance of a range of truths. In terms of training, it has demonstrated how participants develop their existential identity through training input designed to enable them to embody the philosophical ideals of the approach when working with clients. The espoused narrative has been shown to be a radical one, involving challenging both social and cultural norms, including western dichotomous thinking and the traditional binary theory/practice relationship. This alternative narrative is effectively

conceptualised in the concept of praxis as well as in existential concepts such as embodiment and being-in-the -world.

However, there is also new evidence that there may be a disconnect between how existential practitioners conceptualise their theoretical approach and how they use theory in their practice. Despite their strong adherence to existential ideals, some participants encountered difficulties and conflicts, both acknowledged and unacknowledged, in practising the approach in a way that was consistent with their existential ideals. Some of these paradoxes conflicted with a clear existential identity, particularly in the domain of practice and suggested that existential practitioners' narratives regarding what they do in practice may well conflict with what they actually do. Having said this, eastern perspectives on holism serve to challenge assumptions around the need for theoretical coherence and philosophical consistency, suggesting that such paradoxes may be an inevitable part of the theory/practice relationship in existential therapy and, indeed, in many other forms of therapy.

Although most participants asserted the radical and distinct nature of existential therapy and identity, there was also evidence to suggest that there was some overlap with other approaches. Having said this, the challenges to the binary narrative of theory and practice were nevertheless a powerful part of a significant number of participants' narratives and did serve to indicate a real attempt to assert an alternative perspective on the theory/practice relationship.

Although I embarked on phase 2 of the research with the assumption that trainee, NQTs and trainers' viewpoints might present a significantly different perspective on the research subject, this did not turn out to be the case. All participant groups highlighted the importance of an existential identity and way of being and of embodying their approach. Having said this, trainees, NQTs and trainers unsurprisingly emphasised the idea of being engaged in a shared journey of personal development and belonging to a like-minded group in a physical sense.

In terms of the differences between the existential ideal and therapeutic practice, trainees and NQTs tended to be more aware of the potential disconnect between the two, perhaps as they were engaged in trying to make sense of the connection. In addition, some appeared to see more similarities between the existential orientation and other theoretical perspectives than did most experienced therapists or, indeed, trainers. This is, perhaps, unsurprising, as they were, or had recently been, engaged in a process of exploring and analysing the relationship between theory and practice, as well as having some input on other approaches.

Chapter 9: Reflections on the research and conclusions

This chapter will cover the following areas: reflections on the research undertaken, including issues of quality and reflexivity; the limitations of the research; suggestions for future research; recommendations for practice and final conclusions.

9.1 Quality and transferability

As mentioned in chapter 4, I used summary criteria for appraising qualitative research studies developed by Walsh and Downe (2005) to reflect on the quality of my research. This was developed from mapping together what they regarded as the essential criteria obtained from eight existing checklists. I also drew on criteria outlined by Lyons and Coyle (2015). Reflecting on the quality of the research in retrospect, the following points are worthy of note.

This was a small-scale study due to there being a relatively small pool of existential therapists and due to only a few agreeing to take part, despite contacting a large number in each participant group. While qualitative research does not require large numbers of participants, I succeeded in recruiting only two trainers, so the diversity of perspectives from this participant group is limited. The trainer perspective might have had a greater transferability value had I been able to interview five or six trainers. Having said this, the data overall were relatively rich despite this limitation.

The focus being on participants' *perceptions* of the issues, rather than on findings based on actual observations of practice means that the research could be said to provide empirical findings on what they *say* they do and not necessarily on what they actually do in terms of using theory in practice. Horton (2012) indicates that there may well be a gap between the two. However, my aim was to explore how they conceptualised theory/practice links and in order to understand this I decided to use interviews. My focus on asking for specific examples of practice went some way towards addressing this issue. Clearly, though, the research may have been further strengthened by also observing therapy sessions, but my rationale for not doing so was partly about time and resources available and the realisation that there would be additional, potentially problematic, ethical issues to address.

The findings are likely to be transferable to existential therapy practice in the UK because existential therapists appear to adhere to the overarching principles of existential therapy, even if their practice varies (SEA website, 2019). In terms of transferability to existential

therapy training courses, there, again, seem to be significant areas of commonality between such courses even if there are differences in the training methods.

Greater caution would be needed in transferring the findings to other types of therapy as there is some debate, already discussed, around whether existential therapy is significantly different to other theoretical orientations. It could be argued that an approach based on philosophy requires a different form of training input as well as being different in practice. However, as I have already argued, there are various similarities between this and other approaches, particularly as my participants frequently employed an integrative or eclectic approach, drawing on ideas from other orientations and rarely worked from a 'pure' existential perspective. As a result, I would also suggest that the findings could be of relevance to training and practice in other theoretical approaches.

Regarding data collection, I could have included more which questions which probed the emerging perception from participants of embodying the philosophical ideas in terms of what this actually meant to them in practice, as well what specific activities they engaged in while training to assist in the embodiment of these ideas. In addition, the quality of the research could have been further enhanced by involving participants after the initial stage of data collection, perhaps by sharing preliminary findings and asking for their views on these, or if they wanted to add anything else at that stage. However, I did modify the interview schedule slightly to incorporate questions I wished I had asked previous participants and briefly shared observations from previous participants with those I interviewed later to gain their perspective on a similar issue. For example, I shared previous participants' perspectives on the nature of the therapeutic relationship to discover if they agreed or disagreed.

Regarding rigor of the data analysis, the process took about two years and involved returning to the transcripts many times to check that my themes accurately reflected what was in the data. The themes and relationships between them were themselves modified on at least five occasions after returning to aspects of the transcripts. (See Appendix 5 for more detail on the process of the analysis and how the themes were modified a significant number of times). I avoided as far as possible the pitfalls identified by Braun and Clarke (2006): my analysis goes beyond the data to make sense of it; I avoided too much overlap in the presentation of my themes and they do appear to be relatively coherent. I also provided adequate evidence from the data to support my themes. My final analysis was therefore very thorough and enabled me to develop some insightful themes.

9.2 Reflexivity

I was very aware from the outset that my personal stance towards existential philosophy and therapy could impact on the way I approached the research project, particularly in terms of the questions I asked and how I went about analysing the data.

I kept a 'reflexivity diary' throughout the process which enabled me to reflect on the possible impact of my personal perspective throughout the research process. The fact that I was particularly positive about the approach, especially in the early days, may have led to my questions being less challenging than they otherwise might have been. I noticed how I became more confident at probing their responses as I interviewed more participants, resulting in slightly richer data after the first few interviews. In terms of being white and middle class, this probably had an impact in that I had a similar outlook to most of the participants and started out being rather blinkered to the privileged nature of the orientation, which is available largely to those who can afford to pay. I became more attuned to this issue as the research progressed, although did not foreground this as an issue, as I regarded other elements to have more significant impact on the findings.

