UNIVERSITY OF SURREY

Faculty of Health and Medical Sciences (FHMS)

Practitioner Doctorate in Psychotherapeutic and Counselling Psychology (PsychD)

Research Dossier

A Portfolio of Research Work Including an Investigation of Practitioners’ Engagement with Uncertainty in Therapeutic Practice

By Kate Du Toit ©

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ABSTRACT

This portfolio comprises a culmination of research work spanning three years of full-time training on the Practitioner Doctorate course in Psychotherapeutic and Counselling Psychology (PsychD) at the University of Surrey. My research comprises three research reports: a literature review, and two qualitative studies. The literature review explored how the phenomenon of uncertainty translates to the field of counselling psychology, specifically the identity of counselling psychologists and its application within therapeutic practice. The first empirical study used Interpretative Phenomenological Analysis to analyse counselling psychologists’ experiences of uncertainty in therapeutic practice. The analysis revealed four major themes: ‘The Ethereal Nature of Uncertainty in Life’ ii) ‘Uncertainty is Core to Therapeutic Practice’ iii) ‘A Process of Negotiation: Engaging with the Tensions’ iv) ‘Facilitating the Art of Improvisation: A Dance between Being-With and Doing-To’. The second empirical study used Constructivist Grounded Theory to analyse the actions, processes and implicit subjective meanings implicated in how practitioners engage with uncertainty in therapeutic practice. Analysis revealed three interrelated core-categories: ‘Expressing an Attitude’, ‘Cultivating Different Ways of Being’, and ‘Engaging in a Constantly Unfolding Process of Negotiation’.
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STATEMENT OF ANONYMITY

To ensure the confidentiality and anonymity of all clients, supervisors and research participants, any potential identifying information in this portfolio has been omitted or replaced with pseudonyms.
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CONTENTS

Research Development Dossier 7
Introduction 7

Year 1 Literature Review: Uncertainty, Unpredictability and Chaos Theory: A New Vision for Counselling Psychology 11

Year 2 Empirical Study: Practitioners Experiences of Engaging with Uncertainty in Therapeutic Practice: A Tantalising Dance between Being-with and Doing-to 45

Year 3 Empirical Study: Engaging with Uncertainty in Therapeutic Practice: Between Artistic Creativity and Pragmatic Integration in a Constantly Unfolding Process of Negotiation 104
RESEARCH DEVELOPMENT DOSSIER

Introduction

This dossier contains three pieces of research submitted during my three years of training on the PsychD course. The first piece of work is my literature review which focusses on the phenomenon of uncertainty in the field of counselling psychology (CoP). The literature review was primarily aimed at bringing the taken for grantedness of the phenomenon back into the foreground of our profession as an integral and distinctive component of our identity as counselling psychologists, as well as our relational approach to working with clients. A central tenet of the review is the assertion that uncertainty is an inevitable condition of existence. Various conflicting responses to uncertainty have been documented in the review highlighting the paradoxical nature of the phenomenon as both a pathway towards innovation and creativity and towards fear and paralysis. The review emphasises the essential capacity for practitioners to retain an open attitude towards the inevitable chaos, uncertainty and unpredictability involved in clinical practice so as to produce a creative space with novel possibilities that enrich clinical practice and enhance competency as reflective practitioners.

Although I found the process of conducting this literature review stimulating, I also found it exceptionally difficult navigating the vastness of the topic and the various different areas of potential exploration. The approach I chose towards this phenomenon was to widen the concept of uncertainty rather than narrow it down to a specific area of CoP. I broadly focussed on its professional practice application, in relation to CoP’s pluralistic and relational approach. This broad focus was firstly due to the limited number of empirical studies investigating this topic in the context of psychology and CoP specifically. Secondly, I wanted to stay true to the nature of uncertainty as an ontological concept, rather than uncertainty pertaining to or about something specific within the realm of CoP, meaning that the review was necessarily wide-ranging. The nature of the topic under investigation in addition to its broad focus presented a great challenge to me in terms of gaining a sufficient level of depth. I experienced difficulty elaborating on my own argumentation and battled with the notion of criticality. This was perhaps in part reflective of the overwhelming vastness
of the topic, alongside an initial fear I experienced in finding my own feet academically and owning my academic voice; a process which has since developed through practice and persistence. Nevertheless, writing this review was hugely beneficial as it instigated my ability to think more critically. I found reading the existential philosophy especially stimulating, igniting a real passion for the topic of uncertainty and a curiosity pertaining to how it translates to my own therapeutic practice. My review highlighted the integral nature of uncertainty in CoP, both on a theoretical and practical level, which raised questions pertaining to how this phenomenon might be experienced by counselling psychologists and how practitioners were engaging with it in practice; questions which provided the foundations for my second and third year research projects.

In my second year I undertook an interpretative phenomenological analysis (IPA) exploring how counselling psychologists engage with the experience of uncertainty in therapeutic practice. I was particularly interested in participants’ subjective lived experience of uncertainty in therapeutic practice including their involvement and engagement with uncertainty, and the meanings they attach to those experiences within the context of practice. I feel this research usefully shows how therapists draw on uncertainty in their clinical work and the perceived importance of uncertainty in therapeutic practice. Practitioners’ experienced uncertainty as a facilitative space that encouraged connectivity, attentiveness and novel understandings thought to strengthen therapeutic purpose, thereby highlighting its relevant significant within the field of CoP.

I found the experience of interviewing participants and analysing data in accordance with IPA an invigorating and inspiring process that truly brought the phenomenon of uncertainty to life. Through this process, I noticed myself slowly embracing more uncertainty in my own therapeutic practice and academic work. This had a redeeming quality to it that encouraged more spontaneity, creativity, criticality and autonomy within myself, that ultimately gave me more confidence in myself and my ability, both clinically and academically. The results of my second year research not only added a greater conceptual understanding of uncertainty in therapeutic practice, but also emphasised the space of uncertainty as paramount to the stance practitioners take
towards their clients, which then led me to explore the process of how practitioners engage with uncertainty in therapeutic practice in my third year research project, and the therapeutic implications for this type of engagement.

I undertook a constructivist grounded theory (CGT) approach to my third year research project, which sought to discover the actions, processes and implicit subjective meanings involved in how practitioners engage with uncertainty in therapeutic practice. The analysis revealed meaningful insights into the everyday clinical practice of counselling psychologists and demonstrated how one’s attitude and apparent positioning in relation to uncertainty presupposes their engagements in therapeutic practice. What was significant about these findings was that the differences in attitude and positioning in relation uncertainty seemed to have stark implications for the way in which practitioners engaged in therapeutic practice. Those who tended to hold more open, embracing attitudes towards uncertainty, tended to engage with their clients in ways that encouraged spontaneity, creativity, openness and innovation, thereby also facilitating the relatedness of the encounter. On the other hand, those holding more passive, tolerating or fearful attitudes towards uncertainty seemed to engage in ways that prompted pragmatic integration of theory to practice that seemed to close down the space for uncertainty, prioritising technique and model in a way that appeared to restrict the relatedness of the encounter. My findings highlighted the relevance of one’s stance towards uncertainty and its apparent impact on the relatedness of the therapeutic encounter, and the importance of acknowledging one’s own limitations within the uncertainty. This research seems imperative for the field of CoP, given its current socio-political climate that entices an attitude of certainty. It offers practitioners a platform from which to consider, reflect upon and question their own stances and responses towards uncertainty within their chosen therapeutic setting, and to consider the implications of this attitude in relation to their client and context.

I found the research process slightly more challenging in my third year. CGT felt less flexible and more restrictive in terms of its data collection and analysis procedures. Unlike year one where I yearned for certainty, by this stage of my training I had come to really value and appreciate the space of uncertainty. I started to feel that building a
theory pertaining to this phenomenon was somewhat counterintuitive to the nature of the topic, and worried that in doing this I would be concretising the notion of uncertainty. I also struggled significantly with the analysis, not only due to the given time constraints, but also due to diverse nature of responses from participants that ultimately led me to the finding that engaging with uncertainty was reminiscent of an applied philosophy unique to each participant and largely dependent upon their own personal attitude towards uncertainty.

On the whole, my research is an attempt at shedding light on an intrinsic yet somewhat neglected and taken for granted aspect of therapeutic practice. I feel passionately about the profession of CoP and concerned for its future given the current socio-political context that places emphasis on certainty, control and security through its prioritisation of evidence-based practice protocols and the movement towards manualised therapies. In light of the current climate, and in a time of ever-increasing change, I feel that my research is particularly relevant and important to CoP, especially in providing a research base that champions our phenomenological, relational-based approach that embraces the uncertainty inherent within it. The results of both research projects have important implications for counselling psychologists and the way in which we work with uncertainty in therapeutic practice. Findings emphasise how important it is to consider one’s stance towards uncertainty and the impact that this stance might have on the therapeutic process. Overall, my research has been an immensely rewarding process. Not only has it provided me with the wonderful opportunity to meet and interview many inspiring colleagues, but it has also provided me with a platform from which I have been able to find my own voice and connect with what I feel most passionate about.
Abstract
The purpose of this literature review is to shed light on the conceptual notion of uncertainty and its practical application within the field of counselling psychology (CoP). As a largely taken for granted phenomenon the review aims at bringing the notion of uncertainty back into the foreground of our profession as an integral and distinctive component of our identity as counselling psychologists, as well as our relational approach to working with clients. The review emphasises the omnipresent nature of uncertainty within the wider context of CoP through the epistemological tensions and uncertainties that constitute CoP including the integration of research, theory and practice. Furthermore, it is argued that the therapeutic encounter itself is imbued with uncertainty due to its dialogical nature. The review illustrates the paradoxical nature of this phenomenon as both a pathway towards innovation and creativity and towards fear and paralysis, enticing practitioners to reflect upon their own dispositional stance towards uncertainty and the corresponding clinical implications. Chaos Theory is outlined as a useful framework for understanding the uncertainty, complexity and interconnectivity inherent within our practice. The review concludes with a new vision for CoP, emphasising the essential capacity for practitioners to accept and embrace the inevitable chaos, uncertainty and unpredictability in clinical practice in order to produce a creative space that enriches clinical practice and enhances competency as reflective practitioners. The usefulness of this review can be seen in light of the current socio-political context of the profession that entices a therapeutic attitude of certainty.

