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The Research Issue

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Contents

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Our Sub-title

The word Éisteach means 'attentive in listening' (Irish-English Dictionary, Irish Texts Society, 1927). Therefore, 'duine éisteach' would be 'a person who listens attentively.'

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Scripts:

Each issue of Éisteach is planned well in advance of the publication date and some issues are themed. If you are interested in submitting an article for consideration, responding to the Therapist's Dilemma or wish to contribute a book or workshop review or Letter to the Editor, please see 'Author's Guidelines' on the IACP website, www.iacp.ie.

From the Editor:

Welcome to the Autumn edition of 'The Irish Journal of Counselling & Psychotherapy' (IJCP). It seems like only moments ago we were lauding the arrival of summer and already we begin the first few days of Autumn. This edition of the IJCP also begins something new for our journal, with our name change and the very first bumper, themed publication, focussing on Research in Counselling & Psychotherapy.

The first of these changes is to the name of our Journal. We will retain Éisteach as the sub-title to honour the meaning and significance of that word to our identity and our history, but the main title will now be 'The Irish Journal of Counselling & Psychotherapy'. The purpose of this change is to make the journal more recognisable nationally and internationally, more accessible to a broader audience, and reflect the cultural diversity of our organisation and our profession as a whole here in Ireland.

This edition is indeed a bumper edition, with six articles on a broad range of topics plus a conference report, all of which focus on the subject of research in our field. The case has been made previously for the importance of research in the work that we do as therapists and the genuine difficulties many of us face with research engagement.

Here, we aim to provide a mix of clinical insights from research and the implications which arise from those insights and findings of these studies. Our goal is to break down some of those challenges by presenting relevant, interesting and up-to-date Irish material and ignite an interest documenting the vast knowledge, experience and capability of Irish therapists and adding to the canon of literature in our field. We are confident that you will enjoy the papers here presented. We anticipate hearing from you regarding this bumper edition and the content which it offers in recognition of the diligent and valuable work of Irish Researchers and clinicians at all levels. Critique, as always, is welcome.

Our first article is an edited transcript of a recent interview between Professor Mick Cooper and Mr Joseph Enright, Clinical Lead of Cork Counselling Services recorded during their recent conference "Research: Friend not Foe". In the interview, we get to see the human being behind the Professor, author, researcher, gaining insights into his life, interests and passions. We hear about Mick's struggle with anxiety and the role it plays in his life and work. He describes his motivation to research, teach and write and the various collaborations he has entered into supporting his aim to contribute to the fields of therapeutic social justice and social change.

Next, Karen Walsh, a Head of Education, Cork Counselling Services, explores the territory of therapists and their attitudes to and experience with the practice of research. She presents the difference between therapists' desire to do the work of therapy and the resistance, anxiety and uncertainty around being evidence informed in their practice. In the piece, Karen describes the challenge of teaching research in counsellor training and how/why students struggle with this aspect of their professional development. She presents some observations on the 'lessons learned from the coal-face' and outlines approaches to teaching research efficiently and in so doing, advocates for therapists at all stages in their professional development becoming open to the prospect of themselves to become practitioner-researchers.

In our third piece, Hugh Morley presents some fascinating findings from his study in understanding therapists' disposition to their work as influenced by their personality

type. He offers four hypotheses about the personality types of therapists and how likely those are influence their work. Interestingly, he also shows how these personality dimensions "contraindicates a pre-disposition to the work of quantitative research". The implications for Hugh's research extends to how the need for us as therapists to "flex our approach" when working with clients with diverse personality styles. This diversity may hint at unexpressed needs for how the therapy can best work for the client e.g. where a therapist approaches the work intuitively, but the client's need is for a more rational perspective on their life situation.

In collaboration with Dr Jolanta Burke from the University of East London, I present our first co-authored paper studying Irish Therapists' Passion and Well-being. The study looks at assessing our well-being using psychological measures of this attribute and further, looks at the passion for our work and whether passion itself is enough in contributing to our overall well-being. Perhaps two of the most curious findings from our study are a) the level of flourishing among Irish Therapists and b) the number of therapists experiencing obsessive passion for their work. The implications extend to counsellor training, supervision and the ethical requirement and importance of self-care in our work.

Our fifth contribution comes from Delphine O'Keeffe and explores the often controversial topic of 'Touch in Therapy.' The aims of her work were to examine the context and rationale for practitioners' use of touch, the impact of the use of touch on their professional identity, the various risks to their clients and all of this in the context of ethical guidelines. A much debated and discussed topic indeed and one which we are sure will prompt some further reflection and discussion. Delphine's article is timely, coming at a time when our profession is grappling with the subject of regulation and all the vicissitudes of advancing the professionalism of our field, vis a vis the older health professions, and the need to balance the benefits of physical human contact and the duty to keep vulnerable people safe.

The Importance of Qualitative Research, looking particularly at suicide through a family constellations lens is explored in Brendan O'Brien's work and is our sixth and final piece for this flagship edition. Brendan makes a well-argued and impassioned case for a phenomenological stance, but with all of the rigour of research methodology. He presents his work in the form of family constellation workshops, involving analysis of audio recordings and essentially conducting a hermeneutic study. Brendan demonstrates just how much value there is in applying qualitative approaches to our professional practice when working with the theme of suicide. This is a timely, informative and well-structured piece which we are sure will educate, inform and perhaps even inspire further qualitative work across our profession here in Ireland.

Finally, on behalf of the Editorial committee, I would like to announce the poignant news of the departure of our colleague Antoinette Stanbridge from the committee. Antoinette has steadfastly and with great expertise shepherded numerous changes and improvements to the IJCP which have incrementally elevated the quality of our journal over many years. We wish to thank her most sincerely for her immeasurable skills, knowledge and professionalism which she shared so generously. However, with the advent of Antoinette's departure, we are delighted to welcome new committee members Hugh Morley and Alan Kavanagh to the Editorial Committee.

Mike Hackett on behalf of the Editorial Committee of the Irish Journal of Counselling & Psychotherapy.

September 2017.

Interview

Professor Mick Cooper - interviewed by Mr. Joseph Enright, at the "Research: Friend not Foe" Conference

JE: We can read your books, Mick, and we can get a sense of who you are professionally, but I would love to get a sense of "who the man is" so I've a few questions to ask! Is that okay?

JE: OK. Growing up, who or what inspired you to become a therapist?

MC: Long answer or short answer?

JE: Eh, short, if possible

MC: I think my dad; he was very progressive and he believed a lot in social justice

JE: OK. What is the secret to your success? - because you're famous and I'm not? (audience laughs)

MC: (laughs too) I don't really feel like a success so it's a difficult question to answer. Probably anxiety. I think anybody that writes a lot of books must be driven by a lot of anxiety. Things like that come out of a sense of deficiency.

JE: As you say that, I have a sense to mind you. In reading your books and doing research for this interview, I've noted your ability to write the way you do, to deliver it in a very normal way for the reader. If anxiety has helped that there's a lot of us thinking we are very lucky to be able to receive it on the other end. You've written a lot of books and I'm wondering what book would you love to write, but you dare not?

MC: The book that I'm writing at the moment is about social justice, about therapeutic change and social change and how the two come together. So it's a bit grandiose and it's a bit ambitious. I'm not sure I'm going to get a publisher for it, and I'm not sure what the market for this is going to be. But it's stuff that I care deeply about and it's what I really want to write so I'm just going to go for it and see what happens.

JE: Well, I think books like that need to be written. There's a lot of us out there that will stand with you. If you were to open a new counselling centre, what would you name it and what would be the motto?

MC: (laughs) Well, I've got a little training company called Dialogue Training and I like that word, it's pretty much my favourite. So Dialogue Counselling, or something like that.

JE: And what would be the motto…

MC: Is that one I could put back to you, Joseph?

JE: Eh, what would be, eh, that's a good one now, you're catching me out. (Audience laughs). There's something in it for me about social justice, equality, a place for all, regardless.

MC: "A place for all"

JE: Brilliant! Did I come up with that? (audience laughs). Now I'm aware you're a father of four children.

MC: You're not going to ask me my favourite child? (audience laughs)

JE: No. I wouldn't have you do that. But I'm wondering, what's the one thing fatherhood has taught you?

MC: I think putting others before me. Trying to. Learning to hold off on what I want and actually think

about what other people want probably more than anything.

JE: Sounds good.

MC: Yea, I don't know if it's good but I'm trying it.

JE: There's a few things I want to ask you about. You're a researcher and an author, and I'm wondering what inspired you to do that. You said about anxiety but what else has inspired you to do that?

MC: Well there's things I wanted to say and things I wanted to put in order, or categorise. My book on research findings, for example, or on existential therapy – they're about taking big complex fields that I wanted to understand and trying to put them into a different kind of box. I remember as a kid, I used to love Matchbox cars, I'd have about forty. Maybe I've brought that to the counselling field, and it's kind of an OCD thing I guess. People who've read books of mine often say, like you did, that the writing makes it kind of accessible or simple. They may think it's an easy process, but it's a horrible process most of the time, a bit like tidying your room. I don't enjoy it, but it's lovely when things are sorted.

JE: So what keeps you doing it?

MC: For me the drive is around therapeutic social justice and social change. That's what I came into this area for, trying to create better wellbeing, not just for the clients we work with on a clinical level, but on a social level. That gives me a sense of meaning and value in the world. I'm not a brilliant therapist. I'm fine as a therapist, but not brilliant. I guess I found more and more that the contribution I can make is by helping put stuff in order a bit and kind of clear up some of the mess. I think in the therapy

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world that we have such valuable things to communicate from our clients, from our theory and from our research about what can make the world a better place. It's important to me that I find a way to communicate and express those things.

JE: Is there one quote or saying that you live by in your daily life. That helps or inspires you?

MC: Well, my favourite philosopher would be Martin Buber and I always go back to him on things like "all actual life is encounter", it's a lovely one. I was once asked what I would have on my grave and it was a lovely quote from Eugene O'Neill the playwright, which comes from one of his plays "Great God Brown", which says "He was born with ghosts in his eyes and he went looking inside the dark and he got afraid" and I think for me that's been the one, that quote, about being somebody who's really struggled at times with ghosts and demons, and looks to keep going and to do something positive despite that.

JE: Sounds very moving. I'll share my grave inscription with you.

MC: O.K.

JE: I'm plagiarising somebody. It's from Spike Milligan "I told them I was sick". (Audience laughs). So, Mick, can you tell me what has been your experience of collaboration with other authors?

MC: Probably one of the most difficult people I've ever collaborated with was Ernesto Spinelli, the existential writer, and the single reason is that he's such a brilliant writer. We would do this dialogue where I'd write something and he'd write something back and he'd come up with something so beautiful and eloquent that I thought I just can't answer this because anything I write feels rubbish in comparison! Then there's John McLeod…he's a lovely man, a real delight to work with. He's most intelligent. He is the person I collaborate with most and I see eye to eye with him. John also has a big social justice understanding and really thinks about things from a political angle as well as from a therapeutic angle. And you can see that in his work as well. Even stuff like qualitative research, you know, on one level it's about methodology but underlying that is the politic to help understand experience. He's been great and very flexible to work with. And just recently I've worked with John Norcross. It's an amazing privilege to work with someone like that. He's so smart and knows so much about different fields.

JE: I often struggle with that too in writing. When I write and give it to somebody, they come back with something so beautiful that you think, I'll never get this right!

MC: Yea, totally. You know when I write stuff, it may look like it's quite simple, but I probably wrote it about ten or fifteen times.. everything is worked and reworked. The first draft I write is utter crap, it's about giving myself permission to get stuff down there on the page.

I think in the therapy world that we have such valuable things to communicate from our clients, from our theory and from our research about what can make the world a better place. It' important to me that I find a way to communicate and express those things.

JE: And would you recommend that, for all of us here?

MC: I think there are different ways of writing. The way that I write is quite structured. I always get the structure first. The other thing is, if I was to give you one tip about writing, I would say learn how to type properly. I learned touch-typing when I was fifteen or sixteen at school. That really helped the constant flow.

JE: We might take that as a quote from the conference that Mick Cooper said "Learn to type" (audience laughs)

MC: Maybe the most important thing we've learned!

JE: You mentioned pluralism earlier. Can you describe, or let us understand pluralism in about two minutes? (audience laughs)

MC: Pluralism really comes out of a person-centred way to tailor therapy for the client. Each client is different so how do we develop therapy that's most appropriate for that individual? Listening to that, being responsive to that, being in dialogue with that is really important. So I guess pluralism is like a project-style form of therapy. It's a way of thinking about therapy that is really open, and dialogic, that isn't based on any dogma or any particular school. It isn't trying to make a new school. It's about asking how we can be open enough to really meet clients in what they want.

JE: From listening to you, I think it's about listening to clients and it's also about integration.

MC: Yea. Well, obviously, if you listen to clients, the first thing you discover is that different clients want different things. In which case there's a place for lots of different practices. You don't have to do be able to do everything, you can only do so many things. But it does mean being open to changing practices, integrative approaches, or just being clear that 'person-centred therapy is what I do and that's all I want to do' and referring someone on if they want something else.

JE: So for instance there's a counsellor out there working for many years in a particular way, and pluralism is a relatively new innovation, what would you say to the counsellor that might move them towards taking it on board?

So I guess pluralism is like a project-style form of therapy. It's a way of thinking about therapy that is really open, and dialogic, that isn't based on any dogma or any particular school. It isn't trying to make a new school. It's about asking how we can be open enough to really meet clients in what they want.

MC: Well I wouldn't want to proselytise, if someone is working in a particular way they might be fantastic therapists and becoming more integrative may not be helpful. What pluralism challenges is not any particular therapeutic practice but the dogma that sometimes comes with such a practice.

JE: Which leads into my next question! A lot of students and counsellors often wonder whether CBT has a place in humanistic integrative framework and is it possible to integrate it, in your experience?

MC: I think so. At the end of the day all that therapies are trying to do is help people find better ways to deal with things. I think we should look at things in terms of the essence of what we're trying to do, instead of in a literal sense. I think the danger is that the different therapies become like different religions, fighting amongst each other over really small differences. Just as most religions are about faith and belief in God, most therapies are trying to help clients find better ways of living their lives. Another metaphor would be to say that therapy is a bit like education. There's not one way that everybody learns. Education is partly about working things out for yourself and partly about having input from the teacher. There's a place for both. As humanistic person-centred therapists we can draw on methods from a whole range of different approaches.

JE: I agree. Can you not be in a relationship with the client, can we not talk to the client and see what they want and then see what we can do with it? And know what we're talking about. I have a fear that it might just seem like a technique otherwise.

MC: Yea. I think it's not great if you work in a very relational way and you suddenly bring in a new technique. Learning the skills of humanistic, non-directive practice is really challenging, it takes time. We're used to giving advice and telling people that everything is going to be alright. You need to take the time to clear that away so that you can really be with someone without those things. But as you go on in your career, integrating those things back in at a high level can be really helpful.

JE: I have four questions that I'm going to finish with, Mick. You had mentioned about being in therapy yourself. I wonder would you be willing to share with us what you've learned about yourself as a client, co-creating relationships with a therapist?

MC: I think as a client I had a lot of bad therapy relationships that I didn't find helpful. I think I often felt like I got trapped in something that I couldn't challenge. I was unable to say "this isn't working for me". I felt that if I complained it was getting interpreted and I didn't have much power.. the therapies that have been most helpful to me haven't been the ones that have been perfect, or about particular technique. It's been the ones that have been most open, a bit humble, that they messed stuff up but it felt like they were genuinely caring. I've had existential therapists, I've had person-centred therapists. Although I'm an existential type of person, the best therapist I've had as a client was a Kleinian therapist, a really nice older woman who was very caring, very attentive. I had a lovely psychiatrist who was a bit CBT-ish but who was incredibly respectful. One of the most helpful things he said to me (when I was struggling with some anxiety stuff) was "just think about how a normal person would respond to that".

If someone else had said it I'd be lodging a complaint but because of his personal qualities it was a lovely thing…He really met me. There was a sense of someone caring about me, taking me seriously, and respecting me. And I guess that's what I try to do with my clients.

You could imagine as a humanistic therapist, that is like the worst thing you could ask. But actually it was lovely, because of his stance and his attitude and it felt very collaborative. If someone else had said it I'd be lodging a complaint but because of his personal qualities it was a lovely thing.

JE: Sounds like he met you

MC: He really met me. There was a sense of someone caring about me, taking me seriously, and respecting me. And I guess that's what I try to do with my clients.

JE: You are a very busy man and a busy professional. And in this profession we're giving all the time. I'm wondering how you take care of yourself?

MC: I do a lot of running and I think that's been a real lifesaver for me. Probably, three or four times a week now. And in Brighton there's a lovely seafront. That's the main thing I do. Spend some time with the kids when I can. Watch TV. But I think running, in dealing with things, has probably been more helpful than therapy!

JE: Second last question. The world is dominated by social media at the moment and I see that you use it as a platform quite a lot. I wonder how you take care of your privacy and your family's privacy.

MC: That's an interesting question. I was posting some pictures of my kids when they were younger and someone raised that question. I tend to be quite open. I tend to be fairly trusting. My kids love posting videos and we check that the content is ok but we talk to them very frequently about internet safety and obviously that's really important.

JE: Final question. Lots of people here in the audience are trainees and novice counsellors. Is there one bit of advice you want to leave us with?

MC: As a person-centred therapist you want advice? (Audience laughs.) Hmm… as a trainee, I came into this field thinking there's this hierarchy, you climb from the bottom, from trainees, therapists, to trainers, people who write books, I think you can feel really low down and not realise how much you know and have to contribute. Like the fantastic presentations we've already seen at this conference. Realising it's not like an elevator that you finally get to the top. We're all in it together and we're all learning together. We've all got stuff to learn and we've all got stuff to contribute. And recognising that you can make that contribution and particularly for this conference, research is a big contribution.