A particularly important issue to consider is my 'outsider' status and how this impacted on the research process and on the production of knowledge. The emic/etic distinction (Cutz & Chandler, 2000) provides an effective conceptual framework for reflecting on this, with the etic perspective being based on applying external understandings or knowledge onto a particular group; and the emic perspective consisting of insider values, beliefs, behaviours and culture (Cutz & Chandler, 2000). In the early stages of the research, my etic position – due to not having either trained or practised as an existential therapist – resulted in my not understanding existential therapy practice from the perspective of an insider (emic perspective) who would be steeped in the 'culture' of the approach. Although I had done significant reading and research into the subject, which highlighted the centrality of ideas such as embodying experience and of relational working, I did not fully grasp the implications of this for the theory-practice relationship until I started to interview participants. As a result, I brought with me into my research the etic, abstract knowledge of the approach in the form of my binary understanding of the theory-practice relationship. When establishing the research aims, I considered how best to ensure they did not contain elements which implied my own position on the approach. However, when I now consider those research aims, I am aware of the various assumptions I made about the direction the research might take. For example, in terms of the first aim: to explore how participants drew on existential philosophy in their therapeutic practice, I assumed, even though it might not have been explicit in the aim itself,

that participants would discuss this as a binary narrative, with theory and practice being alluded to as separate entities, even though they might to some extent struggle to do so. On reflection, had I undertaken a pilot study, or engaged in more in-depth discussion with existential therapists about my research before starting it, I would probably have developed a better understanding of existential therapists' non-binary assumptions at an earlier point. It is possible, therefore, that my research findings may have been influenced by my underlying binary assumptions about the philosophy-practice relationship. I may well have explored participants' references to embodiment in more depth and obtained richer data about this area had I fully grasped the implications of it for the philosophy-practice relationship at an earlier stage. Similarly, participants may have provided more in-depth responses about issues to do with embodiment had they regarded me as someone who seemed to fully grasp the significance of the term to their practice. In addition, some participants may have been reluctant to challenge my binary assumptions and might have adapted their responses as a result. I acknowledge this as a limitation of my research, particularly in its early stages.

However, due to the lack of a significant power imbalance, a number of participants did challenge my assumptions when I occasionally asked a question which made those assumptions explicit. This sometimes took the form of querying the premise of some of my questions which focused on how they put the philosophy into practice. Looking back at my interview questions, most of them were sufficiently open, although in the first few interviews I occasionally conveyed my binary assumptions. Such assumptions were generally challenged, and I then modified those questions to render them more in keeping with my participants' understandings.

One response from an experienced therapist asserted that it is not about following a specific orientation and applying it to the client or trying to understand their problems from the perspective of a particular model or philosopher (Denise). On another occasion, one of the trainers highlighted the difficulty of what I was aiming to do in my research by observing that the crucial experiential aspect of existential therapy could not be included in it, which meant that I was asking participants to try "to translate something which is beyond words into words… that's the conundrum you're up against." (Nigel) On both occasions I experienced their comments as offering a challenge to the premise on which I had based my research aims, which was based on the assumptions of theory being *applied* to practice. My consideration of such comments early on in the data collection stage led to a valuable shift in my perspective, which enabled me to revise my initial assumptions, leading to a greater understanding as to the extent to which existential therapists often dismiss a binary narrative in relation to the theory/practice connection. My exploration of holism in some eastern

cultures further challenged my culturally based assumptions about the essentially dualistic nature of the theory/practice relationship.

I was also struck by how much I was influenced by the pervading narrative of always aspiring to consistency and coherence when applying theory to practice. I had approached the research from this perspective based on much of what I had read and learnt during my counselling and academic careers. Theoretical concepts had tended to be presented as an overarching and coherent set of ideas which served to indicate how to operate in practice. When I trained as an integrative counsellor the integrative approach was conveyed in this way and there was little discussion of the potential 'messiness' of this approach. I largely held onto these assumptions, even when teaching a range of counselling theories and their associated practices to Counselling Studies and Psychology students in my present post.

In terms of the second aim: to explore what participants saw as the value of existential philosophy for informing training and practice, I assumed that its value would be viewed as extensive, which indeed it was. Participants were extremely committed to their approach and saw great value in it. However, I did not anticipate the strength and depth of the commitment which resulted in a positioning of the self in relation to existential concepts and an, often fierce, rejection of concepts which they regarded as sitting in opposition to the approach. I was also surprised by what I saw as stereotyping, by some, of other approaches, particularly CBT, the psychodynamic approach and the person-centred approach. I had concluded that existential therapists' belief in the centrality of 'bracketing' their assumptions would mean that they would accept and value other approaches whilst acknowledging their differences. Rather paradoxically, however, I initially shared some of their prejudices and noticed the development of a genuinely more accepting stance towards other orientations as the research progressed. I was also aware of developing a more critical stance towards their perspectives as I started to look out for examples of what I regarded as sometimes rather divisive points of view. I was aware of this shift in my standpoint but guarded against bias as far as possible by concentrating on ensuring there was evidence in the transcripts to support it.

In terms of the third aim: to explore what participants regarded as some of the challenges of using and learning to use existential philosophy in practice, I assumed that participants would have encountered significant difficulties in translating the philosophy into practice, but that I would be able to gain some insight into how they dealt with these challenges. I expected that they would explain, in some detail, how they drew on specific existential concepts in their therapeutic practice, drawing a link between the two and thus clarifying how

existential concepts are meaningful in their work with clients. In fact, the challenges they identified related to the nature of the approach itself. They regarded it as more challenging than other approaches in that it required trainee therapists to undergo personal 'transformation' via experientially focused training, in order to adopt and assimilate an existential attitude in relation to their clients. Again, my assumptions were challenged both in terms of the binary narrative of theory and practice discussed earlier and in the way in which they regarded the challenges as very different to my own preconceptions. Again, they drew clear distinctions between the level of challenge they saw as being involved in the training and practice of other approaches (less) and that involved in the existential approach. On reflection, when I was engaged in the interviews, I remember sharing many of their views in terms of level of challenge, although I was careful not to allow my own perspective to intervene as far as I was able. At this stage I employed the technique of bracketing my assumptions as far as possible, though I am aware that this can never be fully achieved. I aimed to ask open questions which asked for further detail, although I suspect my facial expressions may, at times, have conveyed my agreement with their stance. However, once I started to analyse the transcripts, I became more aware that some of the participants were in danger of stereotyping other approaches, so as to uphold their views about the 'superiority' of their chosen approach, even though they rarely conveyed this explicitly. I then started to wonder whether this might be a common process in other approaches as well as this one which led to a brief examination of literature focusing on this issue in the PCT and psychodynamic approaches.