Introduction
Although there are very few certainties in our practice as counselling psychologists, perhaps one thing can be guaranteed. That is, we are sure to experience in one form or another, a degree of uncertainty, regardless of experience or theoretical orientation. Uncertainty presents itself in many shapes and forms within the field of counselling
psychology (CoP). The most obvious is perhaps the uncertainty pertaining to the novelty and unpredictability of each therapeutic encounter, and the numerous possibilities for approaching each client’s unique dilemma. The dialogical nature of the therapeutic encounter itself reflects the fundamental relatedness that lies at its core and the inherent position of inevitable uncertainty, in which we are continually confronted with Otherness (Cohn, 2002).

Although many therapists may implicitly acknowledge the uncertainty that infuses our profession, the phenomenon seems to be largely taken for granted within the therapeutic literature, perhaps due to its elusive nature and the dominant attitude of Western thought that advocates a desire for certainty. This review aims at bringing the phenomenon of uncertainty back into the foreground of our profession, firstly through highlighting uncertainty as a distinct and integral component of our relational approach to working with clients, and secondly by demonstrating its significance within CoP’s epistemological framework. Given the philosophical heritage of CoP, with its roots in humanistic psychology and existential-phenomenological philosophy (Orlans & Van Scyoc, 2009), the phenomenon of uncertainty is investigated from an existential-humanistic vantage point in order to gain a better understanding of how it lends itself to the practice of CoP, an interdisciplinary field that holds a both/and approach towards a variety of theoretical paradigms and epistemologies. The review takes a necessarily broad conceptual focus on uncertainty exposing the phenomenological nature of this phenomenon and its pervasive position within the field of CoP, especially in relation to our identity as counselling psychologists, the contexts within which we work and most importantly clinical practice. The space of uncertainty is exposed as paramount to who we are and what we do as counselling psychologists, highlighting the professional responsibility for practitioners to hold, embrace and sustain the space of uncertainty in order to enhance competency as reflective practitioners and enrich the quality of the therapeutic relationship that is placed at the primacy of our professional practice (British Psychological Society [BPS], 2014b). The review consequently offers a new vision for CoP that embraces the reality of chaos and unpredictability in our work, in spite of prevailing socio-political and economic discourses and ideologies that advocate a therapeutic attitude of certainty.
The subsequent section of this review, *The Relevance of Uncertainty to Counselling Psychology*, demonstrates how uncertainty is situated within the wider context of the profession highlighting the various tensions and epistemological uncertainties that constitute CoP. The following section, *Responses to the Unknowable*, explores the phenomenon of uncertainty in relation to the illusory quest for certainty. If we are to attempt to understand our client’s ontic responses to uncertainty, it is essential that we explore our own responses to uncertainty both ontically and ontologically. This part of the review reveals the paradoxical nature of uncertainty and its utility in fostering creativity and novel possibilities. In the section titled *Chaos Theory, Uncertainty and Unpredictability*, the review proposes Chaos Theory (Prigogine & Stengers, 1984; Lorenz, 1963) as a scientific orientation consistent with our thinking as counselling psychologists, and as a framework for understanding the fundamental uncertainty, complexity and interconnectivity of our human condition. The final section synthesizes the literature on uncertainty and chaos theory to reflect a common theme that emphasises the essential capacity for practitioners to accept and embrace uncertainty in order to produce a creative space in which novel possibilities may emerge. *A New Vision for Counselling Psychology* is thus proposed that embraces the inevitable chaos, unpredictability and uncertainty in our practice by adopting a stance of active engagement with uncertainty that enriches our therapeutic practice.

**The Relevance of Uncertainty to Counselling Psychology**

In order to situate the relevance of uncertainty within CoP, it is necessary to explore the historical landscape of the profession, as this will illustrate how uncertainty is positioned within the wider context of the field. The development of CoP as a distinct professional psychological discipline within the BPS evolved as a return of counselling and psychotherapy to psychology. CoP thus positions itself amid the traditional philosophies of empiricism and positivism rooted in the science of psychology and the existential-phenomenological philosophies and humanistic values rooted in the therapeutic practice of counselling and psychotherapy (Strawbridge & Woolfe, 2010). Although the discipline emerged from psychology, its philosophical heritage is underpinned by existential-phenomenological and humanistic values
rooted in traditional counselling and psychotherapy. CoP therefore embraces a holistic approach towards human existence, emphasising well-being as opposed to psychopathology/illness, promoting a dialogical understanding of human beings that takes into consideration their relatedness with the world, with others and with themselves. The field simultaneously endorses the traditional scientific psychologies rooted in empirical enquiry (Orlans & Van Scoyoc, 2009), thereby espousing a postmodern position of dialectical pluralism in which it recognises and appreciates the validity of a diversity of ontological and epistemological approaches to research and practice (McAteer, 2010). The position of pluralism underpinning CoP is further reiterated through the BPS (2014b) guidelines for practice that describe CoP as a profession that “seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology” (p.1). These models of practice “seek to engage with subjectivity and intersubjectivity, values and beliefs; to elucidate, interpret and negotiate between perceptions and world views, but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing” (p.1-2).

Embracing this position creates several tensions for counselling psychologists, firstly in negotiating between a variety of conflicting epistemologies whilst at the same time retaining a humanistic focus, and secondly within the integration of research, theory and practice (Milton, 2011). More importantly, in order to retain this both/and approach, a critical engagement with these tensions is required. In fact, our commitment to engaging with and sustaining these tensions is considered a core feature of CoP that makes it such a distinctive discipline. Likewise, our effort to integrate research, theory and practice is another distinctive attribute of our profession (Orlans & Van Scoyoc, 2009). With no universal rules or guidelines detailing how to navigate through the diversity of psychological theories and apply them in practice (Rizq, 2006), engaging with these tensions naturally also necessitates a commitment to uncertainty. Uncertainty is thus inherent to CoP’s epistemology through its espousal of pluralism and the subsequent both/and approach it takes towards a multitude of psychological theories each with their own philosophical assumptions.
Embracing a both/and approach also necessitates an acceptance towards uncertainty as an essential feature of our identity as counselling psychologists. As Spinelli (2001) suggests, this both/and approach enables us to realign the traditional mismatch between scientific research and applied practice within psychology as a whole. This reconciliation is dependent upon how the notion of ‘science’ is construed, advocating the necessity to accept our ‘uncertain identity’ and evolve the ‘twin cultures’ of our profession (psychology and psychotherapy) with tantalising innovation (Spinelli, 2002). Our ability to do this requires a shift from our hesitant tendencies to an active and courageous engagement with uncertainty. As indicated by Orlans and Van Scoyoc (2009) the ongoing tensions arising from the integration of research and practice in accordance with our pluralistic perspective, entices a commitment to a lack of certainty, which is considered hallmark to our profession. It involves a balancing act between theory and practice, and between knowing and being (Downing, 2000); a position that presupposes an ongoing engagement with uncertainty.

In addition to the epistemological uncertainties and tensions existing within the wider context of CoP, uncertainty also speaks to the ontological question of Being and thus directly translates to our clinical practice. Heidegger (1962) highlights the nature of Being and the inextricable link between uncertainty and existence in his use of the terms Dasein and Mitsein; ‘Being-in-the-world’ and ‘Being-in-the-world-with-other-people’. The hyphens representing our relatedness with the world, with others, and with ourselves, suggesting that we are never in isolation. Our existence is fundamentally and primordially entangled with the existence of others. In the therapeutic context this means that both client and therapist are with-each-other in what they meet in the relational space between them. Inherent in this mutual relatedness is uncertainty as we are confronted with the unpredictability of Otherness (Cohn, 2002). The dialogical quality of the encounter itself is thus laden with uncertainty requiring us to let go of pre-existing agendas, rigidly held beliefs or psychological theories, in order to stay true to the phenomenological experience of the other. We are encouraged to retain a sense of openness towards the otherness of the other, to listen holistically, to be curiously present and to take risks; qualities that demand an engagement with uncertainty.
Furthermore, our ‘thrownness’ into the world in which we are projected towards death leaving the possibility of no further possibility, signifies our state of constant flux. This displays the uncertainty of our existence in which we are subjected to a continuous process of change. Heidegger (1962) uses the term *unheimlichkeit* to illustrate the fundamental unease that underpins this constant state of becoming as human beings. It is an ontological given of our existence, a necessary and essential condition of being human. Maladaptive responses to this sense of unease often prompt clients to seek therapy (Cohn, 2002; Cooper, 2003). At this point it is necessary to address the distinction between ‘ontic’ and ‘ontological’. Ontology refers to the nature of Being, and therefore encompasses the fundamental uncertainty in the relatedness of our existence, while ontic refers to how we respond to our ontological position (i.e. how we choose to shape this relatedness and respond to others) (Heidegger, 1962). It is these ontic phenomena that are typically presented by our clients in the therapeutic encounter (Cohn, 2002). As such, the notion of uncertainty demands our understanding on an ontological level before we can assist others in understanding it ontically.