JE: For your own very generous contribution, thank you very much indeed, Professor Mick Cooper.

Bibliograpy

Cooper, M. (2008). *Essential research findings in counselling and psychotherapy - The Facts are Friendly*. London: Sage

Cooper, M. (2015). *Existential therapies* (2nd Ed.) London: Sage

Research

Teaching Research:
An Exploration of "Here Be Dragons" Territory and the Development of the Practitioner-Researcher

By Karen Walsh

Introduction

According to folklore, when explorers were charting new maps of the world, the territories that were yet undiscovered and unvisited were described as "Here be Dragons". In teaching research in counselling and psychotherapy our experience can be described employing a similarly strong metaphor. The introduction of research as a topic to students, colleagues and other practitioners, generally evokes anxiety. "We are not dragon-land explorers" they protest, metaphorically speaking.

Schism between Practice and Research

People who become counsellors generally do so out of a desire to become a practitioner. Currently, however there is a clear schism between practicing counselling and researching it. As far back as 1986, a survey suggested that counselling practitioners rarely engage in or consult research, and feel more negatively than psychologists towards research (Morrow-Bradley & Elliott, 1986). Indeed, experience with clients, supervision, and consultation with others is more valued (Ogilivie et al., 2005). In 2010, Castonguay and colleagues concluded that 'the practice of many full time psychotherapists is rarely or non-substantially influenced by research' (2010, p.346). Two years later McDonnell et al.,. (2012) noted that research continues to have only a minimal impact on counselling and psychotherapy practitioners.

Ireland Is No Different

So where does Ireland stand in this matter? The most recent study of Irish counsellors and research was conducted by Ó Braonáin (2015). He found from 54 responses (sampled from a total of 200 IACP practitioners - a response rate of 27%) that 87% believed that research was relevant to their client practice. When asked if they were likely to conduct research 31% said yes and 44% said maybe. Yet from this survey only 13% had already conducted research as qualified psychotherapists. One question evoked and to date unanswered by this research or that of an earlier study by Ryan (2013), is to what extent research is consulted to enhance practice? We know that research should be relevant to our practice but how many practitioners consult it about their clients? When did we as practitioners last consult a research article and for what purpose? In the absence of research, it seems likely we are no different from our counterparts in other countries.

Why the Schism?

Why don't counselling practitioners use research? McDonnell et al.,. (2012) found that practitioners believed that research is not relevant to practice. Many of the research questions reported are far away from the complex reality of every day practice. The research client groups bear little resemblance to those we meet in practice. In addition, the manner

in which research findings are communicated make it difficult for some practitioners to find what is relevant to practice and according to some study findings there is too much emphasis on statistics (Morrow Bradley & Elliot, 1986). Furthermore, when looking to engage in research into their own practice, counselling practitioners are apprehensive and overestimate the potential negative effects on their clients and on the counselling/therapy process (Marshall, 2001). The schism is wide between practice and research. However, this gap is characterized by one further distinctive attribute, it is the source of conflict. Indeed, stronger metaphors may again be apt. "Calling it a gap is like saying there is an Israeli-Arab gap in the Middle East. It is a war, involving deeply held belief political passions, views of human nature and the nature of knowledge, and – as all wars ultimately involve – money, territory and livelihoods" (Tavris, 2003, p.xiv). In developing the practitioner-researcher, how then are we to negotiate two intrinsic challenges of studying research, namely dragons (a territory not explored and often avoided) and conflict?

Knowledge is Power

In "The Art of War" Sun Tzu writes "if you know the enemy and know yourself, you need not fear the result of a hundred battles". This must be our developmental approach. Any intrepid practitioner looking to engage effectively must take into account the "complex and controversial field of psychotherapy research" (McDonnell et al., 2012) which he or she approaches. First, they must understand that researchers' attitudes to research are impacted by their theoretical orientation (McDonnell et al., 2012). Each researcher holds beliefs about the purpose of research and how research should be conducted. For simplicity, let's look at two broad orientations, P and C.

Orientation P: Positivism to Post Positivism

P believes that there is real and objective truth. The goal of research, is to uncover that truth. The researcher stands apart from the subject of his/her investigations and produces impartial knowledge of the phenomenon under study. Through objective measurement and deductive reasoning, Universal Laws can be uncovered. Researchers can replicate the findings of each other's work. Broadly speaking, P is the orientation that underlies Quantitative Research.

Orientation C: Constructivism to Critical Theory

C believes that truth is relative. What is true for me may *not* be true for you. Truth is constructed and negotiated by deeply embedded cultural historical and linguistic influences. It is impossible to be objective because a researcher's identity and standpoint shapes the research produced. One of the values of research is that it should be transformational and empowering for participants. Broadly speaking, C is the orientation that underlies Qualitative Research.

These differing beliefs of P and C within research are often a source of controversy and are part of the roots of the schism between research and practice. An unthinking explorer becomes more afraid of dragons if the dragons are fighting amongst themselves. Our developing practitioner-researcher must instead become a thinking explorer.

Understand the Skirmishes

Across these orientations, two of the most controversial issues are the use of Randomised Control Trials (R.C.T.) – primarily a quantitative research method - and Evidence Based Practice (E.B.P.). Let's seek to understand these broadly.

R.C.T.

Participants in an R.C.T. are randomly selected to either a group receiving the particular treatment under investigation or to a group receiving a placebo treatment or a standard treatment as the control. In some countries there are requirements for therapies to employ R.C.T. research as evidence for their effectiveness. For example, R.C.T.s are seen by the National Institute for Clinical Excellence (NICE) in the U.K. as the gold standard. R.C.T.s are controversial. Like all research methods there are real shortcomings. R.C.T.s are favoured by the medical profession and herein lie some of the seeds of disagreement.

A population of researchers and writers disagree that counselling a client is equivalent to treating a patient with drug therapy (Elkins, 2009 & Mollon, 2009). Others argue that although R.C.T.s have internal validity the findings cannot be generalised to actual counselling practice (Henton & Midgley, 2012). Other issues have also been identified such as the finding that RCT outcomes can be predicted by looking at the allegiances of the Principal Investigators (Luborsky et al.,., 1999), and that RCTs tend to study pure treatment models but real therapy is often delivered in a more mixed and hence impure manner (Henton, 2012) and that the therapy outcomes are due to wider common factors such as the therapeutic relationship (Norcross & Wompold, 2011) or client/therapist characteristics (Bohart,2006). A famous row in 2011 in Therapy Today (the U.K. equivalent of this

journal) between Mick Cooper and House et al. is further testimony that there is a real skirmish.

E.B.P.

Evidence based Practice is a top down research method. The term was coined originally from Evidence Based Medicine which attempted to reduce error in medical treatment choice by grounding therapeutic decisions in the best available research evidence (Sackett, 2000). It attempts to integrate this evidence with the efficacy of treatments in real-world settings, with clinical judgment and with client preferences. It is controversial in that researchers, apart from clinicians, decide what good research is, and also decide what weight is given to client issues and clinical research. Once the developing practitioner-researcher is aware of these conflicts, one further aspect must be developed for the approaching challenge.

Attitude

From general teaching of research in related subjects (such as the Social Sciences) student motivations often pose an obstacle to teaching research. Baloglu and Zellhart (2003) write of students' anxiety and even antipathy towards quantitative methodology such as statistics. Students who apply for Social Sciences-like subjects do not have a concurrent interest in Mathematics and research is seen as being associated with maths-like methodologies (MacInnes, 2012 and Williams et al., 2008). Studies have shown us that trainee counsellors are deeply ambivalent about research: they feel alienated from it (Gelso, 1979) and they fear it (Moran, 2011). In Widdowsen (2012), this negative attitude was confirmed. Students felt it was irrelevant to practice, difficult to read and understand research articles and they had little time or resources to dedicate to it. Interestingly, students also wanted to learn about research, undertake research and make use of existing studies and knowledge in their work!

How Training Hinders

In acknowledging the attitude problem, it is also noteworthy that, according to Gelso (2006) the training institutes do little to help. "Although this is starting to change, historically, research methods training is a weak area in the academic counselling community, as many came into teaching via practice. In addition, not all lecturers in this area…. have any research methods background" (Rutten & Hulme, 2013, p.8). MacInnes, (2012) adds to this, claiming that the teaching of skills is delivered in contexts largely divorced from situations in which those skills are used.

Our Part

For our own part, in Cork Counselling Services Training Institute, we inadvertently began our teaching backwards! In 2013, we expanded our training to degree level, beginning with a top-up programme for those with a Diploma. Our training-needs analysis (TNA) clearly showed us that we needed to provide trainees with an opportunity to upskill in research. However, student feedback after the first module on research was very mixed. "*Really the time would be better spent on further aspects of practice", "I was completely overwhelmed", "We needed more teaching*" and (thankfully) *"I'm amazed that I'm interested in research" and "I can do this*." Our institute needed to take stock.

How Training Can Help

We could not accept the feedback that the time spent teaching research is wasted. As an institute teaching Humanistic Integrative Therapies, we believe it is a moral, ethical and interpersonal imperative to engage in the systematic study/ research of our work. Research is also not alien to our approach as Rogers and colleagues were ground-breaking pioneers in the realm of research in psychotherapy (Rogers & Dymond, 1954; Rogers, Gendlin, Kiesler, & Truax, 1967).

Without research, we are saying to clients and the public that we know counselling works based solely on our experience of practice. This stance is simply not credible and we believe it is in direct conflict with the values we espouse. Research shows that only in 30%-40% of instances do therapists agree with clients on what is significant in sessions. In fact, it suggests that 60%-70% of time we are not clear about what is and what is not working in therapy (Timulak, (2008), Lambert (2010). We need to study what clients and counsellors co-create in the therapeutic space and to systematically study what clients say and what they experience as its impact on them We also do not believe that this is the sole preserve of Humanistic Integrative approaches but it is an imperative for all of the relational therapies.

At the same time, we cannot ignore the difficulties in what we were looking to do. It is complex. How do we conduct research that is systematic meaningful valid and reflective of practice and ensure it reflects the values we espouse? This is the world to which we need to introduce counselling students. It is not an insignificant challenge.

As a result of our deliberations, we have decided to teach research forwards! We believe that rather than bringing it in to the end of our programmes, that students need to incrementally learn about research and the need for research from the beginning.

Teaching Research Effectively

We believe that we need to support students from their enrolment to critically read and understand research. We would like students to eventually be able to acknowledge the limitations of R.C.T.s and E.B.P. and to accept that they will not help answer many of our practice questions (McLeod, 2017). All forms of research have a place in the practitioner-researcher's arsenal and should be employed according to the question posed. Both quantitative and qualitative methodologies are required in our understanding of the complex and rich tapestry of relationships in which both counsellors and clients engage.

We aim to develop students' appreciation that the conflict about what research means, what it measures and how it measures is hugely valuable. As McLeod (2017) points out, since the time of Galileo there has always been a political dimension which has meant an ongoing and necessary debate about the validity of research findings. This should not be seen as a reason to reject research, on the contrary, such conflict is eventually the source of major paradigm shifts in science. "We owe almost all our knowledge not to those who have agreed but to those who have differed" (Colton, 1800).

In line with our own preliminary research and the prevailing wisdom from Geslo (2006) and Widdowsen (2012), we want to support students to gradually find their own research questions from practice, and to reassure all trainee counsellors that research skills are not alien to practitioners. Additionally, we want to use our experience as practitioners and researchers to mentor and encourage senior students to actually engage in conducting research. We believe by fostering inclusiveness and acknowledging the novice researcher both internally and externally, that the student can become a researcher. Whether a developing practitioner-researcher is excited or deeply perturbed by research in counselling and psychotherapy, it is important that their voice is heard and their work is seen.

Our aim is that the relational therapists will become a practitioner-researcher, returning to the roots of their approach and becoming re-involved in research. Otherwise," practice that is based too much on one source of knowledge may end up being problematic or destructive in some way" (McLeod, 2017p.36). The profession must chart new maps of the world – of territories undiscovered and unvisited. A brave world of research with its accompanying conflicts, developments and challenges awaits.

Conclusion

And so if the world of research is "here be dragons" territory for us, we need to consider the following! In the land of the imagination where people are afraid of dragons - it is first and foremost a reasonable fear! Dragons do have a number of qualities that make being afraid of them a very commendable response. Attributes like their terrible size, their ability to spout fire, or the way they crack boulders into splinters with their massive talons…. *and yet, let's not lose touch with one salient and concrete fact* (from Whiteland, 2000) that "the only terrifying quality that dragons do *not* possess is that of existence."

References

Baloglu, M., & Zelhart, P. (2003). Statistical anxiety: a detailed review. *Psychology and Education, 40*, 27–37.

Bohart, A. C. (2006). The active client. In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), Evidence-based practices in mental health: Debate and dialogue on the fundamental questions. Washington, DC: American Psychological Association.

Castonguay, L.G., Nelson, D.L., Boutselis, M.A., Chiswick, N.R., Damer, D.D., Hemmelstein, N.A., Jackson, J.S., Morford, M., Ragusea, S.A., GowenRoper, J., Spayd, C., Weiszer, T., & Borkovec, T.D. (2010). Psychotherapists, Researchers, or Both? A Qualitative Analysis of Experiences in a Practice Research Network. *Psychotherapy: Theory, Research, Practice, Training, 47(3)*, 345-354.

Colton, C.C. (1800:2014) Lancon or many things in few words: Addressed to those who think. Whitefish MT: Kessinger.

Cooper, M. (2011). Meeting the demand for evidence-based practice. *Therapy Today, 22* (4), 10–16.

Elkins, D. N. (2009). The medical model in psychotherapy: Its limitations and failures. *Journal of Humanistic Psychology, 49,* 66–84.

Gelso, C.J. (1979). Research in counselling: Methodological and professional issues. *The Counselling Psychologist 8(3)*, 7-35.

Gelso, C.J. (2006). On the making of a scientist practitioner: A theory of research training in professional psychology. *Training and Education in Professional Psychology, S* (1), 3-16.

Gelso, J. (2009). The time has come: The real relationship in psychotherapy research. .*Psychotherapy Research*, *19 (3),* 278-282.

Hammersley, M. (2012). Is it possible to teach social research methods well today? *Discussion paper presented at HEA Social Sciences Teaching and Learning Summit: Teaching Research Methods, University of Warwick, June* 21–22.

Henton, I. (2012). Practice based research and counselling psychology: A critical review and proposal. *Counselling Psychology Review 27 (3)* 11-28.

Henton, I. & Midgley, N. (2012). "A path

in the woods." Child psychotherapists' participation in a large randomised controlled trail. *Counselling and Psychotherapy Research 12 (3)* 1-10.

Lambert, M. J. (2010). *Prevention of treatment failure: The use of measuring monitoring and feedback in clinical Practice.* Washington DC: APA.

Luborsky, L., Diguer, L., Seligman, D. A., Rosenthal, R., Krause, E. D., Johnson, S., et al.,. (1999). The researcher's own therapy allegiances: A "wild card" in comparisons of treatment efficacy. *Clinical Psychology: Science and Practice. 6*, 95–106.

MacInnes, J. (2012). Quantitative methods teaching in UK higher education: the state of the field and how it might be improved. *Paper presented at the HEA Social Sciences Teaching and Learning Summit: Teaching Research Methods, University of Warwick, June 2012.*

McLeod, J. (2017). Why read research? *Therapy Today*, *28*, *(5)*, 34-37.

Marshall R.D., Spitzer R.L., Vaughan S.C., Vaughan R., Mellman L.A., MacKinnon R.A. & Roose S.P. (2001). Assessing the subjective experience of being a participant in psychiatric research. *American Journal of Psychiatry*, *158 (2),* 319-321.

McDonnell, L., Stratton, P., Butler, S., & Cape, N. (2012). Developing research-informed practitioners – an organisational perspective. *Counselling and psychotherapy research: Linking research with practice, 12 (3), 1-11.*

Midgley, N. (2004). Sailing between Scylla and Charybdis: Incorporating qualitative approaches into child psychotherapy research. *Journal of child psychotherapy, 30 (1),* 89–111.

Midgley, N. (2012). The therapist's perspective on participation in research: Learning from experience. *Counselling and Psychotherapy Research, 12 (3),* 165-166.

Mollon, P. (2009). The NICE guidelines are misleading, unscientific, and potentially impede good psychological care and help. *Psychodynamic Practice: Individuals, Groups and Organisations, 15, 1,* 9-24.

Moran, P. (2011). Bridging the gap between research and practice in counselling and psychotherapy training: Learning from trainees. *Counselling & Psychotherapy Research, 11(3)* 171–178.

Morrow-Bradley, C., & Elliott, R. (1986). Utilization of psychotherapy research by practicing psychotherapists. *American Psychologist, 48 (2),* 188-197.

Norcross, J.C., & Wampold, B.E. (2011). Evidence-based therapy relationships: Research, conclusions and clinical practices. *Psychotherapy, 48(1),* 98-102

Ó Braonáin, C. (2015). The research engaged therapist: Why Counsellors need to embrace systematic investigation. *Éisteach, 15 (3),* 18-22.

Ogilvie, A.J., Abreu, I. & Safran, J.D. (2005). What findings do psychotherapy researchers use in their own practice? A survey of the Society for Psychotherapy Research, *The New School Psychology Bulletin, 3 (2),* 17-34.

Rogers, C.R., & Dymond, R. (Eds.). (1954). *Psychotherapy and personality change.* Chicago: University Press.