Overall, my stance towards the participants' perspectives shifted somewhat from a very positive position of agreeing with their views and feeling that existential therapy was an approach I could see myself using in my own practice, to a more critical, and perhaps more balanced, perspective whereby I began to question some of their (and my) stereotyped views of other approaches and their deeply held beliefs that existential therapy was significantly more challenging than other orientations. I also began to wonder whether some of what they were presenting was designed, at least in part, to bolster their own sense of self by asserting its superiority, at least by implication.

So, I consider that my 'research journey' has included a process of modifying my position on existential therapy. I have shifted from a somewhat idealised perspective whereby I felt sure that this was the approach I wanted to adopt in my own practice and which I considered to be in many ways likely to be more effective than other orientations due to its in-depth focus on what it means to be human. (Interestingly, this reflects the position taken by a significant number of the participants). My present perspective is one of valuing many aspects of the

approach, some of which I was aware of before commencing the research and others of which I have since come to appreciate. I continue to value its non-pathologizing stance on mental health issues and its real attempt to bracket therapists' assumptions to minimise their influence on the client's perspective. I have also come to appreciate its powerful challenge to western binary narratives, both in terms of the mind and the body dichotomy and the questioning of the theory/practice binary, even though this may sometimes be difficult to put into practice.

It is possible, therefore, that my analysis and discussion of the findings is to some extent influenced by this change in perspective. I suspect that I could have been more challenging at times during the interviews by, for example, exploring further some of the paradoxes which participants were presenting. However, I did not notice many of these until after the interviews had taken place. I became much more aware of these paradoxes as I read and re-read the transcripts. However, I have been mindful of this shift in perspective and have been careful to ensure that I presented evidence to support any assertions I have made with extracts from the transcript and to also reflect on how my own shifting position might have an influence on the points I have made.

In terms of my own practice, I intend to adopt, as far as possible, the existential perspective of the therapeutic relationship such that I place real focus on an ongoing awareness of the 'I-Thou' relationship and how that relationship can provide insights into client issues. I have also come to realise that this is an approach which it is difficult to practice without undertaking significant training including the experiential elements and have decided not to undertake that training at this relatively late stage in my career. However, my stance is now a more critical one: I can see the real value of the approach but consider that there is a range of challenges in shifting from the philosophical ideals to the practice of therapy, some of which cannot be easily resolved. For example, an 'unknowing' stance can be aspired to as far as possible, but is not achievable, partly due to the inevitable power imbalance, but also because of the inevitable tendency of one's own philosophical assumptions influencing the process of the therapy. I also now see practitioners - though not only in this approach - as sometimes being in danger of idealising their own approach and stereotyping or denigrating others; something I am aware of doing myself and plan to be mindful of in my own future practice.

Undertaking this research has had a significant impact on my own teaching. I am much more aware of the complexities involved in the relationship between theory and practice and devote more time to exploring students' individual responses to theoretical ideas and

discussing how such responses can impact on one's interpretation of the concepts. I will also explore with students, in the latter part of their course, the significant overlap between what may appear to be very different approaches and allude to the varied ways in which practitioners can use theory in practice and the danger of assuming a binary narrative as far as theory and practice is concerned.

9.3 Ideas for future research

As this research focused on a very small number of trainers, there is certainly scope for a further study aimed at broadening the diversity of the trainer perspective. This could build on the findings about the ways in which an existential therapy identity or world view is developed. Further research could also explore in more depth how trainers support trainees in developing the ability to embody the philosophical ideas.

There are attempts to establish a research network at one of the training institutions so this may be a vehicle for gaining access to a wider range of participants. Also, being able to present some initial findings on which to build may present some trainers, who did not feel inclined to get involved before, with a more attractive proposition to get involved in.

As the many challenges of existential therapy training were highlighted by both trainees and trainers it would be valuable to explore how trainees manage the challenges of this type of training and how trainers support them in doing so. This might serve to identify areas where changes could be made to enhance the training further.

In addition, it would be valuable to further explore to what extent a non-binary approach to theory and practice is in evidence in existential therapy sessions by gaining access to transcripts of such sessions or, alternatively, by recording therapy sessions and then asking the therapists to engage in the process of interpersonal process recall (Kagan & Kagan, 1991) whereby they watch back recordings of their therapy sessions, enabling them to reflect and comment on their own responses to the client and the client's to them after the session has taken place. This would enable therapists to pinpoint some of the processes taking place between themselves and their clients on a moment- by- moment basis and might serve to highlight to what extent how theory and practice are 'combined' in the therapeutic encounter.

As there seemed to be a more common perception amongst trainees than experienced therapists that some differences between approaches were, to some degree, illusory and that there are more similarities than differences, a longitudinal study could be undertaken to explore whether there is a shift in perspective as practitioners gain in experience.

9.4 Implications for training courses

Existential therapy training courses could, perhaps, focus more on exploring the implications of developing an existential world view on attitudes towards other theoretical orientations, so that prejudices are acknowledged and explored as part of the training process. Trainees could benefit from trainers sharing their own preconceptions, which could, in turn, lead to a more genuine acknowledgement of the value of a range of theoretical approaches. I recognise, however, how a strong sense of identity based on a specific orientation can mitigate against this process. Having said this, it would, nevertheless, be valuable to explore the possible implications of such a strongly held beliefs and ways of mitigating against their potentially negative impact.

Willig (2019) stresses the importance of therapists developing an awareness of their ontological and epistemological assumptions, to avoid imposing their 'view of the person' onto clients. I would regard a focus on this issue as being a vital part of therapy training, particularly as this research has demonstrated the potentially complex relationship which can arise between one's philosophical assumptions and one's therapeutic practice. Not only do trainees need to be facilitated in developing this awareness, but they could also be encouraged to explore effective ways of sharing their assumptions with clients and assisting clients with sharing their own.

It could also be worth considering how a non-binary perspective on the theory/practice relationship might influence how trainers develop and engage in training input. This could involve encouraging trainees to explore the impact of their personal responses to theoretical concepts in more depth in supervision and in personal development sessions, with less focus on teaching theory as a separate subject area. In this way, trainees could be more effectively supported to assimilate theory into their therapeutic practice and to 'embody' theory at an earlier stage than perhaps happens at present. I would certainly advocate the possibility of expanding the use of experiential personal development activities, such as those used on existential training courses, as well as supervision as a way of clarifying the theory/practice relationship and as a means of learning to integrate theory and practice more effectively. Trainees and NQTs highlighted these activities as being the most valuable aspect of their training in terms of learning to assimilate theoretical ideas, thus allowing them to respond to clients more holistically.