The above-mentioned literature highlights the various tensions and epistemological uncertainties that constitute CoP, in addition to the uncertainty pertinent to our relational existence, and thus also to our dialogical encounter with clients. Furthermore, clinical practice requires stepping into the vastly uncertain terrain of the depths of our clients’ uncertainties that are inseparable from their desire for change. This emphasizes the ubiquitous nature of this phenomenon within CoP, on an ontological, epistemological and ontic level of enquiry. More importantly, it stresses the essential capacity for counselling psychologists to be able to hold, embrace and sustain the space of uncertainty within the therapeutic context. In view of the aforementioned humanistic values and existential-phenomenological underpinnings, alongside the fields interdisciplinary approach (Orlans & Van Scoyoc, 2009), the notion of uncertainty is arguably positioned at the forefront of the therapeutic enterprise and viewed as an inevitable condition of human existence.
Responses to the Unknowable

Having described the various guises of uncertainty within CoP, it is necessary to explore how one might respond to uncertainty as this is likely to determine how we hold the space of uncertainty in clinical practice, and the depths of our capacity to engage with uncertainty with our clients. As an ontological given of our existence, uncertainty becomes especially apparent in the face of ‘boundary situations’ or ‘ultimate concerns’ (van Deurzen, 2010) that encompass human existence including death, freedom, isolation and meaninglessness. Facing up to these existential concerns is unsettling, provoking a sense of uncertainty that is intricately connected to anxiety of fate and death (Cohn, 2002). One’s ontic responses to uncertainty are necessarily considered in relation to these ‘ultimate concerns’, and are essentially intended to create a sense of certainty as a means of reducing anxiety. This is especially relevant to the practice of CoP as themes of death, freedom, isolation and meaninglessness are just as much a part of the therapeutic situation as they are a part of life itself, and therefore it is necessary to consider how one might respond to these ultimate concerns.

Yalom’s (1980) provides a theoretical account of existential psychotherapy drawing upon his own clinical experience, empirical research, and philosophy, to illustrate several strategies that individuals typically employ to defend against these ultimate concerns. For example, individuals may defend themselves against the inexorable uncertainty of freedom through avoiding choices, procrastinating, becoming impulsive, deferring responsibility of choices unto others or delegating choices to other beings or entities such as institutions, people, deities or things. However, in defending against the uncertainty presented by our freedom we are essentially left with a sense of powerlessness, helplessness and futility. Yalom (1980) furthermore proposes how individuals may convince themselves of their own ‘specialness’ in an attempt to defend against the awareness of death and the uncertainty of its certainty, by engaging in a number of behaviours (such as excessive risk taking, aggression, control, overachieving and narcissism) in which they convince themselves of their invulnerability towards death. A second defensive strategy suggested by Yalom (1980) includes an irrational belief in an ‘ultimate rescuer’ or god-like figure that will
somehow transcend us from the inevitability of death. This suggests a form of self-deception that protects the individual, allowing them to bask in an illusion of safety, control and certainty that temporarily escapes the uncertainty of existence. Yalom (1980) notes how these defences can become highly dysfunctional when over-developed and also highly restricting insofar as individuals attempt to elude death by refraining from living. Ultimately these defences eventually shatter leaving the individual exposed to their finitude with nothing to protect themselves from the inevitability of death. Yalom (1980) suggests that breaking-down these defences through increased awareness of our modes of relating to these givens can indeed act as a catalyst for personal growth, change, and a fuller engagement with and appreciation for life and living. This ability to appreciate and embrace living then also applies if we are to face up to the inevitable uncertainty that pervades our existence, and become more aware of how we relate to uncertainty on a day-to-day basis.

Similarly, an attempt to create certainty and meaning in a meaningless world in which we are projected towards our own death, is most commonly seen in the construction of cultural world views in which illusory absolutisms provide a sense of security, dependability, and predictability (Yalom, 1980). This suggests that in the absence of any certainty, other than the certainty of death, individuals will cultivate all sorts of worldviews and beliefs to instil a sense of certainty, safety and security. This point is similarly expressed through Becker’s (1997) theory of human behaviour that rests on the idea that the fear of death is a primary motivator for human behaviour. His notion of heroism and hero-systems recognises the unique human need to transcend the dilemma of mortality and meaninglessness of the human condition. Becker (1997) considered organismic narcissism and the need for self-esteem to be primary motivators for humankind in which heroism provides us with the possibility of maintaining our self-esteem through arbitrary and fictional hero-systems such as culture and religion. In Becker’s (1997) view, society itself and the way in which we have created politics, television, sports, war, celebrities and so on, are all codified hero-systems which we inadvertently create to distract us from death and provide us with a sense of meaning. Arguably, this denial of death through these codified hero-systems are then also an attempt at evading the inevitable uncertainty of existence through an illusion of control. Yet, this illusion of certainty and control simply closes
down the room for further possibility. Becker (1997) describes this essential paradox noting that culture is both a hero-system and a cost of freedom; although they provide an escape from the inevitability of death, they are oppressive and therefore deny us of our freedom. Additionally, since everyone participates in them their arbitrary nature is not recognized. This too could then be applied to uncertainty where our defences against it may indeed restrict our freedom, choices and unforeseen possibilities.

Rigorous empirical evidence from terror management theory (TMT) supports this assertion, also experimentally testing Becker’s (1997) hypotheses of the denial of death (Greenberg, Solomon, & Pyszczynski, 1986). TMT suggests that cultural conceptions of reality and worldviews serve as a buffer to the anxiety and uncertainty that results from the terrifying awareness of human vulnerability and finitude, insofar as strengthening one’s self-esteem and validating one’s self-worth and faith in one’s cultural system. Although Becker (1997) suggests that these arbitrary cultural beliefs are primarily brought about by a universal and necessary denial of death, they may therefore also be a perceived as a response to the uncertainty inherent in our awareness of our finite nature of being. This is supported by further theoretical literature suggesting that as human beings we are typically intolerant of uncertainty (Spinelli, 2008). This often results in adopting stances that reject, denigrate and devalue the experience of uncertainty in such a way that we may cling rigidly to truths or dogmas that serve to defend against meaninglessness (Spinelli, 2008). As meaning-making beings we therefore respond to the uncertainty of meaninglessness by attempting to discern or construct meanings which give us a sense of certainty that contributes towards a valued sense of identity. The empirical work of van den Bos (2009) further elaborates on this point, suggesting that uncertainty is an aversive state in which people attempt to either eliminate it or find ways of making it more tolerable. He submits an uncertainty management model suggesting the core existential motive is to feel certain. Further empirical literature from social psychology supports this claim suggesting the human tendency to avoid or reduce uncertainty due to the anxiety and discomfort it creates (Hirsh, Mar & Peterson, 2012; Hogg, 2007; McGregor, 2003; Hofstede, 2001). One possible response to the aversive state of uncertainty is to create rigid closed-minded attitudes, ideological convictions
and worldview defences (Baas, de Dreu, & Nijstad 2012; Van den Bos & Lind, 2009; Van den Bos, Heuven, et al., 2006; McGregor et al., 2001).

The creation of cultural worldviews arguably helps us to make sense of our lives as they delineate a set of moral rules and beliefs about death that provide a sense of certainty and meaning in moments of uncertainty and meaninglessness. These positions appear to indirectly acknowledge the intrinsic uncertainty that permeates human existence by suggesting responses to this predicament through the creation of certainty in definitive worldviews and absolutisms that allow us to temporarily escape the ‘ultimate concerns’ of our existence. Rigidly adopting these worldviews with conviction offers a strategy for evading uncertainty, yet in doing so we simultaneously close ourselves off to alternative or novel possibilities that transform meaning and understanding. Paradoxically these sophisticated and innovative worldviews were likely invented from a position of uncertainty, thereby illuminating the space of uncertainty as a prerequisite for the discovery of new meanings and the development of creativity.

Many of the aforementioned defences against uncertainty reflect a universal motive to create certainty in the face of the unknown. This tendency to avoid or reduce uncertainty is particularly evident in the current socio-economic climate of CoP, and the apparent desire for certainty in today’s solution-focussed mental health care organizations (e.g. NHS) in which the therapist is construed as the all-knowing expert responsible for controlling and reducing symptomatology. In the context of social, economic and political pressures, these organisations typically give preference to time-limited/solution-focussed/outcome-measurable evidence based practices (EBP) (Rafalin, 2010) that can be plugged into cost-benefit analyses (e.g. Layard, 2005). This modernist ideology has produced a “fast food therapy era” (Strawbridge, 2002, p23) that conceptualises, formulates and treats human distress in accordance with economic agendas aimed at standardisation of care (Hammersley, 2010) based on ‘evidence’ explaining ‘what works for whom’ (Roth & Fonagy, 2006). These rigidly held epistemological perspectives naïvely mistake scientific advancement to mean certainty (Milton, 2011), and consequently dodge uncertainty through an illusion of control. Whilst the debate pertaining to what constitutes ‘evidence’ is beyond the
scope of this paper, it is important to recognise the relationship between uncertainty and epistemology, as it is arguably the very embodied space of uncertainty that has provided the possibility for the expression of knowledge and understanding through a position of openness towards unforeseen discoveries. Furthermore, it would appear that origins of uncertainty located in pre-Socratic philosopher’s quest for understanding and questioning of the world ultimately developed into the study of epistemology, once again emphasising the space of uncertainty as a pathway towards unforeseen possibilities and innovative discoveries.