Rogers, C. R., Gendlin, E. T., Kiesler, D. J., & Truax, C. (1967). *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics.* Madison, WI: University of Wisconsin.

Rutten, A. & Hulme, J. (2013). *Learning and teaching in counselling and psychotherapy.* York: Higher Education Academy.

Ryan, L. (2013). *Irish association for counselling & psychotherapy members' survey report* (Report No. J.5122). Dublin: IACP.

Sackett, D., (2000). *Evidence-based Medicine: How to Practice and Teach EBM, Volume 1,* Edinburgh: Churchill, Livingstone.

Sun-Tzu, and Griffith, S. (1964). *The art of war.* Oxford: Clarendon.

Tavris, C. (2003). The widening scientist – practitioner gap: A view from the bridge. In Lilienfeld, S, O., Lynn, J.S. and Lohr, J.M. *Science and pseudo-science in clinical psychology.* New York: Guildford.

Timulak, L. (2008). *Significant events in psychotherapy: An update of research findings* paper presented at Scot/Con Scottish SPR seminars. Glasgow.

Whiteland, D. (2000). *The book of pages.* U.K: Pow Books.

Widdowsen, M. (2012). Perceptions of psychotherapy trainees of psychotherapy research. *Counselling and Psychotherapy Research.* June, 1-9.

Williams, M., Payne, G., Hodgkinson, L. and Poole, D. (2008). Does British Sociology Count? Sociology Students' Attitudes to Quantitative Methods. *Sociology. 42(5),* 1003-21.

Karen Walsh

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Karen is committed to working as a relational psychotherapist (Integrative Humanistic) as part of a community counselling organisation. Not surprisingly her current research interests are the challenges of undertaking research as a humanistic integrative therapist and how to improve the teaching of research to practitioners.

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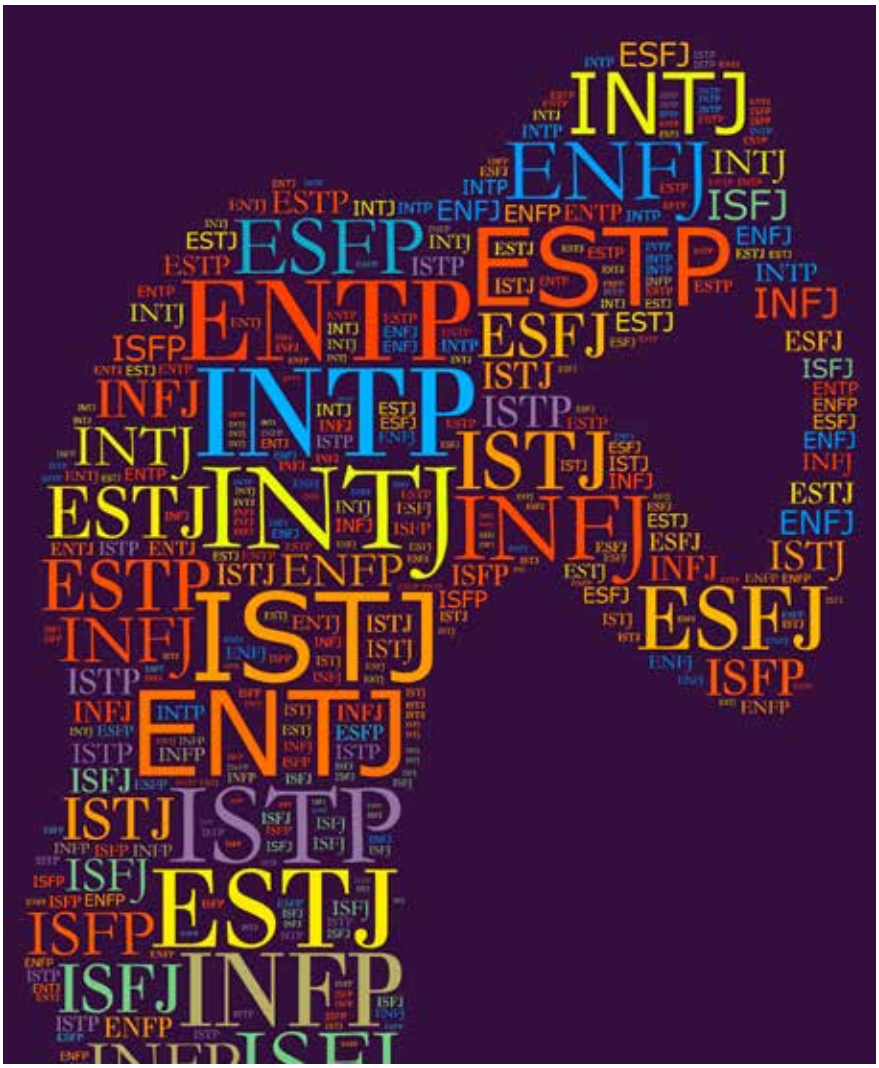
Research

Are Cork Counsellors Predictable Types?

By Hugh Morley



Introduction

Put simply, this research asks the question *"what are ye like?"* of a city's counsellors and examines the implications of their answer. Specifically, it explores if the Jungian psychological types of I.A.C.P. accredited counsellors in Cork City bear out hypotheses from the literature about in-born disposition to their work. An exploratory field study is taken to test the following four hypotheses

1. That these counsellors are more likely to employ feeling in decision-making than thinking.

2. That they are more likely to take an intuitive approach to taking in information than a sensing approach.

3. That they are therefore likely to demonstrate what Myers (Myers et al., 1998, p.42) calls the "enthusiastic insightful" psychological type (equating to what Keirsey (1998) calls the "idealist temperament").

4. That this indicates a pre-disposition to the work of client-centered counselling and contra-indicates a pre-disposition to the work of quantitative research (which the conference in which the paper is delivered seeks to promote.)

Rationale for Research

The author seeks to highlight that should counsellors follow predictable Jungian psychological type patterns, there are important professional implications around potential group-think and collective blind spots which demand serious attention. There is also an implication for assessment of the suitability of applicants applying for professional courses.

Psychological Type & Occupational Choice

"Someday", said Carl Jung, "psychologists will have to agree upon certain basic principles secure from arbitrary interpretation, if psychology is not to remain an unscientific and fortuitous conglomeration of individual opinions" (Jung, 1921, p.506). His psychological type theory, based on years of clinical observation, was a search for such basic principles. He was to hypothesise that people develop behavioural preferences in structured ways early in life and that these preferences are universal, inborn and lasting. Jung linked these behavioural preferences to vocational choices

(Jung, 1921). Indeed, he believed that all psychic energy had a teleological (or purposeful) function.

Based on Jung's work and demonstrating the courage to modify it partially, Isabel Briggs Myers and her mother, Katherine Cook Briggs developed a psychometric profile for Jungian type theory called the Myers Briggs Type Indicator (MBTI), and over time provided ample research evidence to support Jung's pioneering hypothesis about behavioural preference. Although Jung's observations were based on clinical observation of patients, the two women published their work for use by the wider public to assist in gaining improved self-awareness and an understanding of psychological type and dynamics (Briggs Myers & Myers, 1980, Briggs Myers, 1998). Their original purpose for doing this was to assess vocational suitability in war time America (Myers & Myers, 1980). From a young age, people are most interested in their preferred processes and particularly in exercising their dominant one "becoming more skilful and differentiated in their use" (Myers et al. 1998, p.27). "Most people, from infancy up, enjoy one more than the other... their enjoyment extends from the process itself to activities requiring the process" (Myers and Myers, 1980, p.2). It is possible to hypothesise therefore that we are born to our most sensible occupational choice (akin to the idea of "vocation") based on preferred skills and qualities which will differentiate us as we use them, presuming we have the opportunity.

By the arrival of the twenty first century, "continuing research and development for more than 50 years has made the current MBTI® the most widely used instrument for understanding normal personality differences" (Kennedy and Kennedy, 2004, p.38). For Carl Jung, it seems, the "someday" had arrived.

Myers Briggs Type Indicator

Specifically, the MBTI® measures "behavioural preference" on four *ipsative* (or forced-choice) axes of preference which are combined to result in one of 16 different psychological types, denoted using four letters. These "sort people into equally valuable groups to which in accordance with Jung's theory, they already belong" (Myers, McCaulley, Quenk and Hammer, 1998, p.11).

*The first axis of preference (*E-I) assesses the favoured attitude a person adopts in sourcing their energy. An extravert (E) sources it from the outer world of objects, people and action whereas an introvert (I) sources it from within themselves, the inner world of ideas and reflection.

The second axis of preference (S-N) assesses the favoured function a person employs in the process of taking in information. A sensing person (S) takes in information through their five senses and focuses on practical facts and realistic details whereas an intuitive person (N) looks to the big picture, seeking patterns and underlying meaning, enjoying imagination, abstraction and possibility.

The third axis of preference (T-F) assesses the favoured function a person employs in the process of decision making. A thinking person (T) tends to make objective decisions with a focus on reason and logic whereas a feeling person (F) tends to put an emphasis on feelings, personal values and needs. The fourth axis of preference (J-P) assesses the favoured attitude in dealing with the world. A judging person (J) tends to live a structured, controlled life, which is systematic, scheduled and organised whereas a perceiving person (P) prefers a spontaneous, exploratory, adaptive and flexible approach to life.

The four preferences selected by the candidate lands them in one of sixteen psychological types, each with a list of associated characteristics. *ESFJ* is a possible example (see figure 1).

"In terms of the theory, people may reasonably be expected to develop greater comfort and facility with the processes they prefer to use and with the attitudes in which they prefer to use them" (Myers et al. 1998, p.7). This does not mean that they cannot develop behaviours associated with their non-preferences, it simply takes more time and energy to do so. It is easier to swim with the tide than against it.

MBTI® and Temperament

In his book, "Please Understand Me II: Temperament, Character, Intelligence" Keirsey (1998)

ISTJ	**ISFJ**	**INFJ**	**INTJ**	***ESFJ*** - Warm hearted, conscientious and cooperative. Want harmony in their environment, work with determination to establish it. Like to work with others to complete tasks accurately and on time. Loyal, follow through even in small matters. Notice what others need in their day to day lives and try to provide it. Want to be appreciated for who they are and what they contribute.
ISTP	**ISFP**	**INFP**	**INTP**	
ESTP	**ESFP**	**ENFP**	**ENTP**	
ESTJ	***ESFJ***	**ENFJ**	**ENTJ**	

Figure 1. MBTI® Reported Types – with characteristics shown for one of the 16 types, ESFJ. (Based on Myers, 1998)

MBTI® Types	Keirsey Temperament	Characteristics
SP (Sensing with Perceiving)	Artisan	Want to be free to follow impulses, show skillfulness and make an impression
SJ (Sensing with Judging)	Guardian	Will want to belong, do duty and be responsible
NF (Intuition with Feeling)	Idealist	Wish to be authentic, unique, self-actualising and to aim for the best, need purpose and significance, like cooperation and look to act ethically, trust their intuition first, enjoy empathic relationships, gifted at unifying diverse people and helping individuals realise their potential
NT (Intuition with Thinking)	Rational	Wish to achieve, show competence and exercise ingenuity, like to understand operating principles and value expertise, consistency, precision and progressive ideas, tend towards pragmatic and utilitarian action, trust their logic and analysis first, enjoy complexity, theory and models, research

Figure 2. MBTI® mapped to temperament

mapped temperament to the Myers Briggs Type Indicator® . While type theory and temperament theory are separate ways to explain personality, they have similar constructs (see figure 2).

It is of particular interest in this study to contrast idealist and rational temperaments and they are therefore presented above in more detail. The former is the temperament predicted for counsellors in the literature and the latter is the temperament most suited to the activity of research which the conference seeks to promote. Interestingly, the author contends that only the idealist temperament holds Maslow's self-actualisation as a conscious goal. Idealists alone value themselves to the degree that they achieve this aim. It is speculated by Keirsey (1998) that Maslow and Rogers, two giants of humanistic counselling were of idealist temperament.

Characteristics

Statistically, the idealist temperaments "predominate among providers of psychological services, are overrepresented among client-centered psychologists, and are overrepresented among students seeking counselling". This research is attributed to Quenk & Quenk (1996) and is just one of many studies looking at MBTI® profiles amongst counsellors. Newman (as cited in Myers et al., 1998, p.247) for example reported that intuitive types (N) scored significantly higher than sensing types (S) on ability to identify implied meanings. DiTiberio (as cited in Myers et al., 1998, p.247) found intuitive types (N) higher for covert feeling messages. Both skills are useful in counselling.

In each of the following studies, a significantly higher number of Feeling preferences were recorded than Thinking preferences, which seemed to confirm the hypothesis that the profession attracts more Feeling than Thinking types. There was also a predominance of Feeling (F) paired with intuition (N), the "enthusiastic insightful" psychological type (equating to the Idealist temperament) (see figure 3).

According to Tieger and Barron-Tieger (1995), "it is no coincidence that more NFs become therapists than people of any other temperament. Understanding people, helping them to grow,

Researcher	Population Studied For Psychological Type Patterns
Casas & Hamlet (1984)	Canadian student counsellors were assessed in a clinical training center to determine client-counsellor compatibility.
Coan (1979)	Psychologists were assessed in this examination of personal and theoretical pathways.
McCaulley (1977)	Psychiatrists and child psychiatrists were assessed to identify typology patterns.
Newman (1979)	Counselling students were assessed to examine if they used their typology in counselling.
Passmore et al. (2010)	Counsellors and business coaches were assessed to explore differences and the implications for practice for therapists and coaches: It posed the question: are executive coaches really like counsellors?
Beck*	Counselling supervisees
Levell*	Counsellor trainees
Levin*	Psychotherapists of various orientations
Terrill*	Secondary school counsellors

Figure 3. Topics researched for type patterns within counselling arena
*as cited in Briggs Myers et al., 1998, p.247

develop and become happier in their lives is a central drive for many NFs (p.101)". Myers and Myers (1980) comment that "the personal warmth and commitment with which the NF people seek and follow up a possibility are impressive. They are both enthusiastic and insightful and they are most likely to find success and satisfaction in work that calls for creativity to meet a human need. They may excel in counselling, clinical psychology, psychiatry" (p.3). Indeed the work of A.L. Hammer (1993) shows that counselling is an occupation recommended for psychological types INFJ, INFP and ENFP in particular, based on psychological type surveys.

Research Design

The research approach in this local study is quantitative, using respondent-completed questionnaires to complete an analytic survey. The outputs of these questionnaires lent themselves to quantitative analysis and trend identification. The research is deductive, testing a theoretical structure through empirical observation. The research is nomothetic with "an emphasis on the importance of basing research upon systematic protocol and technique" (Gill & Johnson, 1997, p.37).

Population & Sampling

A sampling strategy is determined by defining the research population (registered I.A.C.P. counsellors and psychotherapists listed as operating in Cork City on *www.iacp.ie)* and by designing a means of accessing a random and representative sample. This enables the outcomes from the sample to be generalised to the larger population with a degree of confidence.

As of March 2017 there were 130 I.A.C.P. accredited practising counsellors in Cork City according to the I.A.C.P. website. The population size is therefore of this order. The sample size needed to achieve my goals is calculated statistically, tolerating a margin of error of 15% with a confidence level of 90%. The standard deviation is set at 50%, using statistical formula, the necessary sample size is 25 using the following sample size formula:

$$Sample\ Size = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1+\left(\frac{z^2 \times p(1-p)}{e^2 N}\right)}$$

Desired Confidence Level	z-score
80%	1.28
85%	1.44
90%	1.65
95%	1.96
99%	2.58

Where N = population size = 130, and e = margin of error = 0.15, and z = 1.65 (where z is the no. of standard deviations a given proportion is away from the mean as per the above table) and p =.5 standard deviations.

Questionnaire

Psychological type was assessed by the self-scoring version of MBTI® Step 1 (European English Edition), a proprietary questionnaire with forced-choice item format across 88 items using a simple approach to scoring, yielding raw scores which generate preference scores (Kendal, 1998). It requires trained administration and marking, a training which the author has received from it publishers, Oxford Psychological Press. The same questionnaire is available online on OPPassessment® (www.opp.com) and is made available as an alternative to all participants.

Respondents

Most names on *www.iacp.ie are accompanied* by full contact details. The author approached by email and by voicemail those of the 130 member population for Cork City who have listed both email and phone number. They were given a choice of doing the questionnaire online via OPPassessment or by posting a questionnaire to fill out and a stamp-addressed envelope for its return to me, should they prefer.

Ethics

The IICP Education and Training Research Ethics Committee approved the research prior to commencement. The author also complied with the Irish Association for Counselling and Psychotherapy Code of Ethics and Professional Practice in relation to contacting potential participants. Potential risk to participants has been considered and ameliorated. Complete anonymity and confidentiality was imperative. It was also essential that the author held a current license for use of MBTI® product as it is a copyrighted product and photocopying of questionnaires is strictly prohibited. In looking for up to 25 participants to return complex questionnaires, the author did not offer any reward or inducement for their return.

Data Collection and Analysis

The data from the sample was collected and tabulated. The study needed a means to compare the sample with a base population in order to be able to test our hypotheses. We want to find out if our survey sample is representative of the general population, or significantly different in some way.

Because our survey is done in Cork, a suitable base population would be an Irish norm group. The best data available currently is a group of Irish nationality English-speaking OPPassessment respondents (n=7,710) taken from Oxford Psychological Press (2016). These are people from all walks of life (though there may be a professional bias due to the frequent use of OPPassessment by corporations.) We will assume also that this represents our client base. We can then employ Pearson's chi-square and Fisher's exact test to finish. These are statistical tests commonly used to see if there is good fit between observed sample data and data from a much larger base population.