Finally, as this research has indicated that an eclectic approach may be very common amongst therapists, even those professing to use a 'pure' model of therapy, it could be valuable to include input on eclectic ways of working on all therapy training courses. Equally,

discussion of transtheoretical models could also facilitate trainees in considering alternative perspectives to what can sometimes be divisive theoretical orientations.

9.5 Conclusion

To conclude, this research has provided evidence of the centrality of an existential identity as a way of making sense of the relationship between existential philosophy and therapeutic practice. This identity included an espousal of a radical narrative of challenging both social and cultural norms and the traditional binary theory/practice relationship. However, there was often a disconnect between this narrative, which involved strong adherence to existential ideals and practising the approach in a way that was not always consistent with these ideals.

The relationship between theory and practice emerged as a highly complex and sometimes paradoxical one in the sense that practitioners professed to minimise the use of theory in practice but were also heavily influenced by it and sometimes employed theory, including that from other approaches, in highly traditional ways. There was a sense in which existential practitioners valued highly their existential way of being as a way of guiding their practice, while, at the same time, finding ways of dealing with the paradoxes of relating the philosophical ideals to therapeutic practice in the best way they could.

In terms of main recommendations, I would advocate much more of a focus by therapy training courses on the complexities involved in the relationship between theory and practice. Trainees could be facilitated to explore the complex interplay between their own world view, their life experiences and the theoretical ideas they encounter. Training could centre around a process of personal development which includes grappling with discovering which aspects of theory they see as most relevant to their practice and why. This would then enable them to develop a thoughtful view on the relationship between theory and practice which should enhance their therapeutic work.

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Appendix 1: Recruitment documents

Information sheet for experienced therapists

"From theory to practice: the ways in which existential therapists translate existential theory and philosophy into therapeutic practice with clients."

Participant Information Sheet: University of Huddersfield PhD Research Project (2013).

Researcher: Vicki Smith,

Senior Lecturer in Counselling Studies,

University of Huddersfield, UK.

My background: I have been in my present post since 2007. Before that I trained and worked as a counsellor and a careers counsellor in a range of settings, as a lecturer at London South Bank University and as a trainer and consultant. I have previously undertaken research on the impact of the tutor / student relationship on the effectiveness of counselling training and have co-written an academic textbook on counselling theory.

Supervisors: Viv Burr, Reader in Psychology, University of Huddersfield.

Dawn Leeming, Senior Lecturer in Psychology, University of Huddersfield.

What is the research about and what are its potential benefits?

The idea for the study originated from my growing sense that there seems to be very little information available about what existential therapists actually do on a day- to- day basis when working with their clients. A central aim of the research is to facilitate a greater understanding of existential therapy both within and outside of the therapeutic community.

The objectives of the study include: to clarify the theoretical and philosophical perspectives of existential therapists; to identify the types of interventions used by existential therapists in their work with clients; to examine the process by which these therapists make decisions about how to intervene with clients based on their philosophical standpoint.

I am actively seeking as diverse a sample of existential therapists as possible and would therefore welcome participants from a range of age groups, racial and ethnic backgrounds, sexualities and from those who regard themselves as able-bodied or having a disability.

What will I be asked to do?

You will be asked to take part in a one- to- one interview lasting about an hour. This could take the form of a face to face interview, a telephone interview or an interview via skype. The

interview will consist of a series of main questions plus some follow up questions designed to explore the ways in which you use existential ideas in your work with clients. With your permission, the interview will be audio recorded for later transcription. After I have analysed the interview and summarised the preliminary findings there may be issues I would like to explore further. If this is the case, I may contact you again, although your further participation would be entirely optional.

If you wish to participate I will send you some specific questions to think about before the interview takes place.

What if I agree to take part then change my mind?

Participation is entirely voluntary. If you decide to take part and then change your mind during the interview, you can withdraw from the study without giving a reason and with no consequence to you. If you take part in the interview and then later decide that you do not want me to use what you have said, you can withdraw your contribution up to one month after the interview took place with no consequence to you.

What will I do if I become distressed as a result of participating in the research?

This is very unlikely. However, if you do not have access to supervision or personal therapy and wish to discuss any issues arising from participating in the research, I could provide you with appropriate contacts for seeking such support.

What will you do with the findings from the research?

The findings will contribute to my PhD thesis and I will aim to publish the findings in academic journals and to present them at national and international academic conferences. I may also use some of the material in my teaching and in media interviews with a view to reaching a wider audience. A copy of my final thesis will be kept in the university repository and possibly also in the British Library.

Will I be personally identified in the research?

No, all participants will be given a false name and this will be used in any publications, conference presentations, media interviews or teaching. So that I am able to identify your contribution should you later decide to withdraw it, a list of participants' names and their corresponding pseudonyms will be kept by me on a password- protected computer. Anything that you say in the interview that could identify you personally or your private practice or institution will not be used in any publications, conference presentations, teaching sessions or media interviews.

Will the information I provide be confidential?

No person other than me and my supervisors and possibly external examiners will have access to the recording or to the transcriptions. The audio recordings will be kept in a locked filing cabinet at my institution. The transcriptions will be kept on a password- protected computer. Information from the interview would only be disclosed elsewhere in the unlikely

event that a participant revealed that they were engaging in unethical behavior or that they were likely to harm themselves or someone else. In this case I would need to disclose this information to the therapist's professional body.

I am aware that the 'world of existential therapy' is a relatively small one, such that I may be interviewing other therapists known to you. You may therefore wish to be mindful of this when disclosing information about your work in case it is recognizable to others despite its being anonymised.

What should I do if I have any questions?

I will be happy to answer any queries you may have, both before and after taking part in the research. You can also contact my supervisors if you have any questions you would like to ask them.

Vicki Smith (February 2013)

Information sheet for trainees

Participant Information Sheet: University of Huddersfield PhD Research Project- stage 2 (2016).

"The trainee therapist's journey: an exploration of existential therapy trainees' development in relation to theory and practice."

Researcher: Vicki Smith,
Senior Lecturer in Counselling Studies,
University of Huddersfield, UK.

What is the research about and what are its potential benefits?