Translated to clinical practice, relentlessly clinging to EBP as a ‘how to’ tactic for approaching client work is indicative of an illusory search for certainty, and perhaps also an extension of the methodological skepticism employed by Rene Descartes in an attempt to discover ultimate truths that serve to defend against the aforementioned ultimate concerns of existence. Due to the absence of a template or prototypical model for what constitutes a ‘good therapist’, the idea of being in and with uncertainty is perhaps familiar territory among most practising psychologists. Additionally, considering the mainstream perceptions of uncertainty among Western society as an undesirable state aligned with risk, anxiety, incompetence and self-doubt, it is not surprising that many of us may attempt to reduce the experience of uncertainty by creating an illusion of certainty through theories, beliefs and knowledge. However, in rigidly clinging to the certainty provided by a particular theory we risk pigeonholing our clients into a conclusive model rather than remaining open to their subjective experience and the potential for alternative possibilities. As Clegg (2010) suggests, the desire for certainty is essentially unscientific as it only produces knowledge that recapitulates what is already known. Thus knowledge and understanding can only be transformed by cultivating and embracing uncertainty, and adopting a self-reflective and self-critical attitude towards research praxis. Similarly, in the context of therapy “uncertainty is the key that unlocks the potential for discovery. It is hard to discover something if you already know what it is that you are looking for and where it is” (Duncan, 2010, p.155). In this way retaining an embracing and open attitude uncertainty is considered a pathway towards innovation, possibility and discovery. This is especially evident in fields such as art and music where uncertainty is thought to facilitate positive outcome through generating creative expression (Mackey, 2009;
In this way, uncertainty directly translates to our BPS (2014b) models of research and practice that require a degree of “professional artistry” (p2). The aforementioned contradictory views of uncertainty point to the importance of one’s attitude towards uncertainty in determining the utility of this phenomenon and one’s competence within this professional artistry.

Qualitative studies have demonstrated a conceptual link between uncertainty and feelings of incompetence, doubt and insecurity in relation to the development of one’s professional identity among counselling psychologists (Theriault, Gazzola & Richardson, 2009), aligning the experience of uncertainty as a primary source of stress in the work place due to various contextual stressors including organisational changes, identity development, and clinical practice (Papadomarkaki & Lewis, 2008). Consistent with these more negative attributions of uncertainty, a more recent qualitative enquiry likened the experience of uncertainty to an excruciating sense of unknown-ness, with therapists describing feelings of shame and fraudulence at not knowing (Voller, 2011). Yet, therapists simultaneously described a felt sense that the therapeutic relationship was alive, that they were immersed in something that provided a sense of wondering. Uncertainty was associated with intuitiveness, fun, playfulness and furthermore recognised as ‘the anxiety of not knowing’ (Voller, 2011). This study emphasises the paradoxical nature of uncertainty, and its ability to be perceived and experienced both positively and negatively. Our conceptualisation of uncertainty undoubtedly influences our relatedness in the therapeutic encounter and therefore necessitates further investigation into how we might respond to this phenomenon both ontologically and ontically.

A qualitative enquiry conducted by Buckle (2009) in the context of coaching and leadership explores how ones responses to uncertainty may indeed influence outcome. Importantly, her findings suggests that how one construes and responds to the notion of uncertainty is dependent upon the lens through with which they choose to view the phenomenon. She discovered that the language of uncertainty was implicitly entangled with individual and organizational assumptions about appropriate responses to it; a point that seems especially pertinent to CoP considering the current socio-economic context of organisations such as the NHS that tend to entice an attitude of
certainty. Buckle’s (2009) analysis revealed four strategies employed by leaders for responding to uncertainty; denial, coping, resolution, and engaging. Denial was characterized by aligning uncertainty with failure and lack of expertise, thereby responding to it in a strategic, organised way, behaving in ways that assume the world is predictable. Coping, on the other hand was described as corresponding with a low sense of agency or empowerment, where the individual survives rather than thrives. Uncertainty is recognised as existing but without being able to do much about it. The strategy is therefore to cope and manage through the uncertainty with the hopes that time or external factors will ultimately resolve it. The third strategy of resolution included a stance of low tolerance for uncertainty, adopting a problem-solving, achievement orientated attitude that moves from a previously failed certainty to a new planned change. This stance created the illusion of control that left competency challenged and led to significant stress. The final strategy of engagement reflected the most helpful, purposive stance towards uncertainty, which tolerates and embraces uncertainty, accepting that it may not be easy. It involves sitting with the discomfort and lack of certainty, while actively engaging with tensions, paradoxes and dilemmas in order for the creation of novel possibilities to emerge. This position recognised the importance of trust in others, and flexibility and confidence in ourselves. Buckle (2009) discovered that this stance provided the possibility for breakthrough ideas.

Buckle’s (2009) findings offer a thoughtful application of uncertainty that may be applied to the context of CoP. It would appear that a strategy of engagement with uncertainty is most akin to our position as counselling psychologists, as it encourages an active engagement with the tensions arising within the field. Her emphasis on one’s dispositional stance highlights the importance of being able to reflect on one’s assumptions and worldviews pertaining to uncertainty as well as the significance of adopting a stance of active engagement with uncertainty in order for the discovery of creative new possibilities. Her findings entice reflexive awareness of one’s assumptions pertaining to the therapeutic encounter as well as towards uncertainty itself, in order to achieve beneficial outcome. These assumptions and expectations will inevitably colour the way in which we respond to uncertainty within the therapeutic context. Furthermore, Buckle’s (2009) findings reveal the paradoxical nature of uncertainty as a space that can both immobilize and threaten the
development of novel understandings, and as a space that can enrich our understanding, transform our knowledge and allow creative possibilities to emerge.

As counselling psychologists we are encouraged to actively engage with the paradoxes, tensions and challenges presented to us within our field and within uncertainty itself, and to remain reflexive in our understanding of this phenomenon. As Voller (2011) asserts, we are encouraged to act as ‘double agents’ in the sense that we strive to be both unknowing and able to demonstrate and articulate our clinical expertise/theoretical knowledge, to be emotionally resilient and also open to being perplexed by our clients. She refers to the notion of ‘negative capability’ put forth by John Keats, to describe this paradoxical capacity to be in and with uncertainty alongside the widely acknowledged view of therapist as ‘expert’. This advanced ability involves “being in uncertainties, mysteries, doubts, without any irritable reach after fact and reason...” in order for creative opportunities to transpire (Keats, 2010, p. 492). It is therefore not a question of avoiding theories, cultural worldviews or the development of new knowledge but rather adopting a transparent dialogue with the phenomenon of uncertainty by retaining an open, curious and questioning attitude. It is thus necessary to replace the ever-present fear of uncertainty that is thrust upon us by society with curiosity and openness.

By further developing our understanding of our dispositional stances and attitudes towards the omnipresent nature of uncertainty in human existence (on an ontological level), one’s ontic responses become more palpable. That is our responses on a cognitive, behavioural and emotional level in light of our day-to-day activities. There is an abundance of literature on uncertainty from neurophysiology and cognitive science that focusses on understanding the role of uncertainty in emotion and information processing (e.g. Baas & de Dreu, 2012; Hirsh, Mar, & Peterson 2012), and its contribution to the development and maintenance of psychopathology (e.g. Roblek & Frank, 2012; Mahoney & McEvoy, 2012). These models focus on uncertainty as a cognitive construct arising from a response to a particular set of situations, proposing that the cognitive bias presented by one’s intolerance of uncertainty can have negative behavioural and cognitive consequences that may be related to various anxiety, depressive (Mahoney & McEvoy, 2012) and emotional
disorders (Boswell, Thompson-Hollands, Farchione & Barlow, 2013) and even the roots of extremism (Hogg, Kruglanski & van den Bos, 2013). Whilst these studies adopt a predominantly positivist epistemology that assumes a causal and quantifiable relationship between psychopathology and one’s degree of cognitive intolerance towards uncertainty, they demonstrate the significance of recognising one’s dispositional stance towards this given of existence. It therefore seems pertinent to consider how our ontological understanding of uncertainty, and the lens through which we choose to view uncertainty, may influence the ways in which we ontically appraise certain situations on a cognitive, behavioural and emotional level. Uncertainty may subsequently translate into a pathway towards creativity and innovation or a pathway towards fear and paralysis, thus further echoing the necessity for practitioners to understand their own position towards uncertainty and the lens through which they choose view it. This is then an essential part of our reflective practice as clinicians; to reflect upon the meanings, beliefs, assumptions and expectations we ascribe to the phenomenon of uncertainty and to consider their clinical implications.

**Chaos Theory, Uncertainty and Unpredictability**

A scientific orientation somewhat consistent with the existential-humanistic ethos espoused by CoP and the paradoxical nature of uncertainty discussed above, is the mathematical application of chaos theory popularised by Henri Poincare (Lorenz, 1963; Prigogine & Stengers, 1984). Chaos theory, as a branch of dynamical systems theory takes into consideration the inherent uncertainty that permeates reality through the notion of unpredictability. This theory signifies a shift from the traditional scientific theories rooted in reductionism, towards an understanding of systems as dynamic, fluid and unpredictable. These self-organizing systems promote growth in the ways that they interact with the environment, and are non-linear, thus calling into question the role of causality and certainty in human behaviours (Bussolari & Goodell, 2009).