Conclusions

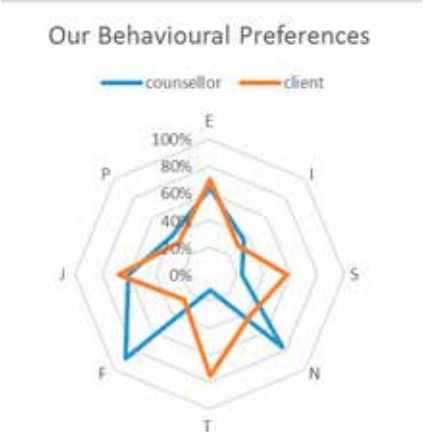
Our first hypothesis, that I.A.C.P. accredited practising counsellors in Cork City are more likely to employ feeling (F) than thinking (T) in the process of decision-making, is verified with a confidence level of 90%. Even with a margin of error of 15%, the 88% of the sample expressing this preference (over 3 times the base population) makes it a safe conclusion.

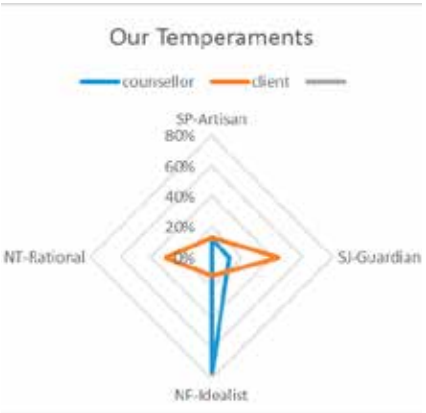
Our second hypothesis, that I.A.C.P. accredited practising counsellors in Cork City are more likely to take an intuitive (N) approach than a sensing (S) approach to taking in information, is verified with a confidence level of 90%. Even with a margin of error of 15%, the 76% of the sample expressing this preference (over 1 and ¾ times the base population) makes it a safe conclusion.

Our third hypothesis, that I.A.C.P. accredited practising counsellors in Cork City are more likely to demonstrate the "idealist temperament" than any other temperament, is verified with a confidence level of 90%. Even with a margin of error of 15%, the 76% of the sample expressing this preference (over 6 times the base population) makes it a safe conclusion.

Our fourth hypothesis, that I.A.C.P. accredited practising counsellors in Cork City are pre-disposed to the work of client-centred counselling is suggested, but not proven, by the emphatic outcome of our third hypothesis above in conjunction with the work of Quenk & Quenk (1996) who showed that the idealist temperament predominates among providers of psychological services".

Professional Implications





Presuming our clients represent the general population, they are very different to their counsellors in how they take in information. What a counsellor knows intuitively may need to be explained step by step to a sensing client. While a counsellor may want a client to get in touch with feelings, the client may legitimately want the counsellor to take a more rational approach. In other words, with self-awareness of our own preferred styles, we are best to tune in to the client's style and then flex our approach if necessary so that we are better understood by our clients. Where relational depth is a (and perhaps "the") key differentiator in counselling, this can only be facilitated where a counsellor has an awareness and model for understanding diversity in behavioural preference and knowing how to build bridges. Intuition is useful here.

Presuming our clients represent the general population, their temperaments are often very different to ours. According to Keirsey (1998), the wish to be authentic, to self-actualise and to aim for the best are (in the round) functions of the counsellor's Idealist temperament, and such ideas may not initially attract Artisans who will want to be free to follow impulses, show skillfulness and make an impression, may not initally attract Guardians who will want to belong, do duty and be responsible and may not initially attract Rationals who will want to achieve, show competence and exercise ingenuity. Again, we need to be aware of the basic differences when looking to relate, and be prepared to flex our style.

The need to appreciate diversity may emerge for counsellors, for which they will need special awareness and an ability to communicate across type preference. According to McLeod (2001) "Counselling and psychotherapy research is different from contemporary medical and pharmaceutical industry research,

in which breakthroughs are made in laboratories and then tested in the field; in counselling and psychotherapy, innovations and new ideas emerge from practice". If our profession is "bottom-up" in its approach, then the psychological type of the counsellor will have a huge bearing on practice development.
This research has added to the already plentiful work done on verifying the MBTI® as a self-assessment and self-awareness tool for would-be counsellors. While it is not recommended as a recruitment psychometric, it is certainly useful for counsellor personal development purposes. The MBTI® may be a useful self-assessment and self-awareness tool which might lower the drop-out rate in counselling and psychotherapy education.

The study seems to demonstrate that there are few counsellors who have a natural preference for the rational, realistic and detailed world of quantitative research, requiring S and T preferences. Counsellors tend to be Idealists, with a preference for qualitative, intuitive approaches. It is probably safe to infer they would prefer deductive than inductive research. Given the need for quantitative research to justify their work for both client and funding purposes, it is important they recognise their intrinsic bias against such research and act against that bias. While we all have particular behavioural preferences, this should never be used to limit our capacity as professionals.

References

Casas, E., Hamlet, J. (1984). Psychological types of clients, student counsellors and supervisors in a clinical training centre: Study of client-counsellor compatibility and therapy internship. Interim Report, CRSHC, Subvention No. 4108340428. Canada: University Of Ottawa.

Coan, R.W. (1979). Psychologists: Personal and theoretical pathways. New York: Irvington

Gill, J. & Johnson P. (1997). *Research methods for managers (2nd ed.),* London: Paul Chapman Publishing Ltd.

Hammer, A.L. (1993). *Introduction to type and careers.* Palo Alto California: CPP.

Jung, C. (1921). *The collected works, Volume 6, Psychological Types* (Translated by R.F.C. Hull) Bollingen Series XX., Princeton University Press.

Kendall, E. (1998). *MBTI® European English edition Step 1 Manual Supplement*. Oxford: OPP.

Kennedy, R.B., Kennedy, D.A. (2004). Using the Myers Briggs Type Indicator in career counselling. *Journal Of Employment Counselling. 41, 38-44.*

Keirsey, D. (1998). *Please understand me II: Temperament, character, intelligence (1st ed.).* California: Prometheus Nemesis Book Co

McCaulley, M. (1977). The Myers longitudinal medical study (Monograph II). Gainesville, FL: Centre for Applications of Psychological Type.

McLeod, J. (2001). Developing a research tradition consistent with the practices and values of counselling and psychotherapy: Why counselling and psychotherapy research is necessary. *Counselling and Psychotherapy Research: Linking research with practice*, *1(1), 3-11*, DOI: 10.1080/14733140112331385188.

Myers, I.B. & Myers, P.B. (1980). *Gifts differing: Understanding personality type;* Palo Alto, California: CPP.

Myers, I.B, McCaulley, M.H. (1985). Manual: A guide to the development and use of the MBTI® . Mountain View, California : CPP.

Myers, I.B., (1998) *Introduction to Type: A Guide to understanding your results on the MBTI® Instrument.* Palo Alto, California: CPP.

Myers, I.B., McCaulley, M. H., Quenk, N. L. & Hammer, A,L. (1998). *MBTI® manual: A guide to the development and use of the Myers-Briggs Type Indicator, 3rd Ed.* Palo Alto, California: CPP.

Newman, L. E. (1979). Personality types of therapist and client and their use in counselling. Research in Psychological Type, 2, 46-55.

Oxford Psychological Press (Dec 2016). *MBTI European data supplement*, Oxford: OPP

Passmore, J., Holloway, M., & Rawle-Cope, M. (2010). Using MBTI® type to explore differences and the implications for practice for therapists and coaches: Are executive coaches really like counsellors? *Counselling Psychology Quarterly, 23(1) 1–16*. DOI: 10.1080/09515071003679354.

Quenk, N. and Quenk, A. (1996). Counselling and psychotherapy. In A.L Hammer (ed.) *MBTI applications: A decade of research on the Myers Briggs Type Indicator*. 105-122. Palo Alto, California: CPP

Tieger, P.D. & Barron-Tieger, B. (1995*). Do what you are – Discover the perfect career for you through the secrets of personality type.* (2nd ed.). Boston: Little, Brown & Co.

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Research

When Irish Eyes Are Smiling:
Irish Therapists' Well-being and their Passion for the Work of Counselling & Psychotherapy.

By Jolanta Burke and Mike Hackett

Introduction

Counsellors and Psychotherapists in Ireland have a tradition of impassioned caring, dating back to the 1970s – a time generally recognised as the birth of counselling and psychotherapy in Ireland (Boyne, 1993). Further, though there now exists an enormous body of knowledge regarding therapeutic models, theories, interventions, tools and techniques, little has been written on role of passion in the work of therapy, the fuel which has inspired the growth of this profession in Ireland the over the last 50 years. Though the motivations for choosing counselling as a profession are extremely varied, our study looks at Irish Therapists' passion for the work of counselling and the types of passion they use in their work.

Passion is defined as a strong inclination toward a personally meaningful activity that is both loved and highly valued by an individual, which is why they are willing to invest a significant amount of energy and time in its practice (Vallerand, 2008). It has been a topic of interest for centuries amongst philosophers, writers and artists, however, only recently has it become the focus of attention of psychological researchers, most of whom study passion apropos of romantic relationships (Hatfield & Walster, 1978; Krapp, 2002).

However, in the world of work, passion has been linked to venture growth (Baum & Locke, 2004), well-being (Burke & Fiskenbaum, 2009), as well as entrepreneurial success (Cardon, Wincent, Singh, & Drnovsek, 2009). At the same time, research shows that whilst passion tends to significantly contribute to the quality of one's work life, the consequences of passion may vary between employees (Burke & Astakhova, 2015).

That variance between people is explained by the Dualistic Model of Passion, according to which, having a passion is not enough, because the way in which a passionate activity is internalised, has an effect on individuals' well-being (Vallerand & Houlfort, 2003). Therefore, passion can be either harmonious or obsessive. When passion is harmonious, individuals remain in control of their passion, which they engage in because they want to, not because they are driven by the compulsion to work. Moreover, as the name suggest, their passion is in harmony with other life activities. When passion is obsessive, individuals are unable to control their passion, which they experience as feeling under constant pressure to engage with it regardless of how harmful it may be to them (Rip, Fortin, & Vallerand, 2006). This results in them placing disproportionate emphasis on the impact the activity has on their identity and their lives.

Whilst harmonious passion has been linked to many positive outcomes, such as psychological adjustment at work, job satisfaction, positive mental health, flow, vitality and commitment (Forest, Mageau, Sarrazin, & Morin,

2011; Vallerand & Houlfort, 2003; Vallerand, Paquet, Phillippe, & Charest, 2010); obsessive passion is associated with lower job satisfaction, lower commitment to work, burnout, and higher levels of conflict in the workplace (Burke & Fiksenbaum, 2009; Vallerand et al., 2010). From the current literature, these outcomes are particularly pertinent for therapists (Skovholt & Trotter-Mathison, 2011).

In the field of counselling and psychotherapy, little research exists regarding passion vis a vis therapists and, to the authors' knowledge, none for Irish therapists where the possibility of burnout is ever present due to the nature of the work and the vastly diverse contexts in which the work of therapy is conducted (Egan & Carr, 2005; Craig & Sprang 2010; Bria, Băban, & Dumitraşcu, 2012). At the same time, claims have been made in the popular literature about the importance of experiencing passion in therapeutic work (e.g. Duncan, 2016; Talley, 1996). Furthermore, to date, therapists' passion has not been examined anywhere around the world, in the context of the Dualistic Model of Passion.

Well-being

There are various models of well-being that range from simple measures to more complex theories (Burke, 2016). One of the most comprehensive models is The Mental Health Continuum (MHC: Keyes, 2002), which incorporates individuals' level of languishing, moderate wellbeing and flourishing. According to this model, the absence of mental illness does not imply the presence of mental health; because individuals do not have depression, does not mean they are psychologically well. Some of them may be languishing i.e. their risk of experiencing mental health issues in the next 12 months is significantly higher than those who are well or flourishing. Flourishing individuals, have the highest levels of well-being as they "thrive, prosper and fare well in endeavours" (Michalec et al., 2008, pg 393).

The MHC is a composite of three wellbeing theories:

1. Emotional Wellbeing (Diener, 2000);
2. Social Wellbeing (Keyes, 1998) and;
3. Psychological Wellbeing (Ryff and Keyes, 1995).

Emotional Wellbeing (EWB) refers to the extent individuals experience higher levels of positive and lower levels of negative emotions; Social Wellbeing (SWB) denotes the level of social acceptance, growth, contribution, coherence and integration that an individual experiences; and Psychological Wellbeing (PWB) is a model based on the research by Freud, Jung, Rogers, Maslow and others (Burke, 2016) and incorporates such elements as self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations. The MHC model is a combination of these three well-being models.

High levels of flourishing are associated with fewer workdays missed, fewest chronic physical diseases and conditions, lowest levels of helplessness, highest levels of psychosocial functioning, resilience and intimacy (Keyes, 2007). Furthermore, they are less likely to be hospitalised, visit a doctor, or take medication (Keyes & Grzywacz, 2005).

With this in mind, this study aims to examine;

1. The effect of the presence of passion for work on the levels of therapists' flourishing and its subcategories and;
2. How much of the variance in the Flourishing and wellbeing scores can be explained by harmonious and/or obsessive passion.

Ethical Considerations

In advance of issuing our online research survey, the proposal for our study was presented, revised and subsequently resubmitted and approved by the Ethics Committee (part of the Teaching, Learning and Assessment Board) of PCI College.

Methodology

Participants and procedure

As counselling and psychotherapy are currently unregulated professions in Ireland, clinical work is vastly diverse and essentially self-regulated by counselling bodies established to uphold ethical and clinical standards and accountability. Access to participants then has focussed on polling members of the largest representative counselling and psychotherapy bodies i.e. the Irish Association for Counselling & Psychotherapy (IACP), the Irish Association for Humanistic and Integrative Psychotherapy (IAHIP), the Psychological Society of Ireland (PSI) and Addiction Counsellors of Ireland (ACA). In total, 1,604 email addresses were acquired from internet searches and an online research survey distributed by email with two follow-up reminders. The total number of respondents was 133 practicing therapists in the Republic of Ireland, aged between 27 and 70 years old (M=53.36, SD=9.26). Demographically, they were based mainly in Leinster (68.4%), Munster (22.1%) and the remaining in Connaught (7.4%) and Ulster (2.2%). Most practiced in large towns and cities (74.3%), but some worked in small towns and villages (25.7%). Most practiced Integrative Psychotherapy (64%),

however Humanistic, Pluralistic, Positive Psychology, Analytic Psychotherapy, CBT, Reality Therapy, Psychodynamic Therapy and other approaches also featured demonstrating the diversity of approaches practiced in Ireland presently. Echoing current Irish trends, 77.9% of therapists were female and report having worked as therapists for between 6 and 20 years (69.9%), some 19.9% were newly qualified therapists working between 1 and 5 years, and a further 10.3% had 20+ years of experience. Amongst the participants, most work between 10 to 20 hours per week (58.7%) as therapists (M=14.37, SD=8.94) and between 2 to 8 hours per week (24.4%) as supervisors (M=4.37, SD=3.17). Representative membership of counselling bodies were reported as follows; IACP (89%), IAHIP (7.4%), PSI (5.1%), APCP (1.5%), and other associations and bodies (or none) accounted for the remainder (11.8%).

Measures

Two measures were used in the current analysis, The Mental Health Continuum Short Form (MHC-SF: Keyes et al., 2008) and The Passion at Work Scale (PTWS: Vallerand & Houlfort, 2003).

MHC (Mental Health Continuum – Short Form)

The MHC is a 14-item instrument, using a 6-point Likert scale, indicating the frequency of well-being experience, ranging from "never" to "every day". The scale measures three types of well-being: emotional (EWB), social (SWB), psychological (PWB), and was scored by the research team as one overall score and 3 sub-scores. For illustration, a sample MHC question is as follows: "During the past month how often did you feel satisfied with life?". Past research showed high reliability at α>.80 (Keyes et al., 2008; Lamers et al., 2012). The current study results reveal reliability ranges between α=.788 and α=.873 for MHC and sub-categories.

PTWS (Passion at Work Scale)

The PTWS is a 16-item instrument, on a 7-point Likert scale ranging from "not agree at all" to "very strongly agree" on statements relating to work behaviour. The scale measures the presence of passion and the degree of obsessive and harmonious passion. The presence score derives from an aggregation of 4 items, whereas obsessive and harmonious passion scores are obtained from the difference between Z-scores. Thus, higher obsessive passion scores over harmonious passion scores indicate obsessive passion. For illustration, a sample PTWS question is as follows: "My work is in harmony with the other activities in my life.". The past reliability of the test is between α=.70 and α=.85 (Forest et al., 2011; Vallerand & Houlfort, 2003). Our results reveal reliability ranges between α=.74 and α=.84

Results

In the current sample, 38.5% of participants scored low on the presence of passion. Also, 48.5% of therapists experienced obsessive passion and the remaining 51.5% reported harmonious passion for work. In relation to well-being, less than 1% of participants reported languishing, 27.2% reported moderate well-being levels and the remaining 72.1% scored very highly indicating psychological flourishing.

The response to the first research question was investigated using Pearson's correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The results can be found in Table 1.

The results show that there is a small, positive correlation between passion and PWB (r=.268, *p*<.001). However, no statistically significant differences were found between passion and other variables. Therefore, the presence of passion is associated with higher levels of psychological well-being, but it is not associated with flourishing, emotional or social well-being.