This study follows on from a previous study which focused on how experienced existential therapists make use of existential theory and philosophy in their therapeutic practice with clients. The idea for the study originated from my growing sense that there seemed to be very little information available about what existential therapists actually do on a day- to- day basis when working with their clients. A central aim of the research was to facilitate a greater understanding of existential therapy both within and outside of the therapeutic community. I have already completed the first stage of this project, which involved interviewing a number of experienced existential therapists about how they draw on existential ideas in their therapeutic practice. The complexity of this task suggested that it would also be useful to clarify how trainees, who are relative newcomers to the field, navigate their way through the process of relating existential philosophy to their client work.

I am hoping that by participating in this research project you will gain additional insight into what you have gained so far from your training experience, including how you make sense of existential philosophy and therapeutic practice. The findings of the research may also be of use to staff involved in existential therapy training as they seek to develop their courses.

The overall aim of this study is:

- to explore the individual journeys of trainee existential therapists as they make sense of the theoretical and practical aspects of their course.

The objectives of this study include:

- to clarify how trainee therapists develop their understanding of existential therapy;
- to elucidate the process whereby they develop an existential way of working;
- to identify some of the perceived benefits of training as an existential therapist;
- to identify some of the perceived challenges of training as an existential therapist.

I am actively seeking as diverse a sample of trainee therapists as possible and would therefore welcome participants from a range of age groups, ethnic backgrounds, sexualities and from those who regard themselves as able-bodied or having a disability.

What will you be asked to do?

You will be asked to take part in a one- to- one interview lasting about an hour. This could take the form of a face to face interview, a telephone interview or an interview via Skype. The interview will consist of a series of questions designed to explore how you are experiencing and making sense of the process of training to be an existential therapist. With your permission, the interview will be audio recorded for later transcription. After I have analysed the interview and summarised the preliminary findings there may be issues I would like to explore with you further. If this is the case, I may contact you again, although your further participation would be entirely optional.

If you wish to participate I will send you some specific questions to think about before the interview takes place.

What if you agree to take part then change your mind?

Participation is entirely voluntary. If you decide to take part and then change your mind during the interview, you can withdraw from the study without giving a reason and with no consequence to you. This is a completely separate venture from your training course and will not impact on that in any way. If you take part in the interview and then later decide that you do not want me to use what you have said, you can withdraw your contribution up to one month after the interview took place with no consequence to you.

What will you do if you become distressed as a result of participating in the research?

The interview is not designed to explore distressing experiences. However, if this subject raises any difficult issues which you wish to discuss and you do not have access to personal therapy, I would be able to provide you with information about therapists in your area.

What will happen to the findings from the research?

The findings will contribute to my PhD thesis and I will aim to publish the findings in academic journals and to present them at national and international academic conferences. I may also use some of the material in my teaching and in media interviews with a view to reaching a wider audience. A copy of my final thesis will be kept in the university repository and possibly also in the British Library.

Will you be personally identified in the research?

No, all participants will be given a false name and this will be used in any publications, conference presentations, media interviews or teaching. So that I am able to identify your

contribution should you later decide to withdraw it, a list of participants' names and their corresponding pseudonyms will be kept by me on a password- protected computer. Anything that you say in the interview that could identify you personally or your institution will not be used in any publications, conference presentations, teaching sessions or media interviews.

Will the information you provide be confidential?

No person other than me and my supervisors and possibly examiners will have access to the recording or to the transcriptions. The audio recordings will be kept in a locked filing cabinet at my institution. The transcriptions will be kept on a password- protected computer. Information from the interview would only be disclosed elsewhere in the unlikely event that a participant revealed that they were engaging in unethical behaviour or that they were likely to harm themselves or someone else. In this case I would need to disclose this information to the trainee therapist's training organisation.

I am aware that the 'world of existential therapy' is a relatively small one, such that I will inevitably be interviewing other trainees known to you. You may therefore wish to be mindful of this when disclosing information about your experiences in case it is recognizable to others despite its being anonymised.

What should you do if you have any questions?

I will be happy to answer any queries you may have, both before and after taking part in the research. You can also contact my supervisor if you have any questions you would like to ask her.

My background: I have been in my present post since 2007. Before that I trained and worked as a counsellor and a careers counsellor in a range of settings, as a lecturer at London South Bank University and as a trainer and consultant. I have previously undertaken research on the impact of the tutor / student relationship on the effectiveness of counselling training and have co-written an academic text book on counselling theory. I am now engaged in a research project focusing on existential therapy.

Supervisor: Dr. Viv Burr, Reader in Psychology, University of Huddersfield.

Vicki Smith (September 2016)

Information sheet for newly qualified therapists

Participant Information Sheet: University of Huddersfield PhD Research Project- stage 2 (2016).

"Philosophy in practice: an exploration of how existential therapists draw on existential philosophy in their work with clients."

Researcher: Vicki Smith,
Senior Lecturer in Counselling Studies,
University of Huddersfield, UK.

What is the research about and what are its potential benefits?

This study follows on from a previous study which focused on how experienced existential therapists make use of existential theory and philosophy in their therapeutic practice with clients. The idea for the study originated from my growing sense that there seemed to be very little information available about what existential therapists actually do on a day- to- day basis when working with their clients. A central aim of the research was to facilitate a greater understanding of existential therapy both within and outside of the therapeutic community. I have already completed the first stage of this project, which involved interviewing a number of experienced existential therapists about how they draw on existential ideas in their therapeutic practice. The complexity of this task suggested that it would also be useful to clarify how therapists who are relative newcomers to the field navigate their way through the process of relating existential philosophy to their client work.

I am hoping that by participating in this research project you will gain additional insight into what you have gained so far from training and working in existential therapy, including how you make sense of the relationship between existential philosophy and therapeutic practice. The findings of the research may also be of use to staff involved in existential therapy training as they seek to develop their courses.

The overall aim of this study is:

- to explore how relatively new existential therapists make sense of the relationship between existential philosophy and therapeutic practice.

The objectives of this study include:

- to clarify how these therapists are developing their understanding of existential therapy;
- to elucidate the process whereby they develop an existential way of working;
- to identify some of the perceived benefits of working as an existential therapist;
- to identify some of the perceived challenges of working as an existential therapist.

I am actively seeking as diverse a sample of therapists as possible and would therefore welcome participants from a range of age groups, ethnic backgrounds, sexualities and from those who regard themselves as able-bodied or having a disability. To qualify as a relative newcomer to the field you will have competed your training no more than three years ago.

What will you be asked to do?

You will be asked to take part in a one- to- one interview lasting about an hour. This could take the form of a face to face interview, a telephone interview or an interview via Skype. The interview will consist of a series of questions designed to explore how you are experiencing and making sense of working as an existential therapist. With your permission, the interview will be audio recorded for later transcription. After I have analysed the interview and summarised the preliminary findings there may be issues I would like to explore with you further. If this is the case, I may contact you again, although your further participation would be entirely optional.