Chaos theory challenges the view of traditional Newtonian science by providing a novel understanding of human behaviours and the universe. It reveals that even the
simplest systems may produce complex unpredictable behaviours. Chaos theory became especially popular in the 1960’s with the discovery of Edward Lorenz’s mathematical representation of nonlinear phenomena in which minute variations within similar systems may greatly alter the state of that system, to the point where the system may be seen to veer off into an entirely different and unexpected direction. A well-known example of this is the butterfly effect in which Lorenz (1963) describes how the fluttering of a butterfly’s wings in one part of the world may result in a hurricane in another part of the world over time. More specifically, the flapping of a single butterfly’s wings may produce a tiny change in the atmosphere that results in huge divergent changes in the atmosphere over time, compared to what would have happened if the butterfly had not flapped its wings.

Recent research has applied the mathematical concepts derived from chaos theory and dynamical systems theory to studies on human development. Thelen’s (2005) dynamic systems theory (DST) of development offers a new non-linear model of development that encompasses many possible facets of developmental change. Thelen’s (2005) studies from embryology and infant movement and behaviour, demonstrates that development and movement is dependent upon a convergence of circumstances contingent upon the environment. This theory of development provides noteworthy insights to the dynamic complexity of human development, where development is understood as a mutual, continuous bidirectional interaction with all the levels of the developing system that involves an unfolding of various processes over many timescales (Thelen & Smith, 2007). As such, everything is interconnected in some way to everything else in an unbroken wholeness. This position may be likened to therapeutic process where no blanket approach can fully apprehend the complexity of human experience, rather client and therapist are actively immersed in intersubjectivity through moment-to-moment interactions defined by the immediacy and embeddedness of the therapeutic situation.

Thelen (2005) uses the metaphor of a fast-moving mountain to demonstrate the epigenetic process of human development that emerges contingent to its history and system-wide activity. Multiple factors need to be taken into account to understand the patterns of a mountain stream, such as the configuration of the stream bed, the rate of
flow of the water, weather conditions, and the quality of the water molecules that self-organize into different patterns of flow. Furthermore, these patterns may be impacted by the geological history of the mountain and the long-range climate that might have led to particular vegetation that then resulted in certain patterns of water absorption or runoff. Moreover, although these constraints may maintain a relatively stable pattern at present, the stream is subject to change depending on additional factors that change over time, such as rocks falling into the stream that might eventually lead to the stream being separated into two or create a rapid water channel. Similarly behaviour patterns and mental activity can be understood as both stable and easily changeable depending on multiple contributing influences, each of which has its own history that cannot be disentangled from the real-time behaviour. Development is thus an interweaving of events at a given moment, a product of the relations among multiple parts. The core concepts of DST therefore include the following; i) Development is non-linear and complex. There is no single-cause explanation for behaviour as it involves multiple interacting parts working together to produce a coherent pattern under the social, environmental and task constraints. ii) Development is continuous and dynamic meaning that the state of the system at any point in time is dependent upon prior states and reflects the starting point for future states. Processes at different time-scales are nested in one another and coupled together. This means that development is continually moving forward with the system never being in the same place twice. ii) Systems are self-organizing meaning that order is created from dissimilar parts. Behaviour is therefore supremely coherent and supremely complex resulting in a sequence of complexity to simplicity to complexity.

The implications of chaos theory and DST for CoP are far reaching. Not only do they offer an alternative to the traditional linear stage model theories of human development, but they also provide insightful and innovative prospects for understanding human experiences. In contrast to the positivist/empiricist epistemologies adopted by the prevailing medical model in the scientific community, chaos theory offers CoP a framework for understanding human experiences that appears most consistent with our postmodern position and our existential-humanistic philosophy. It provides a scientific account on the phenomenon of uncertainty that takes into consideration the complexity and relatedness of the nature of our Being and
highlights the meaningfulness of the phenomenon of uncertainty as a sin qua non of our human condition. It therefore fits well with the existential-humanistic notion of uncertainty that has been explored within this paper and the nature of Being that is complex, dynamic and interconnected to the existence of others. Furthermore it reflects the temporality of our existence in which time is non-linear and multidimensional with the present at any moment containing the past and pointing to the future (Heidegger, 1962). In addition, it reveals the paradoxical nature of uncertainty and chaos; the ability to create patterns and structures rests upon the unpredictability of the system. As a scientific orientation that supports our approach as counselling psychologists, chaos theory and its application in DST provides the prospect of narrowing the gap between research and practice.

Furthermore, the non-linearity and dynamic aspect of human development as outlined by Thelen (2005) suggests we cannot predict therapeutic outcomes, but we can indeed promote change. As chaos theory and DST suggests, small changes in a system can have remarkable effects on that system over time. Clients invariably consider therapy in a search for change, which inevitably involves choice. A necessary concomitant of choice is undoubtedly uncertainty as we can never know the outcome of our decisions. Our day to day living presents us with an infinite array of choices and possibilities pertaining to various domains of our lived experience. These choices and possibilities highlight the paradoxical nature of living created within the tensions between opposing forces of the physical, social, personal and spiritual dimensions of life (Van Deurzen, 2001). The paradoxical nature of living also creates several inevitable existence tensions (e.g. acceptance/rejection, control/letting go, trust/suspicion) that then make up our lived experience and contribute towards our worldviews (Wahl, 2003). They become especially apparent as a person locates him/herself on the continuum of a polarity upon which there is no ideal location. Since it is not possible to simultaneously locate oneself at both extremes, a sense of unease, uncertainty and not-quite-rightness is provoked (Spinelli, 2008). As Cohn (2002) suggests, it is this sense of unease which often provokes clients to seek therapy as they feel trapped by the givens of their situation which seem unchangeable.
Therapy arguably provides the possibility for changed ways of understanding and awareness. In light of DST it seems that these seemingly unchangeable situations experienced by the client may be reflected in maladaptive behaviours based upon excessive stability in which individuals interact according to rigid patterns/defences that are then threatened and no longer serve an adaptive function. As suggested by Thelen (2005), excessively stable patterns provide little opportunity for exploration and novel outcomes and therefore the pattern needs to lose stability in order to shift from one stable mode to another. Although DST demonstrates that the course of development is almost impossible to predict due to the complexity and non-linearity of events, this time-dependent complexity provides multiple pathways for change. As Thelen (2005) suggests “just as many systems cooperate to produce stable patterns, so many systems may be available to disrupt those that have become too rigid and maladaptive” (p.280). In this way therapy may be viewed as a developmental process in itself and a means for bringing about change. As therapists, we may be able to detect areas of the system that are open to change. Furthermore, as an open system, the therapeutic endeavour operates with client and therapist as collaborative contributors to the process of change, thus taking into consideration the relatedness of the encounter. Therapy as a dynamical systems enterprise involved in the process of change is therefore sensitive to the conditions of the relationship which includes a collaboration of the relational histories of both client and therapist. Since order, pattern and complexity emerge from unpredictability and chaos, and since therapeutic change involves a shift from one pattern of stability to another, as suggested by Thelen (2005), the therapeutic endeavour invariably involves a tolerance for uncertainty as we plunge into an in-depth exploration into the mysteries and uncertainties involved in the complexity of human existence.

**Conclusion: A New Vision for Counselling Psychology**

A synthesis of the ideas outlined within this review provides a new vision for CoP that embraces the reality of chaos, unpredictability and uncertainty within our work as a necessity for cultivating change, creativity, meaning and discovery. Taken together, the ideas from chaos theory and the phenomenological nature of uncertainty reveal the limits of our knowledge and ability to know, and suggest that chaos and
unpredictability within our uncertain existence promotes learning and creativity. Both chaos theory and the existential-phenomenological and humanistic literature on uncertainty point to the meaningfulness of the phenomenon of uncertainty. Taken together, the literature herein helps us view the phenomenon of uncertainty creatively rather than fearfully. As demonstrated by chaos theory, uncertainty signals growth and possibility for novel development and creativity. As Pryor and Bright (2006) assert, “it is on the edge of chaos where human potential, creativity, achievement, and fulfilment are ultimately found and experienced” (p.13). Uncertainty is thus considered of paramount importance in the therapeutic process. Despite its relevant significance to the field of CoP, this phenomenon is largely underappreciated in the empirical literature that informs our clinical practice. It therefore requires our attention in order to bring it back into the foreground of our field as an integral (and scientific) phenomenon that ultimately transforms understanding and cultivates creativity.