Hierarchical multiple regression testing was carried out for research question number two to assess the ability of the two measures of obsessive and harmonious passion to predict levels of flourishing and its sub-categories (after controlling for age and number of years in practice). Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity.

MHC and obsessive vs harmonious passion

In the first model, the total variance

Table 1

Correlations between the presence of passion, flourishing and its subcategories of well-being.

Variables	1	2	3	4	5
Passion	-				
MHC	.167	-			
EWB	-.003	.743**	-		
SWB	.115	.890**	.571**	-	
PWB	.268**	.830**	.510**	.547**	-

Notes: p<.05, ** p<.001

explained by the model as a whole was 32%, F(4,125)=14.51, *p*<.001. The control measure explained an additional 29% of the variance in flourishing, after controlling for age and years of practice, R squared change = .31. *F change* (2,125)=28.79, *p*<.001. In the final model, only harmonious passion was statistically significant with beta value (beta=.560, *p*<.001). Therefore, results suggest that 32% of the difference in scores, between therapists, who flourish in life and those who do not, can be explained by the presence of their harmonious passion.

EWB and obsessive vs harmonious passion

In the first model, the total variance explained by the model as a whole was 10%, F(4,125) = 4.677, *p*<.001. The control measure explained an additional 12% of the variance in EWB, after controlling for age and years of practice, the R squared change = .118. *F change* (2,125) = 8.45, *p*<.001. In the final model, only harmonious passion was statistically significant at beta value (beta=.319, *p*<.001). Therefore, our results suggest that 10% of the difference in scores, between therapists, who have high scores in emotional wellbeing and those who do not, can be explained by their harmonious passion.

SWB and obsessive vs harmonious passion

In the first model, the total variance explained by the model as a whole was 22%, F(4,125)=8.88, *p*<.001. The control measure explained an additional 22% of the variance in SWB, after controlling for age and years of practice, R squared change = .22. *F change* (2, 125)=17.72, *p*<.001. In the final model, only harmonious passion was statistically significant at beta value (beta=.477, *p*<.001). Therefore, results suggest that 22% of the difference in scores, between therapists, who have high scores in social wellbeing and those who do not, can be explained by their passion, and particularly by the presence of harmonious passion.

PWB and obsessive vs harmonious passion

In the first model, the total variance explained by the model as a whole was 35%, F(4,125) = 4.574, *p*<.001. The control measure explained an additional 33% of the variance in PWB, after controlling for age and years of practice, R squared change = .33. *F change* (2,125) = 33.40, *p*<.001. In the final model, harmonious passion recorded a higher beta value (beta = .575, *p*<.001) than obsessive passion (beta = -.202, *p*<.05). Therefore, results suggest that 35% of the difference in scores, between therapists, who have high scores in psychological wellbeing and those who do not, can be explained by their passion, and particularly by the presence of their harmonious passion.

Discussion and Implications

In the current sample, 72.1% of therapists in Ireland reported psychological flourishing, meaning that their scores were high in all three types of well-being (EWB, SWB, PWB). On average, 39% of the population tested reported flourishing (Hone et al., 2014). Therefore, the prevalence rate of flourishing is significantly higher for therapists in Ireland than the general public.

At first glance, this seems somewhat inconsistent with other research showing that therapists' well-being is reduced as they are subjects to secondary traumatic stress (Figley, 2002), burnout or emotional depletion (Maslach, Schaufeli, & Leiter, 2000). However, the discrepancy between well-being scores of therapists and previous research findings may be due to the fact that the current study measures the symptoms of well-being that are different to ill-being and experiencing symptoms of both is not necessarily mutually exclusive (Burke, in press). Regardless of this, the heightened levels of well-being suggest that therapists in Ireland developed great tools that help them experience high levels of emotional, social and psychological well-being. Since the current study is the first measuring the prevalence of flourishing among therapists, there is no way to compare the results to other, international samples. Therefore, further research needs to be carried out using other flourishing scales, with larger and more diverse participants.

Presence of Passion

The first research question in the current study examined whether the presence of passion for work is associated with wellbeing and flourishing among therapists. The results showed no association between the levels of flourishing and emotional or social well-being. Therefore, the mere presence of passion is not enough for therapists to be well. This is contrary to a popular view of the importance of passion for work (Kang & Albion, 2006; Morrison, 2009), which assumes that people's lives and well-being is improved when they find passion and exercise it daily.

This lack of association between passion and EWB as well as SWB may be due to the fact that some forms of passion may increase the experiences of negative emotions and isolate people from others (Vallerand, 2015). Since MHC is a composite of EWB, SWB and PWB, the lack of statistically significant correlation for the first

two elements and passion may have affected the overall MHC. The only exception here was the small positive correlation between PWB and the existence of passion. Considering that PWB excludes affectivity and incorporates questions relating to meaning in life, self-growth or an ability to influence the environment, it is understandable that such a view of well-being is in line with finding a meaningful, goal oriented passion for work, regardless of how it makes therapists feel. Therefore, the current study showed that whilst having a passion can indeed make one's life more meaningful, it may also evoke a mixture of positive and negative emotions as well as potentially isolate therapists from individuals and communities around them.

Obsessive vs Harmonious Passion

The second research question examined how much variability in flourishing scores and its sub-categories can be predicted by harmonious and obsessive passion. Here again, the levels of obsessive passion were irrelevant for MHC, as well as EWB and SWB. However higher levels of obsessive passion were associated with statistically significantly lower levels of PWB.

In the current sample, 48% of therapists reported being largely obsessively passionate for work, with 27% of the individuals scoring particularly highly on this dimension. There are dire consequences of experiencing obsessive passion, one being that the need to engage in an activity, drives the work itself (Vallerand et al., 2003). When that imperative to do the work, is matched with little progress in the client's growth, this can lead to the equation "no client, student, or patient growth equals practitioner incompetence" a key contributor to therapist burnout (Skovholt & Trotter-Mathison, 2011).

Apart from reducing the experiences of obsessive passion, the current study is also showing that it is crucial to enhance the levels of harmonious passion. The results suggest that the presence of harmonious passion predicted all types of psychological flourishing,

Additionally, the presence of obsessive passion has been found to contribute to reduced well-being. In the current study, it is the PWB that has been affected by higher levels of obsessive passion. PWB is strongly associated with biological indicators of well-being (Cole, 2017), meaning that low levels of PWB predicts higher levels of cortisol, reduced antiviral immunity and higher levels of pro-inflammatory response, thus producing a reduction in objective well-being. Conversely, the absence, or lower levels of EWB do not have the same, detrimental effect on objective well-being. These results suggest that experiencing obsessive passion can potentially reduce not only therapists' self-reported PWB, but also, by proxy, their molecular well-being, which is particularly pertinent for mental health professionals.

This finding has a significant implication for both the therapists and their representing bodies. Codes of ethics of various counselling bodies are clear on the therapist's requirement to attend to matters affecting their competence to work with clients (for example) "8.2 Where they [therapists] become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity." (IAHIP, 2017, July 26th) and even further are required to "3.1.1 Review and evaluate the effectiveness of their professional activities." (IACP, 2017, July 26th).

Similarly, for supervisors working with therapists who are obsessively passionate. Obsessive passion "is positively related to anxiety and guilt and negatively to positive emotions" (Vallerand, 2015, pg. 171). In the post-training, pre-accreditation phase of counsellor development, the risk of a therapist withholding their feelings of anxiety and guilt arise due to the nature of the power disparity in the supervisory relationship (Abernethy & Cook, 2011). Ultimately in Ireland, the supervisor plays a vital role in the decision of an accrediting body to approve or reject a therapist's application to be accredited in their role as "gate-keeper of standards [for the profession]" (IACP, 2013, pg. 37). Disclosure of obsession and the anxiety and guilt arising may then go unexplored in terms of its impact on the therapist and the implications on the work with vulnerable clients.

Exploring the early application of these findings to the training phase of therapist development would thus seem prudent. This could mean Colleges and Training Institutions undertaking personal development as part of early stage training and the exploration of the motivations of those trainees to become therapists. Within this environment, the topic of passion for the work quickly emerges – the passion to help. However, the risk of not describing the difference between harmonious and

obsessive passion, the negative effects of obsessive passion on their wellbeing, the benefits of harmonious passion for enjoyment and wellbeing and the implications for both in the work with vulnerable people represents a tremendous opportunity to address issues early in training.

Apart from reducing the experiences of obsessive passion, the current study is also showing that it is crucial to enhance the levels of harmonious passion. The results suggest that the presence of harmonious passion predicted all types of psychological flourishing, i.e. MHC, EWB, SWB and PWB, whereas the absence of obsessive passion was not a predictor of MHC, EWB or SWB. It is the ability to experience harmonious passion that was strongly associated with flourishing, emotional and social well-being. This is consistent with past research (Vallerand, 2015) indicating that the biggest difference between the two types of passion is the experiences of well-being, which is associated with harmonious, not obsessive passion.

In conclusion, the current study results indicate the need for raising awareness of the role of passion in the development of therapist training programmes, supervision and therapist professional development.

Study limitations

As with all research, there are limitations to the current study. Firstly, most of the participants come from IACP (89%), even though the invitation was sent to all other main representative bodies. Further studies should include higher number of other organisation members.

Secondly, the study included 133 valid responses, which is a relatively small sample. That said, according to Matthews (personal communication, July 13, 2017), IACP has 4,187 members of which 1,994 are accredited therapists and a further 538 are accredited supervisors, therefore, the population from which the respondents were selected is small, which makes the study findings more generalizable. Nonetheless, the results should be viewed with caution and further research is recommended with a larger sample size.

References

Abernethy, C. and Cook, K. (2011). Resistance or disconnection? A Relational-cultural approach to supervisee anxiety and nondisclosure. Journal of Creativity in Mental Health, 6(1), pp. 2-14.

Baum, J.R., Locke, E.A., & Smith, K.G. (2001). A multi-dimensional model of venture growth. Academy of Management Journal, 44, 292–303.

Boyne, E. (1993). Psychotherapy in Ireland. Blackrock, Dublin: Columba Press.

Burke, J. (2016). Happiness after 30: The paradox of aging. Dublin: Jumpp.

Burke, R., Astakhova, M., & Hang, H. (2015). Work passion through the lens of culture: Harmonious work passion, obsessive work passion, and work outcomes in Russia and China. Journal Of Business & Psychology, 30(3), 457-471. doi:10.1007/s10869-014-9375-4

Bria, M., Băban, A., & Dumitraşcu, D. L. (2012). Systematic review of burnout risk factors among European healthcare professionals. Cognition, Brain, Behavior: An Interdisciplinary Journal, 16(3), 423-452.

Burke, R. J., & Fiksenbaum, L. (2009). Work motivations, work outcomes, and health: Passion versus addiction. Journal of Business Ethics, 84, 257–263.

Cardon, M. S., Wincent, J., Singh, J., & Drnovsek, M. (2009). The nature and experience of entrepreneurial passion. Academy of Management Review, 34(3), 511–532.

Cole, S. (2017). Genomic perspective s on human well-being. Paper presented at 5th World Congress on Positive Psychology, Montreal, Canada, 14 July.

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. Anxiety, Stress, & Coping, 23(3), 319-339.

Diener, E. (2000). Subjective wellbeing: the science of happiness and a proposal for a national index. American Psychologist, 55(1), 34-43.

Duncan, B. (2016). The keys to maintaining positive work morale and clinical passion. Retrieved from: https://www.psychotherapynetworker.org/blog/details/667/what-makes-psychotherapy-fulfilling

Egan, J., & Carr, A. (2005). Burnout in female counsellor/therapists of the NCS: Study II. In a paper resented at the Psychological Society of Ireland Annual conference.

Figley, C.R. (2002). Compassion fatigue: Psychotherapist's chronic lack of self care. Journal of Clinical Psychology, 58, 1433–1441.

Forest, J., Mageau, G. A., Sarrazin, C., & Morin, E. M. (2011). 'Work is my passion': The different affective, behavioural, and cognitive consequences of harmonious and obsessive Passion toward Work. Revue Canadienne Des Sciences De L'administration/Canadian Journal of Administrative Sciences, 28(1), 27-40.

Hatfield, E., & Walster, G.W. (1978). A new look at love. Reading, MA: Addison-Wesley.

Irish Association for Counselling & Psychotherapy (IACP). IACP Supervision Requirements. Éisteach: The Irish Journal of Counselling & Psychotherapy, Autumn 2013, 37-38.

Hone, L.C., Jarden, A., Schofield, G.M., & Duncan, S. (2014). Measuring flourishing: The impact of operational definitions on the prevalence of high levels of wellbeing. International Journal of Wellbeing, 4(1), 62-90. doi:10.5502/ijw.v4i1.4

Irish Association for Humanisitc and Integrative Psychotherapy (IAHIP). Code of ethics for psychotherapists.

Retrieved from: http://iahip.org/code-of-ethics

Kang, L. & Albion, M. (2006). Passion at work: How to find work you love and live the time of your life. Upper Saddle River, NJ: Prentice Hall.

Keyes, C.M. (1998). Social wellbeing. Social Psychology Quarterly, 61, 121-140.

Keyes, C. M. (2002). The mental health continuum: from languishing to flourishing in life. Journal Of Health And Social Behavior, 43(2), 207-222.

Keyes, C. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. American Psychologist, 62(2), 95-108. doi:10.1037/0003-066X.62.2.95

Keyes, C. L. M., & Grzywacz, J. G. (2005). Health as a complete state: The added value in work performance and healthcare costs. Journal of Occupational and Environmental Medicine, 47, 523–532.Krapp, A. (2002). Structural and dynamic aspects of interest development: Theoretical considerations from ontogenetic perspective. Learning and Instruction, 12, 383–409.

Lamers, S. A., Glas, C. W., Westerhof, G. J., & Bohlmeijer, E. T. (2012). Longitudinal evaluation of the Mental Health Continuum-Short Form (MHC-SF): Measurement invariance across demographics, physical illness, and mental illness. European Journal Of Psychological Assessment, 28(4), 290-296. doi:10.1027/1015-5759/a000109

Maslach, C., Schaufeli, W.B., & Leiter, M. P (2000). Job burnout. Annual Review of Psychology, 52, 397–422.

Michalec, B., Keyes, C., & Nalkur, S. (2009). Human flourishing. In S. Lopez (ed.) The Encyclopedia of Positive Psychology (pp.391-394). Chichester: Wiley-Blackwell.

Morrison, M. (2009). Finding your passion: The easy guide to your dream career. New York: Morgan James Publishing.

Norcross, J. C., & Farber, B. A. (2005). Choosing psychotherapy as a career: Beyond "I want to help people. Journal of Clinical Psychology, 61, 939-943. http://dx.doi.org/10.1002/jclp.20175

Rip, B., Fortin, S., & Vallerand, R.J. (2006). The relationship between passion and injury in dance students. Journal of Dance Medecine and Science, 10, 14–20.

Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological wellbeing revisited. Journal of Personality and Social Psychology, 69(4), 719-727.

Skovholt, T.M. & Trotter-Mathison, M. (2011). The resilient practitioner: Burnout prevention and self-care strategies for counsellors, therapists, teachers, and health professionals (2nd ed). Hove, UK: Routledge.

Talley, R. C. (1996). Excellence, Relevance, and Passion: The Motive Power for Indispensability.

Vallerand, R. J. (2008). On the psychology of passion: In search of what makes people's lives most worth living. Canadian Psychology, 49, 1–13.

Vallerand, R. J. (2015). The Psychology of passion: A dualistic model. UK: Oxford University Press.

Vallerand, R. J., & Houlfort, N. (2003). Passion at work: Toward a new conceptualization. In D. Skarlicki, S. Gilliland, & D. Steiner (Eds.), Social issues in management (Vol. 3, pp. 175–204). Greenwich, CT: Information Age Publishing.

Vallerand, R. J., Mageau, G. A., Ratelle, C., Leonard, M., Blanchard, C., Koestner, R., et al. (2003). Les passions de l'ame: On obsessive and harmonious passion. Journal of Personality and Social Psychology, 85, 756–767.

Vallerand, R. J., Paquet, Y., Phillippe, F. L., & Charest, J. (2010). On the role of passion for work in burnout: A process model. Journal of Personality, 78, 289–312.

Vallerand, R. J., Salvy, S. J., Mageau, G. A., Elliot, A. J., Denis, P., Grouzet, F. M. E., et al. (2007). On the role of passion in performance. Journal of Personality, 75, 505–533.

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Research

Therapeutic Relating Embodied:
An Exploration of Psychotherapists' Experiences of Touch in Therapy

By Delphine O'Keeffe

"...and we merge into this body which is better informed than we are about the world"- Maurice Merleau-Ponty

Introduction

Touch has been used within psychotherapy since the origins of the profession, and is referred to across the historical literature (Durana, 1998; Bonitz, 2008). It has been subject to much critique, however, and its use remains controversial.

The research referred to in this article is a qualitative study offering insights into working with psychotherapeutic touch, through an in-depth, Interpretative Phenomenological Analysis of the accounts of three experienced psychotherapists. It is impossible in this short space to do justice to their rich and detailed accounts, however it is hoped that those interested will read more of their interview extracts in context, at the link below. This article focuses also on the research approach itself, to reflect the theme of the May 2017 Cork Counselling Services conference on developing the researcher role in therapeutic practice.

Background and Context

As a student conducting research for a Master's degree in Psychotherapy, I was drawn to the topic of psychotherapeutic touch for a number of reasons. Practical modules during the training opened up a new personal awareness of the stress response and of the body as a vast source of information on unconscious material, including patterned forms of relating to self and others. Those modules elicited a curiosity about the therapeutic potential for body-oriented work, while also emphasising the importance of situating it within a psychodynamic awareness.