If you wish to participate I will send you some specific questions to think about before the interview takes place.

What if you agree to take part then change your mind?

Participation is entirely voluntary. If you decide to take part and then change your mind during the interview, you can withdraw from the study without giving a reason and with no consequence to you. This is a completely separate venture from your training course and will not impact on that in any way. If you take part in the interview and then later decide that you do not want me to use what you have said, you can withdraw your contribution up to one month after the interview took place with no consequence to you.

What will you do if you become distressed as a result of participating in the research?

The interview is not designed to explore distressing experiences. However, if this subject raises any difficult issues which you wish to discuss and you do not have access to personal therapy or supervision I would be able to provide you with information about therapists in your area.

What will happen to the findings from the research?

The findings will contribute to my PhD thesis and I will aim to publish the findings in academic journals and to present them at national and international academic conferences. I may also use some of the material in my teaching and in media interviews with a view to reaching a wider audience. A copy of my final thesis will be kept in the university repository and possibly also in the British Library.

Will you be personally identified in the research?

No, all participants will be given a false name and this will be used in any publications, conference presentations, media interviews or teaching. So that I am able to identify your contribution should you later decide to withdraw it, a list of participants' names and their corresponding pseudonyms will be kept by me on a password- protected computer. Anything that you say in the interview that could identify you personally or your institution will not be used in any publications, conference presentations, teaching sessions or media interviews.

Will the information you provide be confidential?

No person other than me and my supervisors and possibly examiners will have access to the recording or to the transcriptions. The audio recordings will be kept in a locked filing cabinet at my institution. The transcriptions will be kept on a password- protected computer. Information from the interview would only be disclosed elsewhere in the unlikely event that a participant revealed that they were engaging in unethical behaviour or that they were likely to harm themselves or someone else. In this case I would need to disclose this information to the therapist's professional organisation.

I am aware that the 'world of existential therapy' is a relatively small one, such that I may be interviewing other therapists who are known to you. You may therefore wish to be mindful of this when disclosing information about your experiences in case it is recognizable to others despite its being anonymised.

What should you do if you have any questions?

I will be happy to answer any queries you may have, both before and after taking part in the research. You can also contact my supervisor if you have any questions you would like to ask her.

My background: I have been in my present post since 2007. Before that I trained and worked as a counsellor and a careers counsellor in a range of settings, as a lecturer at London South Bank University and as a trainer and consultant. I have previously undertaken research on the impact of the tutor / student relationship on the effectiveness of counselling training and have co-written an academic text book on counselling theory. I am now engaged in a research project focusing on existential therapy.

Supervisor: Dr. Viv Burr, Reader in Psychology, University of Huddersfield.

Vicki Smith (September 2016)

Information sheet for trainers

Participant Information Sheet: University of Huddersfield PhD Research Project- stage 2 (2016).

"Training Existential Therapists: The Trainers' Perspective"

Researcher: Vicki Smith,
Senior Lecturer in Counselling Studies,
University of Huddersfield, UK.

What is the research about and what are its potential benefits?

This study follows on from a previous study which focused on how experienced existential therapists make use of existential theory and philosophy in their therapeutic practice with clients. The idea for the study originated from my growing sense that there seemed to be very little information available about what existential therapists actually do on a day- to- day basis when working with their clients. A central aim of the research was to facilitate a greater understanding of existential therapy both within and outside of the therapeutic community. I have already completed the first stage of this project, which involved interviewing a number of experienced existential therapists about how they draw on existential ideas in their therapeutic practice. The complexity of this task suggested that it would also be useful to clarify how those who train existential therapists engage in the training process, including how they convey the relationship between existential philosophy and client work.

I am hoping that by participating in this research project you will gain additional insight into your own training practices. The findings of the research may also be of use to you as you develop your courses.

The overall aim of this part of the study is:

- to explore how trainers of existential therapists engage in the training process.

The objectives of this part of the study include:

- to elucidate the process of training existential therapists;
- to identify what they see as the value of existential philosophy for training therapists;
- to identify some of the perceived challenges of training existential therapists.

I am actively seeking as diverse a sample of trainers as possible and would therefore welcome participants from a range of age groups, ethnic backgrounds, sexualities and from those who regard themselves as able-bodied or having a disability.

What will you be asked to do?

You will be asked to take part in a one- to- one interview lasting about an hour. This could take the form of a face to face interview, a telephone interview or an interview via Skype. The interview will consist of a series of questions designed to explore how you go about training existential therapists and your views on the process. With your permission, the interview will be audio recorded for later transcription. After I have analysed the interview and summarised the preliminary findings there may be issues I would like to explore with you further. If this is the case, I may contact you again, although your further participation would be entirely optional.

If you wish to participate I will send you some specific questions to think about before the interview takes place.

What if you agree to take part then change your mind?

Participation is entirely voluntary. If you decide to take part and then change your mind during the interview, you can withdraw from the study without giving a reason and with no consequence to you. If you take part in the interview and then later decide that you do not want me to use what you have said, you can withdraw your contribution up to one month after the interview took place with no consequence to you.

What will you do if you become distressed as a result of participating in the research?

The interview is not designed to explore distressing experiences. However, if this subject raises any difficult issues which you wish to discuss and you do not have access to personal therapy or supervision I would be able to provide you with information about therapists in your area.

What will happen to the findings from the research?

The findings will contribute to my PhD thesis and I will aim to publish the findings in academic journals and to present them at national and international academic conferences. I may also use some of the material in my teaching and in media interviews with a view to reaching a wider audience. A copy of my final thesis will be kept in the university repository and possibly also in the British Library.

Will you be personally identified in the research?

No, all participants will be given a false name and this will be used in any publications, conference presentations, media interviews or teaching. So that I am able to identify your contribution should you later decide to withdraw it, a list of participants' names and their corresponding pseudonyms will be kept by me on a password- protected computer. Anything that you say in the interview that could identify you personally or your institution will not be used in any publications, conference presentations, teaching sessions or media interviews.

Will the information you provide be confidential?

No person other than me and my supervisors and possibly examiners will have access to the recording or to the transcriptions. The audio recordings will be kept in a locked filing cabinet at my institution. The transcriptions will be kept on a password- protected computer. Information from the interview would only be disclosed elsewhere in the unlikely event that a participant revealed that they were engaging in unethical behaviour or that they were likely to harm themselves or someone else. In this case I would need to disclose this information to the trainer's organisation.

I am aware that the 'world of existential therapy' is a relatively small one, such that I may be interviewing other trainers who are known to you. You may therefore wish to be mindful of this when disclosing information about your experiences in case it is recognizable to others despite its being anonymised.