Empirical literature on the significant relevance of uncertainty to therapeutic practice is typically only available in the form of the form of dissertations from other fields (e.g. Roeske, 2013; Clancy, 2008), with the vast majority of the literature on uncertainty stemming from anecdotal, philosophical or theoretical accounts of uncertainty in therapeutic practice. Consistent across these sources is an appreciation for uncertainty, emphasising the importance of embracing uncertainty in therapeutic practice in order to achieve beneficial outcomes. For example, Gelatt (1995) asserts that we need to learn to dance with chaos. He proposes that the key to doing this is compassion (as opposed to control). Gelatt (1995) points to the notion of positive uncertainty to advocate a positive attitude and acceptance of chaos, uncertainty and instability. He submits four paradoxical principles as useful tools for therapists to incorporate into their practice. These include; remaining focussed and flexible in what we want, remaining aware and wary about what we know, being objective and optimistic in what we believe, and being practical and magical in what we do. These four paradoxical principles reflect the balancing act that is required of counselling psychologists; to strive towards a position of uncertainty and yet at the same time demonstrate adequate clinical knowledge and theoretical expertise.
Mason (1993) similarly proposes a theoretical account of uncertainty in therapeutic practice through his idea of ‘safe uncertainty’; a position within which to think about our work and orientate ourselves away from striving for certainty and ‘solving’ problems. He refers to the idea of authoritative doubt in which we encompass both uncertainty and expertise. This position is a state of being that is in a constant state of flux, taking into consideration the collaborative, evolving narrative that emerges within the therapeutic space. It involves respectful curiosity, patience in understanding, and recognition of the interconnectedness and mutuality of the therapeutic relationship. Anderson and Goolishian (1992) further advocate the importance of remaining open to uncertainty in their ‘not knowing’ approach to therapy in which the role of the therapist is to develop an open relational space to facilitate a dialogical process in which a ‘newness’ (new meanings, realities and narratives) may emerge. This not-knowing position necessitates an attitude of genuine curiosity towards the client which is not limited by preconceived assumptions, theoretically informed knowledge or previous experience. Since we will inevitably have our own assumptions and knowledge, the art to ‘not-knowing’ lies in the ability to critically reflect on our assumptions and existing knowledge and listen to the client in such a way that our prior experiences, knowledge and understanding does not close us off from discovering new meanings and understandings of the client’s experience. This not-knowing approach appreciates the relatedness of the dialogical encounter between client and therapist and views the therapeutic dyad as a mutual, dynamic system involving a co-construction of meaning.

This approach of not-knowing is similarly reflected in Spinelli’s (2007) position of un-knowing, in which the therapist remains as open as possible to a variety of possibilities that present themselves within the therapeutic context in order to provide the client with the necessary space to reflect on and reconsider their lives. Through several personal case studies, Spinelli (2007) proposes that we should question and reflect on our own assumptions, rather than feigning ignorance, so that we are able to remain open to the other without imposing our existing knowledge. He accepts that we cannot wholly bracket our existing assumptions, but that we ought to show willingness to bracket alongside an acknowledgement that it is not entirely possible. He further suggests that this openness allows us to ‘be with’ and ‘be for’ the client.
The former suggesting we stay with the client’s reality as it is being currently experienced, and the latter suggesting we step wholeheartedly into the client’s lived-world, attempting to experience it as they experience it. In this way we become more capable of assisting the client in their exploration of their own interpretations of the world. This un-knowing approach therefore requires a willingness and eagerness on the therapist’s part, to step into the mystery and uncertainty contained in the clients narrative. Spinelli (2007) points to the notion of relational depth put forth by Mearns and Cooper (2005) to re-iterate the importance of being able to approach the therapeutic enterprise from a position of un-knowing. Working at relational depth requires that we be with our clients in such a way that the therapeutic relationship is not mediated by certain plans and actions. Furthermore it requires that we remain open to the spontaneity and uniqueness that emerges from the direct immediate human encounter. If we use therapeutic techniques and theories to relate to our clients, we are more likely to look for certain responses and outcomes and less likely to remain open to the uniqueness of the human encounter. This may be likened to Buber’s (2013) I-Thou attitude which requires meeting the Other fully in the present relational space. A position that requires us to plunge into the unpredictability and uncertainty of the dialogue with all of our being, including our vulnerabilities, and be open to the possibility of being fundamentally transformed by the relatedness of the encounter.

A consistent theme reflected in abovementioned propositions put forth by Gelatt (1995), Mason (1993), Anderson and Goolishian (1992), and Spinelli (2007), is the professional responsibility for practitioners to hold, embrace and sustain the space of uncertainty in order to enhance competency as reflective practitioners, enrich the quality of the therapeutic relationship, and cultivate a potential space for novel encounters to transpire. This literature, alongside the scientific orientation proposed by chaos theory and DST offer the foundations for a new vision for CoP that embraces reality of uncertainty in our work. Given the nature of the available literature on uncertainty, a gap in the existing research becomes apparent, emphasising the essential need for future empirical studies to support this new vision of CoP. The lack of knowledge surrounding how practitioners may be experiencing
and responding to this phenomenon points to another potential avenue for future empirical exploration.

Furthermore, since there is no ‘how to’ approach towards embracing uncertainty, this points to the necessity and importance of personal therapy and supervision as a space for personal reflection and understanding. Not only is reflective practice a requirement of our training and personal development (BPS, 2014a), it is crucial for exploring our own worldviews, interpretations and dispositional stances towards uncertainty and for helping us transform our experience of uncertainty into something inspiring. The deeper we come to understanding our relationship with uncertainty, the more we will thrive by embracing and dancing with it. Duncan (2010) suggests that a tolerance for uncertainty requires a faith in the client, in oneself and in psychotherapy. This is similarly emphasized by Buckle’s (2009) assertion that engagement with uncertainty requires a degree of self-confidence and trust in others. This new vision of CoP therefore echoes the necessity for personal therapy to help us towards becoming more resilient and robust as clinicians, and therefore more confident in our capacity to be with uncertainties. As van Deurzen (2010) submits, one is only capable of going into the depths of the client’s uncertainty and tolerating the unfamiliar intensity of newness to their experience, if they have been through the passion of such challenges themselves. This reveals the significance of reflecting on the uncertainty inherent to our Being. As a phenomenon that underpins our existence it requires our curiosity. This is especially pertinent considering the current socio-political context of the profession that appears determined at making our profession certain through EBP and its movement towards manualised therapies. As Heidegger (1977) asserts “most thought provoking in our through-provoking time is that we are still not thinking” (p.6). This is perhaps reminiscent of the current climate, and points to our responsibility as counselling psychologists to engage to in a constant process of critical ‘thinking’, a process of profound curious reflexivity and reflection, which brings us in touch with the primordial uncertainties of our extraordinary existence.

To conclude, this review highlights the fundamental chaos, unpredictability and uncertainty of our human existence and has proposed a new vision for CoP that embraces the uncertainty inherent in our clinical practice. Uncertainty is shown to be
an essential feature of our identity as counselling psychologists as well as our relational approach to working with clients. The review highlights the paradoxical nature of uncertainty as both a pathway towards innovation and creativity as well as fear and paralysis. In light of the existential-humanistic philosophy encompassed by our field alongside the new science that has emerged from chaos theory and DST, the review highlights a professional clinical responsibility to hold the space of uncertainty with an open attitude that permits novel understandings. As a fundamental ingredient in the therapeutic process future research is warranted in order to address the apparent gap in the literature and to empirically investigate the lived experience of this phenomenon and to further clarify how practitioners’ dispositional stance towards uncertainty influences the therapeutic engagement.
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Appendix B:
Guidelines to Contributors

Journal of Counseling Psychology (American Psychological Association)

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review.

Submission

Starting in 2012, the completion of a Manuscript Submission Checklist (PDF, 42KB) that signifies that authors have read this material and agree to adhere to the guidelines is now required. The checklist should follow the cover letter as part of the submission.

Submit manuscripts electronically (.rtf, PDF, or .doc) via the Manuscript Submission Portal.

General correspondence may be directed to

Terence J. G. Tracey, PhD, ABPP
Arizona State University
Counseling and Counseling Psychology
446 Payne Hall, MC-0811
Tempe, AZ 85287-0811

General correspondence may be directed to the Editorial Office via email.

In addition to addresses, phone numbers, and the names of all coauthors, please supply electronic mail addresses and fax numbers of the corresponding author for potential use by the editorial office and later by the production office.

Keep a copy of the manuscript to guard against loss.

Masked Review Policy

This journal has adopted a policy of masked review for all submissions.

The cover letter should include all authors' names and institutional affiliations. Author notes providing this information should also appear at the bottom of the title page, which will be removed before the manuscript is sent for masked review.

Make every effort to see that the manuscript itself contains no clues to the authors' identity.
Cover Letter

The cover letter accompanying the manuscript submission must include all authors' names and affiliations to avoid potential conflicts of interest in the review process. Provide addresses and phone numbers, as well as electronic mail addresses and fax numbers, if available, for all authors for use by the editorial office and later by the production office.

The cover letter must clearly state the order of authorship and confirm that this order corresponds to the authors' relative contributions to the research effort reported in the manuscript.

Fragmented (or piecemeal) publication involves dividing the report of a research project into multiple articles. In some circumstances, it may be appropriate to publish more than one report based on overlapping data. However, the authors of such manuscripts must inform the editor in the cover letter about any other previous publication or manuscript currently in review that is based—even in part—on data reported in the present manuscript.

Authors are obligated to inform the editor about the existence of other reports from the same research project in the cover letter accompanying the current submission. Manuscripts found to have violated this policy may be returned without review.

Length and Style of Manuscripts

Full-length manuscripts reporting results of a single quantitative study generally should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced.

Reports of qualitative studies generally should not exceed 45 pages. For papers that exceed these page limits, authors must provide a rationale to justify the extended length in their cover letter (e.g., multiple studies are reported). Papers that do not conform to these guidelines may be returned with instructions to revise before a peer review is invited.

Brief Reports

In addition to full-length manuscripts, the journal will consider brief reports. The brief reports format may be appropriate for empirically sound studies that are limited in scope, reports of preliminary findings that need further replication, or replications and extensions of prior published work.

Authors should indicate in the cover letter that they wish to have their manuscript considered as a brief report, and they must agree not to submit the full report to another journal.