A review of accredited psychotherapists in Ireland (IAHIP and IACP) showed a history of training in various body-oriented approaches discussed below. Conversations with more traditionally-trained practitioners also made me aware that a number of them actively incorporate touch in their practice, though they may not advertise this. I decided to focus on therapeutic touch as a lens through which to explore the embodied dimension of intersubjective relating in the therapy room, with touch at the boundary of that dimension.

In contrast with the above, an overall cautioning against touch as an appropriate psychotherapeutic intervention conveyed in most other areas of my training, and from some within the profession's institutions, together with ethical and theoretical issues, further fuelled my curiosity about this topic. What is it about touch in particular as an intervention, or aspect of

interventions, that seems to elicit both enthusiastic responses, and more closed off or fearful responses from psychotherapists? I invite you to take a moment to notice any thoughts, feelings or sensations that this topic of touch in psychotherapy may bring up for you personally.

The existing research reflects these contradictions. On the one hand, it shows evidence of the therapeutic potential of touch between therapist and client, highlighting a dimension of deep healing that cannot be accessed via discursive means alone, with contemporary neurobiological research bolstering these arguments (Schore, 2002; Siegel, 2001; Wallin, 2007). The potential risks of harm to clients are, however, also well-documented, including: regression, re-traumatisation, abuse including sexual abuse, and other breaches of personal boundaries (Kertay and Reviere, 1993; Hunter and Struve, 1997; Clance & Imes, 1997). The age-old psychoanalytic taboo against using touch in therapy is also still present for many in the profession (Casement, 1982), including within humanistic strands (McLeod, 2008).

The literature reviewed included the physiology of touch and its role in human development, an overview of the history of touch in psychotherapy, and the differing views of the principal therapeutic orientations regarding touch. Alongside this, the major themes identified included:

- The healing potential of touch in psychotherapy and theoretical rationales underpinning its use;
- The taboos and controversies including psychoanalytic critiques, potential for harm or trauma, cultural/social contexts, gender, power dynamics and litigation fears;
- The differences between therapists who use touch interventions and those who do not, and suitable client types;
- The contemporary ethical considerations and clinical guidelines.

While some qualitative research exists on touch in psychotherapy (including Totton, 2003; Smith, Clance & Imes, 1997; Staunton, 2002; Kepner, 1997; Ogden, 2015; Levine, 1997; Kurtz, 1997), it focuses primarily on clients' experiences and recognises a need for more research in this area overall (Smith, Clance, & Imes, 1997). A gap was thus identified in the literature regarding psychotherapists' own experiences of working with psychotherapeutic touch, to which my research aimed to contribute.

Aims & Objectives

In order to dig deeply into this topic, I adopted a qualitative approach. Specifically, the research aimed to: examine the context and rationale for practitioners' use of touch in psychotherapy and their individual experiences of the process; explore any impacts on their identities as practitioners: and to investigate their understanding and experiences of potential risks to the client and how these are managed, including ethics and clinical guidelines.

IPA - An ideal approach research approach for psychotherapy

Interpretative Phenomenological Analysis (IPA) was chosen as the preferred methodology, as it is a qualitative research approach that aims to provide a detailed examination of subjective, human lived experience (Smith, Flowers & Larkin, 2009). Relying upon idiographic, close exploration of individual cases, IPA is particularly suitable for exploring phenomena such as touch within psychotherapy, a field primarily concerned with individuals' subjective meaning-making and their experiences in relationship with others, rather than with drawing generalised conclusions.

IPA is a dynamic research process that also incorporates the researcher's experiences and knowledge in the process of phenomenological interpretation, i.e. interpretation of individual human lived experiences. This constitutes a 'dual hermeneutic', or dual interpretation (Harper and Thompson, 2011) - hermeneutics being the theory and study of interpretation. In other words, the researcher is involved in the meaning-making process as well as the subject, mirroring the joint exploration and meaning-making process that occurs between therapist and client. The detailed exploration also includes a close analysis of the language used by interviewees, including variations in emphasis, pitch, intonation, and other non-verbal content (Pietkiewicz, & Smith, 2012), something we are used to paying attention to in psychotherapy.

Psychotherapists are also well accustomed to embodying the two broad interpretative positions required for IPA research: a hermeneutics of empathy, and a hermeneutics of suspicion or questioning, in relation to the research participants' own interpretation or hermeneutics of their experiences (Smith, Flowers & Larkin, 2009).

It is worth mentioning that Mick Cooper's keynote address at the Cork Counselling Services conference highlighted the importance of psychotherapists conducting research on our own field of practice, as we are arguably best placed to do so. In addition to the above points,

having witnessed the openness to critical enquiry and self-reflection shown by participants at the conference, I believe that psychotherapists are indeed uniquely placed and bring many natural skills and abilities to the role of researcher.

Overview of Participants & Interviews

Having identified five psychotherapists practicing from body-oriented approaches involving touch, via an online search of practices in Dublin, these were contacted by email. A data sample of three was selected, they being the first three to respond to email contact and meet the selection criteria, as follows: Each had a minimum of ten years' professional, post-accreditation practice. They were in regular supervision, and had undertaken three or more different forms of body-oriented psychotherapy training specifically involving the use of touch, including: Gestalt, Sensorimotor Psychotherapy, Somatic Experiencing, Hakomi and Bioenergetics (Kepner, 1997; Ogden, 2015; Levine, 1997; Kurtz, 1997; Reich 1980).

Semi-structured, open-ended interviews of about 90 minutes each offered a flexible context in which to explore the topic of touch as they experienced it, including any areas not anticipated by the researcher. The participants described using different types of touch interventions with different clients and presenting issues, including touching clients' hands, arms, shoulders and legs. The types or purposes of touch ranged from exploring the impact of the contact itself (with fingers or hand), to touch given as support (e.g. a hand offered), touch given as resistance (hands or shoulders), or touched used in Bioenergetic massage (legs).

Ethical principles of respect for autonomy, beneficence, non-maleficence and justice were upheld in the conducting of the research (Harper & Thompson, 2012, p.24). Participants were provided with background information regarding topic, context, design and goals of the research, and their rights as research participants. Confidentiality of participants was ensured, with all recordings, transcripts and notes anonymised, coded, and stored in locked files, so that all data was de-identified. Participants' identities were protected by the use of pseudonyms, as used below.

Following IPA methodology (Smith, Flowers & Larkin, 2009), I used my own psychotherapeutic skills and a close analysis to interpret the data, and to identify the themes emerging most strongly from the therapists' narratives. I also used the supervisory process and discussions with peers, particularly in the designing of interview questions and selection of themes, to avoid tendentious questioning and to manage potential biases and remain open to all interpretations beyond any existing assumptions. Three salient themes emerged from the participants' narratives, which conveyed core aspects of the therapists' experiences in relation to the topic of touch in psychotherapy. These themes took some time to differentiate, as they are so closely interdependent and they manifested concurrently in practice. Nevertheless, they can be seen as flowing one from the other in sequence, as each was understood by the participants as foundations and prerequisites to the next. A brief summary of each theme is outlined below.

Theme 1: The Embodied, Self-Aware Therapist

"It becomes a way of being"

The extent of the therapists' own sense of themselves as embodied practitioners was the first theme to stand out, manifesting in regular references to their use of body responses as important tools in their practice, as well as during the interviews. Their somatic awareness appeared to enable them to relate therapeutically in a confident and authentic way, and their comfort and ease in connecting to their own body sensations was seen as an important foundation for the safe and ethical use of psychotherapeutic touch. It came across as an effortless, intrinsic way of being for them, adding an extra, sensory dimension to their experiences within clinical practice, and to their lives in general.

Two participants named their experiences of having received therapeutic touch themselves as important factors in developing somatic self-awareness, while the third experienced it during his training. All three therapists shared a belief in the body as an important route to accessing the unconscious, for those who are open to it.

Liam: My sense is that the most important thing is to experience it yourself, first…it's the *experience* of it for yourself. To see how it impacts you. You have to experience a *lot* of this stuff… to know how it can work, and to understand the energy, energetic part of it, yeah.

Eddie: The body is the royal road to the unconscious! (*laughs*)… and it's *potentially*, em, a really powerful and lovely way to ehm…make contact with

unconscious stuff, and making the unconscious conscious is what we're about.

In contrast to the existing literature, participants in this study regularly referenced use of their own body awareness as informing interventions, conveying how developed it was and how intrinsic to their ways of being and relating:

Maria: I'm so used to working with touch, and I'm so used to tracking what's happening in the body alongside of the narrative, and paying as much attention to that as to the narrative; I've been doing that all the time I've been working as a therapist.

It also provided insights into how the practitioners used this internal body awareness as an important source of information to help them to respond in a congruent, authentic way. Asked about colleagues' attitudes to his use of touch, for example, Liam noted a body movement that betrayed his feelings on this before he verbalised them:

Liam: Mmmm… [clasps his hands and puts them firmly on lap / in front of belly] Yeah it's a good question, I, I think, funny as you ask it, I think – I notice now there's a part of me - and I even noticed as I went to answer it I notice what just happened with my hands! (laughs) – I think there's a part of me that protects it a little bit.

Finally, embodied self-awareness appeared to have a profound impact on their experiences and identities both as practitioners and as people:

Maria: The more I got to *know* (my body), the richer the experience of living is…It becomes a way of being. I think it impacts on you in general, it… how y-… to live in the world, from being aware of being inside of your skin, with an awareness of your body…it makes life a much more sensual experience.

Theme 2: The Power of Touch: Balancing Risk and Potential

"The cherry on the cake"

"…can also send somebody running"

The second theme emerging from the data was the participants' belief in the power of psychotherapeutic touch to bring about healing and change. In particular, touch was named as helpful in facilitating awareness, energetic release, processing trauma and integrating new experiences at a deeper, non-verbal level, reflecting a 'deficit' approach to psychotherapy (Forer, 1969, LaPierre, 2006).

Eddie: It's…giving our muscles and sinews those real experiences, and so they can release from some of that tension. And that's the trauma bit. The trauma is that movement that didn't get to happen

Liam: It does bring a dimension to the work that can be *powerfully* transformative, you know. That sitting in the chair, four feet apart…I'm not sure fully *gets*. The body work has something that is, it's like, it's like… it's *kind of like the cherry on the cake*. It's a bit of a crude way of putting it, but…it can really be transformative, and highly repairing. It's something about the *energetic release* that's possible, through the intervention.

In tandem with this positive potential, participants named the risk of harm if touch is used inappropriately. Factors they identified as mitigating these risks included: appropriate training and supervision, the therapeutic alliance, clarity of rationale and motivation, prior clarification and discussion, slowed-down pace of work, and clear and explicit verbalising of processes involving touch. All three described the importance of establishing safety and building trust as an intrinsic aspect of their work in this modality.

Maria: I'm offering it as an experiment, and we are mindfully studying what happens with the touch. What happens even with the *suggestion* of touch. Sometimes that's a session in itself. It's *hugely* slowed down – bite size. Bite size. It's knowing the… how important and powerful the use of touch *is*. There's always purpose with it. It's not like I'm reaching over and touching you- it's not that. If I'm going to reach over, we do it mi- in a state of mindfulness, we're in collaboration, mindfully.

The therapeutic alliance was seen as both a vital foundation for the work, and its ongoing development as an inherent 'by-product' or outcome of the work itself. The participants described several key elements to developing trust in the therapeutic alliance where touch is involved. These included: prior discussion of touch, clarification of rules and intent, clear and explicit verbalising before, during and after its use, and slowing down the pace of the work.

While participants identified different conditions they believed necessary for touch bodywork to be safe, ultimately there remained an element of discernment on their part, just as with any other psychotherapeutic intervention. The difference here was their referencing the use of their own

body responses to inform this discernment around the use of touch, and their close tracking of clients' body responses during the moment-to-moment engagement.

Theme 3: Attuned Relating, Embodied

"To mirror that I exist"

The final theme to emerge was the refined degree of attunement and depth of intersubjective relating facilitated by the therapists' awareness and use of the embodied dimension. They saw themselves as fostering the development of new self-experiences in the client via body-oriented work, including touch contact. Having first grounded and resourced their clients through supporting them to develop greater body awareness, they work at the edge of the client's tolerance to retrieve and integrate unconscious material and release unprocessed trauma. This involves closely tracking and mirroring their clients' body responses, while incorporating somatic countertransference, to support the therapists' capacity for attuned relating, thus bringing an additional, embodied dimension to the therapeutic relationship.

Eddie described how slowly the process needs to happen for the client to truly integrate the new experience at the body level, working at the edge of the client's 'window of tolerance' (Ogden, Minton, & Pain, 2006), while avoiding either hypo-arousal or hyper-arousal of the nervous system:

> **Eddie:** And to trust, not just trust support, but even trust the possibility of support, eh was a huge piece for [the client]. And ehm, and just – getting a kind of a – a *body* experience of what that's like, like ok there was a huge amount of grief came up, there was also, there was grief and relief…the relief that this just might be possible. Taking support just might be a possibility.

Liam demonstrated a similar emphasis on subtle attunement in describing how he listens to his own body responses 'at a gut level,' while tracking any subtle body movements or twitches in the client that signal their real boundaries, though the client may be unaware or overriding these:

> **Liam:** Because they're not paying attention- so in their *head*, 'oh he's such a nice person, I couldn't possibly stop', or 'I couldn't-', you know. The cognitive bit is kicking in, and overriding what's actually happening…everyone's overriding the gut, with the head, you know.

Maria described work with one client that activated her own 'self-reliance' defence. It was through disclosing her somatic countertransference responses to the client that the work moved forward. By communicating her experience of the client's demands as challenging, this led to a working through of past traumas via the client's experiences of having touch withheld as well as receiving it, and closely exploring both. Maria noted here that she does not automatically give or use touch:

> **Maria:** Sometimes touch can be a comfort. But you know the way if you – if comfort comes sometimes too soon, the very thing that the person needs to – to clear, or is working with, it kind of goes underground again, whereas being without the comfort brings up the very issue they want to work with.

Liam too described the subtle discernment and attunement required by the therapist in deciding whether or not to make a particular touch intervention:

> **Liam:** It mightn't necessarily *actually* be the right thing to do in the moment, you know, it might be to *sit* with the energy, it might be to explore it, to stay with it, breathe into it, you know.

Though their accounts reflect a 'deficit model' approach to psychotherapy, the participants all displayed an awareness of the psychodynamics also entailed by this work, with two of them explicitly naming the risk of gratification. Their experiences also reflect Nolan's contention that incorporating an explicit body-mind relational stance can make the quality of transference and countertransference rawer and more accessible to consciousness, and that explicitly tending to the physical aspects of transference and countertransference allows it to be worked with inter-subjectively (Nolan, 2012, p. 132).

Implications for psychotherapy

The overall sense of enhancement and meaning that working with the body including using touch appeared to bring to the practitioners, and to their practice, suggests that this orientation has potential for those practitioners and clients who are drawn to it. Incorporating a mind-body awareness in the intersubjective relating was seen as important to a holistic, integrative approach. At the same time, the participants were all keen to highlight the need for extensive experience in receiving touch and training in its use before applying it in practice, aware as they were of its potency as well as the risk of harm. Mainstream psychotherapy training courses could therefore usefully include introductory modules on working with the body as an important dimension

of the therapeutic relationship, as well as exploring the use of psychotherapeutic touch within this and offering a context in which to discuss related issues of safety and ethics.

The study points to the need for further research on both therapists' and clients' experiences of the embodied dimension of psychotherapy, particularly when involving touch. There is a need for further qualitative and quantitative research on the use of psychotherapeutic touch in an Irish context, as much of the literature available on the subject is North American or British, and there is currently no clear overview of its use among psychotherapists in Ireland. The research summarised in this article was submitted in June 2016 to the Department of Psychotherapy at Dublin Business School, for the degree MA in Psychotherapy. The full thesis can be accessed on the DBS eSource portal at http://bit.ly/PsychotherapyTouch.

References

Bonitz, V. (2008). Use of physical touch in the 'talking cure': A journey to the outskirts of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *45*(3), 391–404. http://doi.org/10.1037/a0013311

Casement, P., J. (2000). The Issue of Touch: A retrospective overview. *Psychoanalytic Inquiry*, *20*(1), 160–184.

Forer, B. R. (1969). The taboo against touching in psychotherapy. *Psychotherapy: Theory, Research & Practice*, *6*(4), 229–231.

Goodman, M., & Teicher, A. (1988). To touch or not to touch. *Psychotherapy: Theory, Research, Practice, Training*, *25*(4), 492–500.

Heller, L. & Lapierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship* (1 edition.). North Atlantic Books.

Hunter, M., & Struve, J. (1997). *The ethical use of touch in psychotherapy*. Thousand Oaks: SAGE Publications, Inc.

Kepner, J. I. (1997). *Body process: A Gestalt approach to working with the body in psychotherapy* (1 edition). Hillsdale: Gestalt Press.

Kertay, L., & Reviere, S. L. (1993). The use of touch in psychotherapy: Theoretical and ethical considerations. *Psychotherapy: Theory, Research, Practice, Training*, *30*(1), 32–40.

Kurtz, R. (1997). *Body-centered psychotherapy: The Hakomi method: The Integrated use of mindfulness, nonviolence and the body*. Liferhythm.

LaPierre (2006). From felt-sense to felt-self: Neuro-affective touch and the relational matrix. The Hakomi Institute, 16-17, 43-46.

Levine, P. A. (1997). *Waking the tiger: healing trauma : the innate capacity to transform overwhelming experiences*. Berkeley, Calif.: North Atlantic Books.

McLeod, J. (2015). *Doing research in counselling and psychotherapy* (3rd. ed). SAGE Publications Ltd.