What should you do if you have any questions?

I will be happy to answer any queries you may have, both before and after taking part in the research. You can also contact my supervisor if you have any questions you would like to ask her.

My background: I have been in my present post since 2007. Before that I trained and worked as a counsellor and a careers counsellor in a range of settings, as a lecturer at London South Bank University and as a trainer and consultant. I have previously undertaken research on the impact of the tutor / student relationship on the effectiveness of counselling training and have co-written an academic text book on counselling theory. I am now engaged in a research project focusing on existential therapy.

Supervisor: Dr. Viv Burr, Reader in Psychology, University of Huddersfield.

Vicki Smith (September 2016)

Email sent to experienced therapists

Email to be sent to potential research participants who will be existential therapists with at least two years' experience.

Dear

My name is Vicki Smith and I work as a Senior Lecturer in Counselling Studies at the University of Huddersfield, West Yorkshire. I am embarking on some exciting research into the ways in which existential therapists translate theory into practice in their work with clients.

I am contacting you to invite you to participate in this research which would draw on your expertise as an existential therapist. It would involve about an hour of your time. The idea for the study originated from my growing sense that there is a limited amount of material available which focuses on how existential therapists work with their clients on a day- to -day basis. Although a number of excellent academic books and articles have been written on the subject from a single practitioner's perspective, there still seems to be relatively little about the rich and varied ways in which existential therapists use existential ideas in practice. I now have the opportunity to engage in this research via a PhD at my employing institution.

I am attaching an information sheet designed to provide you with some more detailed information about the research study which will hopefully answer most of your questions.

I do hope that this study interests you sufficiently to want to take part. It could contribute to your professional development by enabling you to further clarify and evaluate your own way of working with a view to further enhancing your practice. If you would like to participate, please confirm via email. If you need to gain permission to participate from your employer I could provide you with any information you or they would need. I would be very happy to discuss the study further if you have any additional queries.

If possible, could you let me know whether or not you would like to take part by 13th June so that I can contact another therapist instead.

Best wishes,

Vicki Smith.

Email sent to trainees

OPPORTUNITY TO PARTICIPATE IN AN EXCITING RESEARCH PROJECT - FIND OUT MORE WITHOUT HAVING TO COMMIT TO ANYTHING!

TUESDAY OCTOBER 20th 1.15-1.50pm. Room to be notified.

Hi,

My name is Vicki Smith and I'm a Senior Lecturer in Counselling Studies at the University of Huddersfield, West Yorkshire.

I'm doing some research focusing on **how existential therapists, including trainees, see the relationship between existential philosophy and their therapeutic practice with clients.**

I've already done some research in this area which involved interviewing experienced existential therapists. The findings were really interesting and I can share some of those with you when we meet. Certainly experienced therapists encountered a number of challenges in relating theory to practice.

I'm writing to let you know about my research plans now so that you can begin to think about whether you'd like to take part as a research participant, once I have gained ethical approval from my institution. I'd really like to hear some trainee therapists' views on this subject, so I'm hoping to interview a number of trainees on your course later in the year either in person, on the 'phone or via Skype.

I'll be visiting the university on **Tuesday 20th October between 1.15 and 1.50pm** so do come along to the meeting where you'll be able to find out more about the research and ask any questions before deciding whether you'd like to take part.

In terms of what you might get out of taking part-it may help you to gain further insight into what you've gained from your training experience, including how you make sense of the relationship between existential philosophy and therapeutic practice.

I'm contactable via email at v.smith@hud .ac.uk so don't hesitate to get in touch if you have any further queries at this stage.

Email sent to NQTs

Email for potential research participants who will be recently qualified existential therapists. Title of project: **"The trainee therapist's journey: an exploration of existential therapy trainees' development in relation to theory and practice."**

Dear

My name is Vicki Smith and I work as a Senior Lecturer in Counselling Studies at the University of Huddersfield, West Yorkshire. I am embarking on some exciting research into the ways in which trainee or recently qualified existential therapists make sense of the relationship between existential philosophy and existential therapy.

Jon Hall at Regent's university has agreed to forward this email to you as a recently qualified existential therapist in order to invite you to participate in this research. It would involve about an hour of your time.

The idea for the study originated from my growing sense that there seemed to be very little information available about what existential therapists actually do on a day- to- day basis when working with their clients. Although a number of excellent academic books and articles have been written on the subject from a single practitioner's perspective, there still seems to be relatively little about the rich and varied ways in which existential therapists use existential ideas in practice. I now have the opportunity to engage in this research via a PhD at my employing institution.

This study follows on from a previous study which focused on how experienced existential therapists make use of existential theory and philosophy in their therapeutic practice with clients. The complexity of this task suggested that it would also be useful to clarify how trainees and recently qualified practitioners, who are relative newcomers to the field, navigate their way through the process of relating existential philosophy to their client work. A central aim of the research is to facilitate a greater understanding of existential therapy both within and outside of the therapeutic community.

I am hoping that by participating in this research project you will gain additional insight into what you have gained from your experience to date, including how you make sense of existential philosophy and therapeutic practice. The findings of the research may also be of use to staff involved in existential therapy training as they seek to develop their courses.

I do hope that this study interests you sufficiently to want to take part. It could contribute to your professional development by enabling you to further clarify and evaluate your own

way of working with a view to further enhancing your practice. If you would like to participate, please contact me via email (v.smith@hud.ac.uk). If you need to gain permission to participate from your employer I could provide you with any information you or they would need. I would be very happy to discuss the study further if you have any additional queries and if you are interested I will send you some more detailed information.

Best wishes,

Vicki Smith.

Appendix 2: Ethics documents

Consent form for experienced therapists and NQTs

CONSENT FORM

Title of Project: "From theory to practice: the ways in which existential therapists translate existential theory and philosophy into therapeutic practice with clients."

Name of Researcher: Ms Vicki Smith

Please tick boxes

1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences for me. ☐

2. I understand that all the information I provide will be treated as confidential, unless I disclose that I am engaging in unethical practice, and that all information will be anonymised. ☐

3. I agree to the use of anonymised excerpts from my interview in your thesis and in publications, teaching sessions, media interviews and presentations arising from this study. ☐

4. I understand that, up to a month after the interview, I will be able to have any of my comments removed from the transcript prior to analysis of the data. ☐

5. I agree to the interview being audio recorded and transcribed. ☐

6. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Researcher	Date	Signature

Consent form for trainees

CONSENT FORM

Title of Project: "The trainee therapist's journey: an exploration of trainee existential therapists' development in relation to theory and practice."