The brief report should give a clear, condensed summary of the procedure of the study and as full an account of the results as space permits.
Brief reports are generally 20–25 pages in total length (including cover page, abstract, text, references, tables, and figures) and must follow the same format requirements as full length manuscripts. Brief reports that exceed 25 pages will not be considered.

**Manuscript Preparation**

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* (6th edition). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*).

Review APA's Checklist for Manuscript Submission before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*.

Below are additional instructions regarding the preparation of display equations, computer code, and tables.

**Display Equations**

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

Go to the Text section of the Insert tab and select Object.

Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

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Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.
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Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

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References
List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

Examples of basic reference formats:

Journal Article:

Authored Book:

Chapter in an Edited Book:
Figures

Graphics files are welcome if supplied as Tiff or EPS files. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file.

The minimum line weight for line art is 0.5 point for optimal printing.

For more information about acceptable resolutions, fonts, sizing, and other figure issues, please see the general guidelines.

When possible, please place symbol legends below the figure instead of to the side.

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For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay:

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Abstract

The present study sets out to explore and find meaning within the notion of uncertainty, with a particular focus on how counselling psychologists engage with the experience of uncertainty within the therapeutic encounter. Despite widespread acknowledgement of uncertainty as a ubiquitous phenomenon within clinical practice and life in general, few studies have addressed how practitioner’s experiences of uncertainty unfold within therapeutic practice. Using Interpretative Phenomenological Analysis, this study analysed and interpreted ten semi-structured interviews with counselling psychologists. Results revealed four major themes; i) ‘The Ethereal Nature of Uncertainty in Life’, ii) ‘Uncertainty is Core to Therapeutic Practice’ iii) ‘A Process of Negotiation: Engaging with the Tensions’, iv) ‘Facilitating the Art of Improvisation: A Dance between Being-With and Doing-To’. Participants highlighted the struggle inherent within uncertainty as well as the intricate process involved in engaging with it in therapeutic practice. The clinical implications of this study are discussed in accordance with these findings.

1. INTRODUCTION

The phenomenon of uncertainty sprawls across a considerable variety of disciplines, each with their own implicit assumptions that underlie how they engage with uncertainty (see Bammer and Smithson, 2009). As a researched phenomenon it therefore does not fit neatly within a readily identifiable body of literature. Taken to the context of counselling psychology (CoP), uncertainty is considered an integral and distinctive component of the profession (see Du Toit, 2014 for full review), with many authors arguing the importance of acknowledging and accepting uncertainty given their practical knowledge on the phenomenon (Spinelli, 2007; Gellatt, 1995; Mason, 1993; Anderson & Goolishian, 1992; Yalom, 1980). Whilst these theoretical and anecdotal claims are useful in helping us understand the significance of uncertainty to CoP and therapeutic practice specifically, they give little empirical
understanding pertaining to how practitioners make sense of uncertainty, how their engagement with uncertainty unfolds in therapeutic practice and what the clinical implications are for that type of engagement. The current research aims to explore these questions, focussing specifically on how practitioners lived experience of uncertainty translates to therapeutic practice.

Uncertainty is a well-recognised phenomenon within the existential-phenomenological paradigm that underpins CoP’s philosophical heritage (Orlans & Van Scoyc, 2009). It therefore seems appropriate to approach the phenomenon from this vantage point. From this position, uncertainty is indelibly linked to ontology; firstly through our relational existence in which we are confronted with the unpredictability of Otherness, secondly through our lack of certainty concerning when death will strike, and thirdly through our situated existence that imposes certain limits on us, signifying the inevitable freedom within our constant state of becoming where we can never know the outcome of our choices (Heidegger, 1962). As a consequence of this ontological uncertainty is the on-going, unavoidable felt experience of existential anxiety (Spinelli, 2014). In contrast to the traditional understanding of anxiety as a psychological mechanism, existential anxiety is considered an inevitable aspect of existence itself, pertaining to our thrownness into a pre-existing world within which we are continually confronted with choice, Otherness and the inevitability of death (Heidegger, 1962). Unlike fear, anxiety does not have a definite target, it is neither good nor bad, but rather reflective of “the dizziness of freedom” pertaining to the infinite possibilities of our situated existence (Kierkegaard, 1844, p75). Anxiety and uncertainty are thus intricately connected through existence. This link is also evident in research advocating uncertainty as an aversive state that elicits anxiety (e.g. Hirsh, Mar, & Peterson, 2012, Roblek & Frank, 2012; Mahoney & McEvoy, 2012; Gudykunst & Nishida, 2001; Izard, 1991).

These givens (anxiety and uncertainty) become especially apparent in the face of the ultimate concerns of our existence (death, freedom, isolation, meaninglessness)
(Yalom, 1980), where individuals typically employ a variety of ontic\footnote{Ontology refers to the nature of Being, and therefore encompasses the fundamental ontological uncertainty in the relatedness of our existence, whereas ontic refers to how we respond to this ontological position as human beings (i.e. how we choose to shape this relatedness and respond to others) (Heidegger, 1962).} responses that degrade the experience of uncertainty to defend against these ultimate concerns and provide an illusion of control (Spinelli, 2001). Social psychological literature supports this assertion suggesting that as human beings we are motivated to avoid or reduce uncertainty (Hogg, 2007; McGregor, 2003; Hofstede, 2001; Berger & Calabrese, 1975). Empirical research from terror management theory (TMT) demonstrates how cultural worldviews and beliefs may serve as a buffer against the uncertainty inherent to the awareness of death, by strengthening self-esteem and validating self-worth. Further empirical studies suggest that individuals might develop rigid, closed-minded attitudes, clinging to ideological convictions and worldviews in the face of personal uncertainty (Baas, de Dreu, & Nijstad 2012; Van den Bos & Lind, 2009; Van den Bos, Heuven, et al., 2006; McGregor et al., 2001). Conversely, uncertainty has also been demonstrated to motivate people in its utility to promote positive outcome (e.g. Zenasni, Besançon & Lubart, 2008; Wilson, Centerbar, Kermer, & Gilbert, 2005). This is especially evident in fields such as art and music where uncertainty is inherent to the process of improvisation that facilitates creative expression (Mackey, 2009; Grishin, 2009). Qualitative research conducted by Buckle (2009) suggests that these differences may be attributed to one’s dispositional stance towards the phenomenon, where ontic appraisals of uncertainty are considered constructive or destructive dependent upon the dispositional stance one chooses to take towards it. This literature is particularly pertinent to the practice of CoP, where uncertainty is emphasized due to the dialogical nature of the encounter itself, thereby stressing the critical importance of this research in order to clarify how practitioners make sense of this phenomenon and explore how their own dispositional stance towards uncertainty may impact how therapy is conducted.

**Uncertainty inherent to CoP’s relational framework**

Given the historical landscape of CoP (see Orlans & Van Scoyc, 2009) the profession endorses a pluralistic epistemology (Cooper and McLeod, 2011) that accepts and
critically engages with a diversity of approaches without assuming “the automatic superiority of any one way of experiencing, feeling, valuing and knowing” (British Psychological Society [BPS], 2014a, p1-2). This position creates several tensions, firstly in aligning the more positivist approaches with humanistic concerns, but also within the integration of research and practice (Milton, 2011). At the heart of CoP is thus a both/and attitude that contains and critically engages with theses tensions, naturally necessitating a commitment to uncertainty since there is no clear-cut, definitive remedy for determining how to navigate them (Orlans & Van Scoyc, 2009). This bares the significance of uncertainty inherent to CoP’s epistemology, given its espousal of pluralism.

Furthermore, CoP embraces a humanistic value-base within its relational framework that accepts the complexity of human experience, taking into consideration one’s relatedness with the world, with others and with themselves (Manafi, 2010). Uncertainty subsequently thrives through the unpredictability of Otherness and the uniqueness of each dynamic encounter that cannot be predetermined, or certainly pinned down into an essence; we therefore cannot be entirely certain what will emerge (Cohn, 2002). Furthermore, the dialogical quality of the encounter itself is laden with uncertainty; it involves being interactively implicated in intersubjectivity (van Deurzen & Adams, 2011), with the mutuality of being-with-each-other taking into account the totality of the therapeutic situation. This demands the capacity to be open to many different strands of experience rather than imposing reductive interpretations on phenomena that arise (Cohn, 2002). To stay true to the phenomenological experience of the other requires letting go of pre-existing agendas, rigidly held beliefs or psychological theories, and to rather adopt a sense of openness towards the otherness of the client, to listen holistically, to be curiously present and to take risks; qualities that demand an engagement with uncertainty. This is evident in CoP’s professional practice guidelines (BPS, 2014a, p.2) emphasising the capacity “to be practice led, with a research base grounded in professional practice values as well as professional artistry”. This ‘professional artistry’ affirms the significance of uncertainty to therapeutic practice, given the distinct position that CoP takes towards knowledge within its relational framework.
The capacity to engage with uncertainty is further reiterated in Buber’s (2013) writing on dialogue and the I-Thou attitude. Buber (2013) suggests being-in-the-world-with-others may take the shape of an I-Thou or an I-It stance of relating; the former representing a stance towards others as human beings in a world of relations, and the latter representing an experience of the other as an entity that can be objectively understood. Dialogue necessitates an I-Thou attitude of being-with or alongside the other that entails “entering the private perceptual world of the other and becoming thoroughly at home in it” (Rogers, 1980, p142, cited by Cooper, 2015). This means we are not trying to do something to the other, but rather engaging with them in a receptive open dialogue with care, concern and curiosity, that takes into consideration their wholeness of being and requires us to bring the totality of our own being into the encounter (Buber, 2013). This being-with engagement acknowledges the essential unknowability of the other (Cooper, 2015), once more signifying a commitment to engaging with uncertainty. Synonymous to this attitude is the notion of relational depth (Mearns and Cooper, 2005); “a state of profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other’s experiences at a high level”(p.xii). This once more implies being-with in such a way that is not directed by the certainty of actions or agendas but rather involves spontaneity and synchronicity that unfolds between two people, thereby summoning a space for uncertainty. The magnitude of this capacity to engage with uncertainty is made even more explicit by the vastness of research that promotes the centrality of the therapeutic relationship in facilitating positive therapeutic change (e.g. Cooper, 2008; du Plock, 2006; Clarkson, 2003; Hovarth & Bedi, 2002; Rosenzweig, 1936). This further emphasises the importance of acknowledging and understanding one’s personal stance towards uncertainty and its clinical implications.