Nolan, P. (2012). *Therapist and client: A relational approach to psychotherapy.* Chichester: Wiley-Blackwell

Ogden, P., Minton, K. & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to Psychotherapy.* New York: Norton.

Pietkiewicz, I. & Smith, J.A. (2012). Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. *Czasopismo Psychologiczne*, 18(2), 361-369.

Reich, W. (1980). *Character analysis*. (V. Carfagno, Trans.) (3rd Ed). New York: Farrar, Straus and Giroux.

Schore, A. N., (2002). Advances in Neuro-psychoanalysis, Attachment theory, and trauma research: Implications for Self-Psychology. *Psychoanalytic Inquiry*, *22*(3), 433–484.

Siegel, D. J. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, 'mindsight,' and neural integration. *Infant Mental Health Journal*, *22*(1-2), 67–94.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. Los Angeles: SAGE Publications Ltd.

Smith, E. W. L., Clance, P. R., & Imes, S. (Eds.). (1998). *Touch in psychotherapy: Theory, research, and practice*. New York: The Guilford Press.

Staunton, T. (Ed.). (2002). *Body psychotherapy*. Hove: Routledge.

Totton, N. (2003). *Body psychotherapy: An introduction.* Berkshire: Open University Press

Wallin, D. J. (2007). *Attachment in psychotherapy* (1st Ed). New York: The Guilford Press.

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Research

The Importance of Qualitative Research in Psychotherapy:
Looking at Suicide through a Family Constellations Lens

By .Brendan O'Brien

Introduction

Although suicide is a major public health concern globally, our understanding of suicide remains fragmented and incomplete (O'Connor, 2011). From the International Handbook of Suicide Prevention, Research, Policy and Practice (ibid) we know that statistically, there is a strong correlation between mental health issues, social and economic deprivation, and suicidal behaviours. However, relatively few people who have a diagnosed mental disorder, in conjunction with social and economic disadvantage, choose to take their own lives. This suggests we may need to look beyond these variables as we study suicide.

The link between trauma and suicide is well-established (e.g. Ferns Report, 2005; Fromm, 2012 p12ff; Hellinger, 2003, p.145ff)). Trauma is acknowledged as a root not only of suicide, but of mental illness, addiction, economic poverty and indeed the poverty of spirit that often precedes a suicide or suicidal behaviour. Thus, O'Connor, Platt and Gordon say "we need to move beyond the psychiatric model of suicidal behaviour` and accept that suicide is more than just a by-product of mental disorder; it is more accurately conceptualized as a phenomenon in its own right" (2011, p.627). It is this phenomenon that Family Constellations Ireland has been examining over the last three years.

Counselling Research

Counselling and psychotherapy are relatively recent disciplines. Prior to the 1930s psychoanalysis dominated the field. Since psychoanalysis, a host of therapies from Person-centred, to C.B.T, to Gestalt Therapy, Family Systems and beyond have been accepted as valid and effective forms of therapeutic practice. This variety of counselling approaches, suggests that new insights can lead to significant changes in practice over time. As different theories evolve, practitioners can adapt and integrate new theoretical approaches into their work (Ward, 2011).

At some level, every psychotherapist is engaged in "research". He has a theoretical map or guiding hypothesis that is constantly challenged as he meets new clients with new stories that call for ongoing creative engagement. McLeod points out (2003, p.3) "the knowledge base of counselling is not fixed, dogmatic and immutable". As the professional therapist learns about human nature, he may be faced with "burning questions" that may best be answered via formal enquiry (McLeod, 2003: p.2), communicating the findings to the broader community. Thus, many counsellors and psychotherapists engage in research as a core part of their therapeutic practice, albeit, informally.

Yet, West and Byrne (2009) wonder whether it is worth doing

research at all. Practitioners rarely read research (McLeod, 2003) and it has been suggested that counselling researchers are "*essentially irrelevant* to the processes of counselling and psychotherapy" (Mahrer in West, 2009, p. 311). One of the main reasons for a certain apathy when it comes to research, is the perceived gap between research and practice.

The 1949 American Psychological Association conference pioneered the scientist-practitioner model for psychologists (Baker & Benjamin, 2000). There was to be significant training in both research and practice, and these pioneers were clear that training "should be viewed as dynamic and experimental rather than fixed and prescribed" (ibid, p.243). Alas, this did not happen. Counselling researchers became stuck in the groove of a narrow "scientist-practitioner" model of enquiry (Blair, 2010, p.19). Albee (1998) argued that when graduate psychology students trained in psychiatric settings, they "sold their souls to the devil: the disease model of mental disorders" (p.248). Consequently, psychology, counselling and psychotherapy, experienced great difficulty in developing as independent academic disciplines. Psychological and counselling researchers found themselves shackled to a narrow medical model despite evidence suggesting that studies based on the therapeutic experiences of clients and of therapists may be more relevant and effective areas of research (Henton, 2012, p.11).

For counselling researchers, it was impossible to compete with the billions in funding made available to pharmaceutical companies aligned to the medical model of mental health and who were known for "exerting unreasonable influence on GPs and psychiatrists" (West & Byrne, 2006, p.310). In the "swampy lowlands" of counselling practice and research (Darlington & Scott, 2002, p.1), it was a "war, involving deeply held beliefs, political passions, views of human nature and the nature of knowledge, and – as all wars ultimately involve – money, territory and livelihoods" (Tavris, in Henton, 2012, p.13).

An imbalance in neurotransmitters and levels of serotonin, dopamine or noradrenaline were implicated in a variety of conditions (Blair, 2010, p.20). Symptoms and clinical observations were collated and categorised in the Diagnostic and Statistical Manual of Mental Disorders, (American Psychiatric Association, 2013). Over time there was much criticism of this model. The overlap between the varying diagnoses was significant. Scientific tests and their results, frequently sponsored by pharmaceutical companies, were called into question (West and Byrne, 2006).

Much early research by counselling psychologists and later psychotherapists was limited by the demand for such "scientific" evidence leading some practitioners away from engagement with research (Blair, 2010, p.27), because only data perceived as empirically verifiable constituted evidence .Randomised Control Trials (RCTs), were applied when trying to ascertain and measure counselling effectiveness (West & Byrne, 2009, p.315). Such trials may be useful in comparing results of measurable medical procedures, but be of little use when trying to reach conclusions about the deeply individual experiences of depression, grief and loss that arise in everyday family life. When applied to research on suicide, such trials may be useless. Hjelmeland and Loa Knizek state that RCTs fail to take account of the "context" of a suicide. Individuals severed of their context "do not exist in real life" (Hjelmeland, 2011, p.595). Each person who takes his/her own life has an individual and personal story that cannot be measured by a Randomised Control Trial.

Over time Cognitive Behavioural Therapy, therapeutically predisposed to the measurement of outcomes, became established as the "standard" treatment for many psychological conditions (Blair, 2010, p. 21), because it lent itself quite easily to Randomised Control Trials, which had become the accepted norm. Many outcomes in counselling practice cannot be measured in this way. One practitioner-friendly survey found that clinical experience, relevant literature and pure research were more useful to clinicians than outcome research (Morrow-Bradley and Elliott, 1986). Many were unhappy with this idea of "evidence-based practice" (Henton, p.14). Margson, Barkham, Evans et al. (2000) suggested that "practise-based evidence" (West & Byrne, P.311), where counselling psychologists and psychotherapists would rely on their lived experience of day-to-day therapy and present the outcomes of their work and research in a less 'scientific' manner, was of more value.

Research on process-experiential therapy showed that "significantly helpful events" in therapy for clients and counsellors alike came from "relational impacts, especially feeling understood" (Eliot et al. 1990, in Greenberg et al. 1993 p.314). Thus a client who feels heard, who is warmly received and feels herself in a positive relationship with a therapist will likely have a better outcome.

Blair (2010, p.24) calls for a "broader definition of evidence" as he quotes Strawbridge (2006) who states that research must "respect both the complexity of therapeutic processes and the centrality of

subjective experience" (2010, p.24). Human interactions cannot easily be described by statistical notation. Much of what happens in the therapeutic process is not in the realm of the measurable. Roger's Core Conditions (1957), therapeutic attunement to the inner world of the client, the demeanour of "I-Thou" in relationship (Buber, 1937), speak to a different kind of experience. This is a subjective experience learned through context and relationship. The manner in which we research and present uniqueness of the experience requires a different approach from more limiting scientific models that perpetuate a myth of statistical presentation as being the only reliable source of hard fact.

Suicide Research

Hjelemeland and Knizek (2011) categorize research of suicidality into three categories: (1) (neuro)biological research; (2) epidemiological research focusing on rates, trends and risk factors; and (3) intervention studies including randomized controlled trials (RCTs) "which are considered to be the gold standard in intervention research" (ibid., p.593). Each of these categories has its own shortcomings. The biomedical approach focuses on a given point in time. The epidemiological (risk factor) studies also fail to take into consideration the personal context which is essential when "a particular person at a particular time in his or her life is contemplating, or has actually carried out, a suicidal act". (ibid. p595). RCTs are often stripped down to include a few basic demographic and biological variables and end up giving us limited information on a fiction of the "average individual" who, in the real world does not actually exist. In this regard McLeod describes the standard of RCTs as "gold plated" rather than golden (2011, p. 242). We need to move away from "cause and effect" thinking to focus on the individual experience of suicide within a given family and the cultural context in order, to find meaningful insights.

In addition to considering the cultural/contextual perspectives in suicidology it is commonly suggested that a variety of qualitative methodologies are also required. "We need to change our focus from explaining to understanding" (Hjelmeland, 2011, p. 596). Elliott sees understanding as a way of knowing that "relies on active direct, experience, or close interaction with its object." This contact does not stay on the surface, but "seeks to find its basic, implicit underlying nature" (McLeod, 2011 p.40). Explanation is very much a "left-brain activity" with an emphasis on logic, fact and scientific accuracy, whereas understanding is much more "right-brained". It is about being with, emotional contact, empathy, about reaching out to those affected to better understand the phenomenon under review. Such understanding may help us make sense of the deepest of human experiences – one of which is suicide. It is, in fact, "understanding suicidal behaviour" (O'Connor, 2011, p.630) and "developing and evaluating interventions" (p.625) that are seen as the core challenges in relation to saving lives through suicide research.

Family Constellations as developed by Bert Hellinger (1998) and others has been used as a tool for research as we support individuals and families who wish to make sense of the death of a loved one through suicide.

A family constellation is a process that allows people look at their family story in a new and creative way. A client chooses people to "represent" members of the family and places them in relation to one another. As 'representatives' are placed on the floor they experience a variety of "feelings and thoughts very close to those the family members felt – *without prior knowledge*" (Beaumont in Hellinger, 1998, p. xii). Hellinger refused to speculate on how this occurred. "I'm unable to explain this phenomenon, but I see that it's so, and I use it" (Beaumont in Hellinger, 1998, p. xii). For some it is the *experience* of being a representative – as various thoughts and feelings arise - that helps them really understand the whole process of family constellations. Representatives are often selected not just for family members but also for elements that may have an effect on the family system such as a country, war, poverty or death. In an Irish context, famine (Crowley, 2012), civil war (Coogan, 2001), and emigration (Moran, 2013) all have had a profound effect on family life.

As the constellation unfolds, new insights into the hidden dynamics of the family story emerge. They explore the unconscious processes that affect family life. The family secrets, the unspoken truths, the under-acknowledged traumas, are allowed to surface so that "entanglements" Hellinger (1998, 2006) from the past, loosen their binds. The core aim of each constellation is to find what is of benefit to the client as he/she seeks a solution to the presenting family difficulty (Hellinger, 1998; Schneider, 2007; Hellinger, 2001). In the work, it is often evident that something is 'out of order' in the system and needs to be re-balanced. Frequently family difficulties are unconsciously kept alive from one generation to the next.

Family Constellations

In our experience when working directly with people bereaved by suicide, using Family Constellations

can be very healing. The variety of feelings including longing, hope, grief, loneliness and love that surface through representatives across constellations seems to align – for the client – with an understanding of our core humanity. It is being and the understanding of "Being" that are at the root of phenomenological research which "describes the common meaning for people of their lived experience of a concept or phenomenon" (Creswell, 2013, p. 76).

Very often in a constellation, what surfaces is the "not yet known" – what has yet to be discovered. This can never come into being, if we complacently believe that our current body of knowledge is complete. This is particularly so for research that seeks to illuminate the core philosophical questions of life and death. It is the very same questioning stance of the Enlightenment that lies at the core of phenomenological enquiry (McLeod, 2011). Can we be open to experience? Can we reflect on our world anew? Can we "bracket off" all that we think we know to be true? Can we lay aside all of our existing theories and beliefs as we reflect upon and analyse our human experience? (Creswell, 2013).

As we go to look at the story of suicide in a particular family, in a particular place and at a particular point in time, we may gain insight into a reality that has not yet unfolded. We may understand better an aspect of our "everydayness" (Heidegger, 1962), of an ordinary life, even of a choice towards death. This is at the heart of phenomenological research but not characteristic of the rationalist scientific approach that has dominated suicide research up to now (Hjelmeland, 2011, p21).

The insight and understanding we speak of is an '*experiential knowing*'. It is difficult to measure (thereby posing difficulty for scientific research) but in doing a constellation clients consistently report new insights, and understandings that cannot easily be quantified or replicated – and sometimes cannot be expressed in words (again problematic for scientific research). Yet people report being touched to the core of their being. People speak of deep healing as they try to integrate a very difficult event in their family story.

Most major psychotherapy research ideas are based on practice (Henton, p.15). Freud, Jung, Rogers, Perls, Bowlby, Satir, Moreno, Mahler, Levine and a host of others have based their work and research on their lived experience in the field. In fact, Bowlby dedicated the final Volume on Loss to "My Patients who have worked hard to educate me". This is an acknowledgement of the fact that it is through our lived practice that we gain real and meaningful knowledge.

Each workshop is audio-recorded in full. Much time is given to listening to recordings and reading transcripts of the work in order to note patterns and themes that emerge. This is the first stage of data analysis (Agar, 1980). This process might be considered a 'hermeneutic study' (McLeod, 2011) that attempts to interpret the texts and audio material in an effort to understand each suicide and its effects "from the point of view of the historically and culturally situated individual" (Denzin & Lincoln, 1994 p.512). Each client had his/her own vocabulary and phrases to describe the family experience of suicide. Each family told its own story in its very particular way. It is in the study of this story – *as told by the family* – that we may gain insight into the suicides that form part of qualitative suicidology research.

But hermeneutics is not limited to the interpretation of texts (McLeod, 2011) It is "a collective and dialogical process" (McLeod, 2011, p.32) involving not just the researcher and the workshop participants but all of those who choose to read the final research document. As we struggle with the phenomenon that is suicide, which is, in a very real sense, part of our human experience – our "everydayness" (Heidegger, 1962) - we may be involved in a "genuine act of discovery" (McLeod, 2011 p.35) where our understanding of an important element of our human nature is deepened.

Methodology

A year after our first workshop, we conducted semi-structured interviews with participants in order to explore the longer-term effect of a constellation. Again, data was gathered and analysed. A summary account of each constellation – with diagrams – was presented. Significant themes were identified and a method of working with suicide and suicidal behaviour was also generated.

That the research is neither quantitative nor solely reliant on statistical data should not provoke speculation as to lack of rigour in terms of research process. Participants draw on their own "vast reserves of cultural knowledge" (McLeod, 2011, p. 47) as they, in a co-operative endeavour with the researcher, try to appreciate new understandings of suicide and suicidal behaviour in their families. Working from 'lived experience' rather than from theory (Colaizzi, 1978), participants are asked to come "with an open heart" to explore the deaths of their loved ones through a family constellations lens.

The Phenomenological Stance

Polanyi (1962) speaks of the "tacit" dimension of unfolding knowledge. This pre-logical phase of knowledge,

this "tacit knowledge" is made up of "a range of conceptual and sensory information and images that can be brought to bear in an attempt to make sense of something" (Smith, 2003, p.2). It is "the knowledge of approaching discovery" (Polanyi, 1967, p.5). Working from the edge of awareness, the representatives chosen in constellations are asked to tune in to their 'embodied experience' (Gendlin, 1984) in the hope that insights may be gained into varying aspects of suicidal behaviour in the families being studied. While West (2011, p. 43) acknowledges that the vagueness of working with what we cannot yet name" can be difficult, he also suggests that this working outside the box offers the "tantalising hope" of real innovation (p.45). At a concrete level, representatives often report experiences that make very real sense to the client at the centre of the constellation, revealing rich and meaningful insights into the family dynamic.

Beaumont uses the word "soul" in relation to constellation work not as a theological or metaphysical term, but as a "dimension of everyday experience" (Beaumont, 2012). "The soul, in Latin, the anima, is that which animates, that is, it is life giving. This soul is not individual. It is not something which the individual possesses. The individual participates in it. This greater soul steers evolution. Evolution is guided by something all-knowing and that is the soul. If you can give yourself over to the movements of the soul then you will progress" (Hellinger, 2006, p.67). It is our view that Family Constellations Work allows the possibility of exploring our humanity at this level of soulfulness, a different realm of experience that helps us to understand some of the deeper aspects of human behaviour. We may need to move beyond the rational if we want to come to terms with suicide and suicidal behaviour.

In a world of uncertainty, of paradoxes where there is no such thing as certain knowledge the counselling researcher needs to "remain open and receptive to phenomena as they are revealed to us" (Hellinger, 2006, p.65). It has been our experience when doing Family Constellations, that when we hang back and allow a constellation to unfold, real and unexpected insights can emerge.