Name of Researcher: Ms Vicki Smith

Please tick boxes

1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences for me. ☐

2. I understand that all the information I provide will be treated as confidential, unless I disclose that I am engaging in unethical practice, in which case this information would be passed to the course leader, and that all information will be anonymised. ☐

3. I agree to the use of anonymised excerpts from my interview in your thesis and in publications, teaching sessions, media interviews and presentations arising from this study. ☐

4. I understand that, up to a month after the interview, I will be able to have any of my comments removed from the transcript prior to analysis of the data. ☐

5. I agree to the interview being audio recorded and transcribed. ☐

6. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Researcher	Date	Signature

Consent form for trainers

CONSENT FORM

Title of Project: "Training Existential Therapists: the Trainers' Perspective."

Name of Researcher: Ms Vicki Smith

Please tick boxes

1. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences for me. ☐

2. I understand that all the information I provide will be treated as confidential, unless I disclose that I am engaging in unethical practice, in which case this information would be passed to the course leader, and that all information will be anonymised. ☐

3. I agree to the use of anonymised excerpts from my interview in your thesis and in publications, teaching sessions, media interviews and presentations arising from this study. ☐

4. I understand that, up to a month after the interview, I will be able to have any of my comments removed from the transcript prior to analysis of the data. ☐

5. I agree to the interview being audio recorded and transcribed. ☐

6. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Researcher	Date	Signature

Appendix 3: Data collection materials

Interview Schedule: Experienced Therapists

(1) Personal perspective

What attracted you to existential therapy?

To what extent do you define yourself as an existential therapist?

(2) Underlying ideas / philosophy

What do you regard as the main existential ideas which underpin your therapeutic work?

What, for you, differentiates existential therapy from other approaches?

Do you see this approach as being better suited to some clients / some client issues than others? If so, please elaborate.

(3) Practice elements

Do you provide clients with any information about your approach either when they start therapy or during the first session?

What do you see as the main aims of therapy?

How do you draw on existential ideas in your sessions? Can you give an example?

Do you experience any difficulties putting existential philosophy/ ideas into practice? If so can you elaborate on these?

How would you tend to begin a session?

Do you use a framework or structure in your work? (eg a particular model) If so can you elaborate?

What, if any, skills, techniques and strategies do you use? How do you decide which of these to use? Can you give an example?

Are there any types of intervention you definitely would not use with clients and, if so, why not?

How do you conceive of the therapeutic relationship in your work? What do you see as the role of the therapist?

Do you evaluate the effectiveness of your sessions? For example, how do you recognise when a client is changing in some way? Can you give an example? How is the decision to finish therapy reached and what would constitute an effective ending?

Do you keep a record of your sessions?

(4) Possible integrative/ eclectic elements

To what extent do you draw on concepts from other theoretical approaches? If you do, can you give an example?

To what extent do you adapt your approach to fit a particular client? If so can you give an example?

To what extent, and in what ways, has your approach developed with experience?

Interview Questions for Trainee Existential Therapists/NQTs

Choice of training orientation

Can you tell me what led you to train as an existential therapist?

When you were considering which course to do, what factors influenced your decision?

(Are you happy with your decision and why?)

The training experience

How does /did your training help you to become an existential therapist?

How would you describe your experience of training to be an existential therapist (so far?) (Most and least useful aspects)

What do you think are the most important things to get across? What has helped you the most?

What were the first few weeks like?

How do you see the relationship between philosophy and practice?

What did you expect the training to be like and to what extent has /did it matched your expectations?

What, for you, differentiates existential therapy from other approaches?

Practice elements

How do you feel you use existential ideas in your work with clients? Could you give me an example?

What do you think is the value of existential philosophy for informing therapeutic practice?

Are there any particular challenges in working existentially?

For trainees-If you have worked as a therapist before starting the course, how has learning about existential ideas impacted on your practice? Can you think of any specific examples?

Has /did your approach developed during the course? If so, in what ways?

To what extent do you draw on concepts from other theoretical approaches? If you do, can you give an example?

To what extent do you adapt your approach to fit different clients? If so can you give an example?

Specifics of practice

What would you say are the main aims of existential therapy?

Do you use a framework or structure in your work (eg. a particular model)? If so, can you elaborate?

What, if any, skills, techniques and strategies do you use? How do you decide which of these to use? Can you give an example?

Are there any types of intervention you definitely would not use with clients and, if so, why not?

How do you conceive of the therapeutic relationship in your work?

What do you see as the role of the therapist?

How do you evaluate the effectiveness of your sessions? For example, how do you recognise when a client is changing in some way? Can you give an example?

Is there anything else you would like to add about your experience of training to be an existential therapist?

Interview schedule for Trainers of Existential Therapists.

Introductory questions

What led to you deciding to train existential therapists?

The process of training

To what extent do you see a clear relationship between existential philosophy and existential therapy?

[What do you see as some of the challenges of training people to be existential therapists?-could use as a probe]

Can you explain how you clarify the links between the philosophy and the practice of existential therapy for trainees?

Can you give me a specific example?

Are there any particular challenges associated with this? If so how do you deal with them?

Can you give me a specific example?

Focus on the module specification

One of the LOs is "Drawing on existential discourse to critically analyse client work." Could you elaborate on how you help trainees to meet this outcome? How do you know when they are doing this effectively?

In the module specification you state one of the learning outcomes as being "clarity in articulation of identity as an existential therapist in relation to other modalities." My research with therapists focused on identity …….Can you explain how you support trainees in achieving this [and how you assess this?]

How can you tell when someone is an effective existential therapist? (Relate to theory in practice.)

Additional requests

Would I be able to gain access to other module specifications/ the course specification for research purposes?

Could there be an opportunity to observe a session?

Appendix 4: Participant details

Name	Type of participant	Employment status	Ethnicity
Chloe	Experienced therapist (ET)	Self-employed and educational institution	White British / European
Harry	Experienced therapist	Self-employed	White British / European
Janice	Experienced therapist	Self-employed	White British / European
Denise	Experienced therapist	Self-employed and institutional roles	White British / European
Phoebe	Experienced therapist	Self-employed and educational institution	White British / European
Hana	Trainee (TE)	Trainee counselling psychologist	Asian-Indian
Anika	Trainee	Range of voluntary and paid therapy roles	White British / European
Owen	Trainee	Team leader in NHS	White British / European
Sandra	Trainee	Not known	White British / European
Billy	Newly qualified therapist (NQT)	Self-employed	White British / European
Eleanor	Newly qualified therapist	Therapist in NHS	White British / European
Gerry	Trainer (TR)	Educational institution	White British / European
Nigel	Trainer	Educational institution	White British / European