A sensitivity to the challenging task of looking deeply at the experience of bereavement through suicide is required as we accompany people who desire to understand and learn more about what happened to their loved ones. Ethical dilemmas form part of this work and need to be addressed in an appropriate manner; clients need to be 'held' and know that it is safe to look at what has happened.

The deeply human experience of bereavement by suicide is always very personal, complex and unique. Yet, being with a group of other people also bereaved by suicide has been very helpful to those who attend our workshops. When Rita – whose daughter took her own life – was asked how she experienced a workshop, she reported it was "beautiful in a sense…people understood and there was that lovely sense of trying to mind one another….there was massive trust there…you felt held…. first of all I have to trust…to allow myself to be that vulnerable I have to know it is safe".

The Need to Communicate our Research to the Community

We need to conduct research into suicide from as broad a base as possible. It is also important that significant findings on research into suicide be "communicated effectively to the relevant audiences" (West & Byrne, p.312). It is important that professionals and lay people alike understand as much as possible about this very difficult aspect of human life. As we seek out "research-based knowledge" (Bond, 2004, p.15) we need to address "real world challenges encountered by professionals in the field" (Kasket, p. 64). Dealing with suicide presents such a challenge not just to a large variety of professionals who form a very real part of the population of "suicide survivors" (Jordan, 2008 p.682), but also to the particular communities and families who must deal with the sudden death of a loved one. Our ongoing research attempts to uncover original knowledge and insight into suicide and suicidal behaviour. Suicide prevention belongs in the realm of everyday human experience.

References

Albee, G. (1998). Fifty years of clinical psychology: Selling our soul to the devil. *Applied and Preventive Psychology* (7), 189-194.

Agar, M. (1980). Stories, background knowledge and themes: Problems in the analysis of life history narrative. *American Ethnologist*, 7(2), 223-239.

American Psychiatric Association. (2000). *The Diagnostic and Statistical Manual of Mental Disorders*.

Baker, D. B., & Benjamin Jr, L. T. (2000). The affirmation of the scientist-practitioner: A look back at Boulder. *American Psychologist*, 55(2), 241-247.

Blair, L. (2010, December). A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review*, 19-30.

Beaumont, H. (2012). *Toward a Spiritual Psychotherapy - Soul as a Dimension of Experience*. Berkeley, California, USA: North Atlantic Books.

Bolton, G. (2005). *Reflective Practice*. London, UK: Sage.

Bond, T. (2004). Ethical guidelines for researching counselling and

psychotherapy. *Counselling and Psychotherapy Research*, 4(2), 10-19.

Bowlby, J. (1991). *Attachment and Loss (Volume 1).* London: Penguin.

Bowlby, J. (1991). *Loss, Sadness and Depression.* London: Penguin.

Bowlby, J. (1991). *Separation Anxiety and Anger* (Volume 2). London: Penguin

Buber, M. (1970). *I and Thou*. Edinburgh, London: T. & T. Clark.

Coogan, T. P. (2001). *The Irish Civil War*. Ireland: Cassell PLC.

Creswell, J. W. (2013). *Qualitative Inquiry and Research Design*. California, USA: Sage.

Crowley, J. W. (2012). *Atlas of the Great Irish Famine*. Cork, Ireland: Cork University Press.

Darlington, Y. and Scott, D. (2002) *Qualitative Research in Practice: Stories from the Field.* Buckingham: Open University Press.

Denzin, N. K., Lincoln, Y.S., (1994). The fifth moment. *Handbook of Qualitative Research*, (1), 575-586.

Gendlin, E. T. (1984). The client's client: The edge of awareness. *Client-centered therapy and the person-centered approach: New directions in theory, research and practice,* 76-107.

Greenberg, L. R. (1993). Facilitating Emotional Change: The Moment-by-Moment Process. New York, U.S.A.: Guilford Press.

Ferns Report (2005). Irish Government Stationary Office.

Fromm, M. E. (2012). *Lost in Transmission - Studies of Trauma Across Generations*. (M. Fromm, Ed.) London , UK: Karnac.

Henton, I. (2012). Practice-based research and counselling psychology: A critical review and proposal. *Counselling Psychology Review*, 27 (3), 11-28.

Hellinger, B. (1998). *Love's Hidden Symmetry*. Phoenix, Arizona, USA: Zeig Tucker & Co., Inc.

Hellinger, B. (1999). *Acknowledging What Is*. (C. Beaumont, Trans.) Phoenix, Arizona, USA: Zeig, Tucker & Co.

Hellinger, B. (2001). *Love's Own Truths*. Zeig, Tucker &Theisen.

Hellinger Bert. (2003). *To the Heart of the Matter*. Heidelberg, Germany: Carl-Auer-Systeme.

Hellinger, B. (2006). *No Waves Without the Ocean*. (J. t. Tombleson, Trans.) Germany: Carl-Auer- Systeme Verlag.

Hjelmeland, H. K. and Knizek, B.L., (2011). *What kind of Research do we need in Suicidology Today?* In: International Handbook of Suicide Prevention Research Policy and Practice. (R. P. O'Connor, Ed.) Chichester, UK: John Wiley & Sons Ltd.

Hjelmeland, H. K. (2013, March). *Suicidology Online: Past, Present and Future. Suicidology Online*.

Jordan, J. (2008, October). Bereavement after Suicide. *Psychiatric Annals*, 679-685.

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27 (2).

Margison, F. R., Barkham, M., Clark, J. M., Audin, K., Connell, J., & Evans, C. (2000). Measurement and psychotherapy Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry*, 177(2), 123-130.

McLeod, J. (2003). *Doing counselling research*. London, UK. Sage.

Mc Leod, J. (2011). *Qualitative Research in Counselling and Psychotherapy (2 ed.).* London, UK: Sage Publications Ltd.

Moran, G. (2013). *Sending Out Ireland's Poor.* Dublin, Ireland: Four Courts Press.

Morrow-Bradley, C., & Elliott, R. (1986). Utilization of psychotherapy research by practicing psychotherapists. *American Psychologist*, 41(2), 188.

O'Connor, R. P., Platt, S., Gordon, J. (2011). *International Handbook of Suicide Prevention Research, Policy and Practice*. Chichester, UK: Wiley-Blackwell.

Polanyi, M. (1962). Tacit knowing: Its bearing on some problems of philosophy. *Reviews of Modern Physics*, 34 (4), 601-616.

Polanyi, M. (1967) *The tacit dimension*. New York. Anchor Books.

Rogers, C. (1957). *On Becoming a Person*. London, UK: Constable.

Schneider, J. R. (2007). *Family constellations - Basic principles and procedures*. (C. Beaumont, Trans.) Heidelberg, Germany: Carl-Auer.

Smith, M.K. (2003). "Michael Polanyi and tacit knowledge", the encyclopedia of informal education, http://infed.org/mobi/michael-polanyi-and-tacit-knowledge/. Retrieved September 2015.

Ward, T. (2011, September). Perceptions of integration in counselling psychology training: A pilot study. *Counselling Psychology Review*, 23 (3).

West, W. &. Byrne, J. (2009, September). Some ethical concerns about counselling research. *Counselling Psychology Quarterly*. Vol.22, No.3, p.309-318.

West, W. (2011. December).Using the tacit dimension in qualitative research in counselling psychology. *Counselling Psychology Review*, Vol. 26, No.4.

Winter, R. (1987). *Action-research and the nature of social inquiry: Professional innovation and educational work*. Ashgate Publishing Company.

Brendan O'Brien

Brendan O'Brien M.A., B.A., H.D.E. has taught on the Degree Programme in Counselling and Psychotherapy in CIT for 16 years. Vice-President of the International Systemic Constellations Association for four years he has been researching suicide, using a Family Constellations lens, for over three years. Initially a teacher of French and Maths he became a Home/School/Community Co-ordinator before becoming Principal of a Special Education School for young people who were excluded from mainstream education. Many of these young people have taken their own lives. He also worked with young men in recovery who have been in prison.

For more information on family constellation work visit: www.familyconstellationsireland.com

Conference Report

Friend Not Foe:
Researcher's Role in Therapeutic Practice.

By Hugh Morley

While many people have good experiences with counselling, the research base to scientifically demonstrate its effectiveness needs to be stronger in Ireland. On May 5th and 6th, 2017, Cork Counselling Services held an international conference to promote counselling research entitled 'Friend Not Foe: The Researcher's Role in Therapeutic Practice'. It was held at Marymount Hospice Education Centre, just outside the city, and supported by Cork Convention Bureau.

A selection of experienced and new generation counsellors and psychotherapists presented papers and posters on a wide variety of research topics, generating knowledge and research discussions. This was the first conference undertaken by Cork Counselling Services in its 35 year history and both the Cork City Lord Mayor Cllr. Des Cahill and Cork County Deputy County Mayor Cllr. Kevin Conway were in attendance.

Keynote speaker Professor Mick Cooper, University of Roehampton, presented papers on 'What Makes Therapy Effective?' and 'Relational Depth'. Professor Mick Cooper is a renowned pioneer and a recognised authority in the field of counselling and psychotherapy and a chartered psychologist. He is the author of *Essential Research findings in Counselling and Psychotherapy, The Facts are Friendly* and other well-known texts from relational depth to existential & pluralistic approaches to counselling & psychotherapy. His warm and engaging style made him a very popular conference speaker.

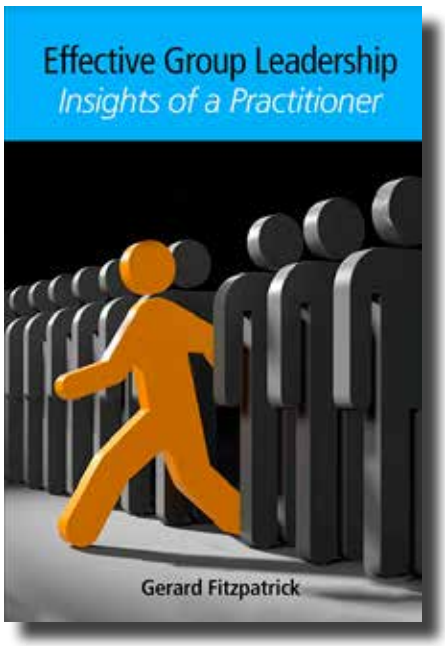
The conference was opened by Mr. Anthony Boland, Team Lead for Pastoral Care at Marymount Hospice, followed by a welcome address by Ms. Karen Walsh, Head of Training at Cork Counselling Services. Dr. Kate Kirk started proceedings with her paper on "Safe and Sound: a cooperative inquiry with psychodrama psychotherapists who work with clients who have experienced child sexual abuse." Dr. Kirk is a member of the research committee of FEPTO (Federation of European Psychodrama Training Organisations) and her current practitioner research is looking at the international landscape of psychodrama with young people; a qualitative study with 32 psychodrama practitioners from Europe, Thailand and America.

Other speakers are represented in this magazine and give a flavor of the research and papers that were undertaken. Furthermore, Ms. Clare McCormack spoke on counselling students' attitudes and awareness in relation to dementia and working with clients who present with symptoms. Ms. Colette Cahill delivered a research paper on clients' expectations of quick fixes & solutions and Ms. Madeline Andersen-Warren explored and examined the practice of psychodrama through a Delphi Cycle. Feedback from the sixty plus conference participants has been remarkably positive since the event.

Book Review

Title:	*Effective Group Leadership Insights of a Practitioner*
Author:	*Gerard Fitzpatrick*
Published:	*2016*
ISBN:	*978-1-78605-017-5*
Reviewed by:	*Eilish O'Hanlon MIACP*

Here's a rare and notable event, a book published in Ireland on the subject of Group Leadership and Facilitation. This is a welcome resource to my cache of literature on the topic of facilitation. This is a densely packed book and a most engaging read.



At 80,000 words it's not overly long, but a tremendous amount is packed in, without impeding the coherence of the text. It is clear that the writer put considerable effort not only into researching and plotting this book but in honing each sentence and paragraph. At its launch, Gerry Murphy, Executive Director of Pobal, strongly extolled the quality of the author's writing. He declared the book a work of literature, as well as being a vital book about groups and human growth and development.

It is a wide ranging book. The author poses many important and existential questions and backs his response with examples from theory and practice. Heavily referenced, it is also full of what Murphy called 'gripping' case studies. The wide range of references is striking and are not limited to the realms of groups and psychotherapy. Historians, philosophers, scientists, poets and playwrights walk on and off the stage of this tight and pithy account.

The book places particular, though not exclusive, emphasis on working with disadvantaged and marginalised groups. The long case study on unemployment was an eye opener for me and asks fundamental questions of our society. The author shows a striking ability to move from the big questions to capturing deep connections with clients and participants, we see clearly how overarching theory is put into practice.

A strong theme in this work is Carl Rogers' core principle that 'those working on the development of others ought to be in an ongoing process of development themselves'. The author's own journey towards his growth and development as a facilitator is outlined. He puts himself and his struggles right at the heart of the text. He generously shares his vulnerability with the reader. It reads as a true and absorbing story. This author presents himself as 'good enough' rather than perfect. Having read his book I feel I too can be 'good enough'. At the launch, the author declared that his working title was *The Flawed Facilitator!*

Equally important themes are Karl Popper's idea that all we have is "our current best thinking" which prevents us from sitting on our laurels and feeling we are the finished article. Another key theme is the connection between voice and power, how within groups we are seeking to create an opportunity for voice without compelling it.

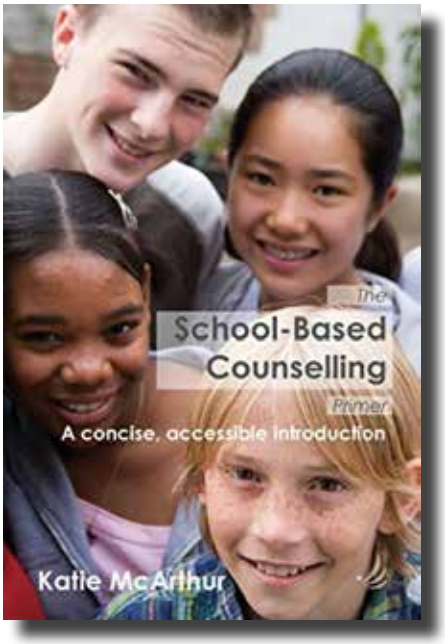
We meet a host of characters and various group scenarios as we progress through the text. I found these both absorbing and helpful. Some of them crackled with intensity and I felt I was a witness rather than a bystander. I particularly liked the chapter on conflict, I liked how the author conceptualised the many facets of conflict.

This book ideally suits practitioners who work with all kinds of groups. I believe that much of the content, particularly on the ongoing growth and development of the practitioner, as well as the chapter on conflict and the section on unemployment have a much wider use and application, to all those who work in the helping professions. I think there is something in it for anyone who works with other people and the author's passion for getting the best outcome for his participants is infectious and inspiring. I myself feel delight that there is an Irish based book on the big subject of facilitating groups that can stand up and be counted with any other literature on this subject. This is one of those books that I will be keeping close to hand for a long time to come.

Book Review

Title:	*The School Based Counselling Primer*
Author:	*Katie McArthur*
Published:	*2016*
ASIN:	*B01HCZO10K*
Reviewed by:	*Dr. Michael O'Shea MIACP, MIGC*

In this book, though less that ninety pages long, Katie McArthur provides a short, but concise account of the presenting matters which school-based counsellors must address with students regularly. Given the fact that this book has been published fairly recently, many new problems which are of concern to second level students are identified and brought to the awareness of professionals working with adolescents.



For example, McArthur draws attention to long existing and more contemporary emerging topics such as LGBT, Transgender and Anxiety issues which frequently draw students to seek support from the school counsellor. The book also succeeds in capturing the mood of students who may present themselves to the school counsellor and the level of desperation many are experiencing at that time. McArthur emphasises the importance of a multi-agency approach to school-based counselling which often involves the co-operation of agencies such as CAMHS and Social Services. Therapeutic concepts are explained well for those who work with adolescents but who are unfamiliar with such models. Furthermore, the limits of school-based therapy are clearly outlined as is the view that the school counsellor should be a person other than a class teacher in order to avoid a conflict of interest. The limits of confidentiality and the dilemmas facing school-based counsellors regarding mandatory disclosure are well explained.

McArthur's target audience are those who offer support to students in both Primary and Second Level Schools. However, given the special nature of those working with a cohort of younger children, McArthur focusses much of her attention to the Second Level sector. This book is written for professional and non-professional counsellors alike and it proves to be a valuable resource to all those working with adolescents both inside and outside of the school environment. Statistical input highlights not only the absence of standardised counselling provision throughout the UK school system, it also describes the realistic and temporary nature of school-based counselling. It should be noted that, while this book is written for those working within the UK structure, presenting issues described in the book are no different to those experienced by counsellors working within the Irish system. McArthur is also clear that those offering 'counselling support' to students may not always be qualified therapists. Within the Irish school system, many school-based counsellors are Guidance Counsellors who have some level of familiarity with psychotherapeutic models and concepts but may not be trained therapists. Consequently, McArthur provides a simple but concise resource for those counsellors, qualified or unqualified, who wish to update their knowledge base on school-based counselling matters or those who are about to embark on a career as professional therapists.

The chapter addressing the effectiveness of school-based counselling may appear to some readers to be a little academic. The possible use of suggested questionnaires might appeal to some counsellors as assessment tools depending on the modus operandi of the particular counsellor. Furthermore, the references to supporting services outside of the school are all UK orientated. Nevertheless, this book is a commendable informative guide for all those working with adolescents, regardless of their professional discipline. The book might also motivate those who work as counsellors in a non-professional capacity to seek more specialised training.