A sensitive and critical time to explore uncertainty

The aforementioned values and philosophical standing that characterises CoP’s stance towards uncertainty is at odds with the current political and economic climate of our profession. Strawbridge (2002, p.23) refers to the current state of affairs as a “fast
“food therapy” era minimizing complexity, emphasising routinized process and reducing dialogue and thinking. This is evident within the National Health Service (NHS), governed by political and economic agendas aimed at efficiency, predictability and standardization of care (Hammersley, 2010). As such, time-limited, solution-focussed, outcome-measurable evidence-based practices demonstrating ‘what works’ are prioritized (Ruth and Fonagy, 2006). As a result of global economic crises, the political reality is such that these organisations adhere to a medical model of human distress prioritizing ‘treatments’ aimed at alleviating ‘symptoms’ aligned with categorizations of ‘disorders’ delineated by the DSM-V (APA, 2013) (e.g. NICE, 2005). This position presupposes several ontological and epistemological assumptions suggesting a knowable world and a knowable subject that eschew the notion of uncertainty by fostering an I-It attitude in the therapeutic space, coloured with assumed fixities and pre-determined categorisations of human nature. It is evident that these rigidly held epistemological perspectives naïvely mistake scientific advancement to mean certainty (Milton, 2011), and consequently dodge uncertainty through an illusion of control.

In an age of ever-increasing complexity and change, these positions of simplicity and assumed certainty are not necessarily logical or even scientific, as evidenced by recent advancements in quantum physics that stress the ubiquitous nature of uncertainty. For example, chaos theory (Lorenz, 1963; Prigogine & Stengers, 1984), dynamical systems theory (Thelen, 2005), and the uncertainty principle (Heisenberg, 1930) emphasise the dynamic, fluid, complex and unpredictable nature of systems that take into consideration multiple parts. These theories are more consistent with our thinking as counselling psychologists, as they require an engagement with complexity and uncertainty. The current socio-political context of CoP not only entices an attitude of certainty, but is also fraught with competition among counselling psychologists, clinical psychologists and psychotherapists, contending for the same sector of the market place (Pugh and Coyle, 2000), with many counselling psychologists fearing the loss of CoP’s unique identity and expressing concern over the future of the profession (Lamproukou, 2014). It therefore seems to be a sensitive and crucial time to be examining these issues by making explicit the way in which our profession is distinct and unique.
2. METHODOLOGY

2.1 Rationale for choosing IPA

This research is interested in gaining an in-depth exploration of how counselling psychologists engage with the experience of uncertainty in therapeutic practice. It is therefore invested in participants’ subjective lived experience including their involvement and engagement with uncertainty, and the meanings they attach to those experiences within the context of practice. The critical realist position underpinning this research recognises that although enduring features of reality may exist independent of human conceptualisation; personal beliefs and expectations give rise to different perceptions and experiences of that reality thus generating fluid subjective perceptions of phenomena regarded as equally valid (Bhaskar, 1978). With this in mind, the research lends itself to inductive qualitative methodologies that emphasize subjective experience aimed at description, clarification, exploration and interpretation, rather than hypothesis-driven, hypothetico-deductive quantitative methodologies that emphasize objectivist perceptions aimed at measurement, prediction and control (Willig, 2008).

The idiographic approach of interpretative phenomenological analysis (IPA) (Smith, Flowers, & Larkin, 2009) was deemed most appropriate for offering the greatest insight into this enquiry given that IPA’s epistemological underpinnings are consistent with what this research aims to achieve. As a phenomenological research method, IPA is committed to exploring individuals’ subjective perceptions of phenomena, with the aim of capturing the nature and meaning of the phenomenon under investigation (Smith and Osborn, 2008). Unlike Husserl’s (1970) transcendental phenomenological position that advocates a descriptive research approach standing outside the lived experience, IPA is firmly grounded in Heideggerian (1962) existential phenomenology that advocates a hermeneutic approach emphasizing our “embeddedness in the world of language and social relationships, and the inescapable historicity of all understanding” (Finlay and Evans, 2009, p11). It thereby advocates an interpretative research approach that describes, clarifies and interprets the lived experience in relation to ones embodied and intersubjective lifeworld (Smith and Osborn, 2008; Finlay, 2008). Furthermore, its allegiance to
symbolic interactionism denotes the significance of meanings inherent within behaviour and social interactions. The aim of IPA is thus to understand participant’s perceptions of the world alongside accompanying cognitions, to gain an “insider perspective” of the phenomenon in question (Smith and Osborn, 2008, p53).

Arguably, IPA’s phenomenological philosophy, alongside its iterative and inductive approach to research rooted in hermeneutics and symbolic interactionism are appropriately aligned with the aims of the research question as well as the critical realist position that informs it. Both criticise the assumption that there is a knowable reality that can be directly accessed, taking into consideration the intersubjective nature of knowledge production, as well as the impossibility of ever comprehending knowledge outside of an interpretative stance (Smith, Flowers & Larkin, 2009).

Furthermore, the researchers existential-phenomenological conceptualisation of the phenomenon that is appropriately aligned within the epistemological framework of CoP, is also consistent with the theoretical underpinnings of IPA that take into consideration the situated, embodied, and temporal nature of human experience, encompassing a holistic view of human nature that considers the relatedness of human existence. As such IPA is argued to be a particularly fruitful approach for offering fresh insights and understandings pertaining to complex, novel and delicate phenomena such as the one under investigation here.

2.2. Participants

Ten participants were recruited for this study. It was felt that a slightly larger sample size would allow for an appropriate balance between maintaining an idiographic focus, while at the same time facilitating a comprehensive analysis that captures the overarching voice of participants. Furthermore, given the multi-faceted, expansive nature of the phenomenon under investigation, a larger sample size felt necessary to apprehend the essence of this phenomenon in context.

Participants were recruited purposefully to ensure a broadly homogenous sample for which the research question was significant. Eligibility for participation required
current involvement in therapeutic practice with full membership within the Division of Counselling Psychology by the BPS, and a minimum of two years postdoctoral practice. The second criterion thereby excluded uncertainty pertaining to training, thus facilitating a richer understanding of uncertainty from practitioners with additional time and experience to reflect upon their practice.

Participants were recruited through the BPS directory of chartered psychologists. Potential participants were emailed individually with an information sheet outlining the nature and aims of the study (Appendix B), as well a consent form (Appendix C) and demographics questionnaire (Appendix D). See Table 1 for demographics. Pseudonyms have been utilized to maintain confidentiality.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Ethnic Background</th>
<th>Defined Theoretical Orientation</th>
<th>Number of Years Post-Doctoral Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan</td>
<td>51</td>
<td>British Asian</td>
<td>Integrative</td>
<td>9</td>
</tr>
<tr>
<td>Anna</td>
<td>50</td>
<td>White British</td>
<td>Integrative Meaning Model</td>
<td>10</td>
</tr>
<tr>
<td>Emily</td>
<td>56</td>
<td>White British</td>
<td>Integrative</td>
<td>6</td>
</tr>
<tr>
<td>Cara</td>
<td>30</td>
<td>Punjabi</td>
<td>Integrative Humanistic</td>
<td>3</td>
</tr>
<tr>
<td>Nicola</td>
<td>47</td>
<td>White British</td>
<td>Integrative Relational</td>
<td>4</td>
</tr>
<tr>
<td>Kerry</td>
<td>52</td>
<td>White British</td>
<td>Pluralistic</td>
<td>3,5</td>
</tr>
<tr>
<td>George</td>
<td>64</td>
<td>White British</td>
<td>Integrative</td>
<td>17</td>
</tr>
<tr>
<td>Jenny</td>
<td>51</td>
<td>White British</td>
<td>Pluralistic Third wave CBT</td>
<td>3,5</td>
</tr>
<tr>
<td>Jeff</td>
<td>34</td>
<td>Greek</td>
<td>Psychodynamic</td>
<td>2,5</td>
</tr>
<tr>
<td>Mike</td>
<td>50</td>
<td>White British</td>
<td>Integrative Person centred CBT</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 1. Demographic information of participants

2.3. Data Collection:

In accordance with IPA’s guiding principles, all data were collected using a semi-structured interview schedule (Appendix E) (Smith, Flowers & Larkin, 2009). Several
broad open-ended questions were utilized and intended to encourage a narrative and
descriptive exploration, as well as a critical analytic account of the phenomenon.
Questions were used flexibly and in many cases, modified in light of participant’s
responses, in order to reduce the possibility of the researchers own preconceived
assumptions from impinging on the process, and to facilitate a phenomenological
exploration of what was most meaningful for each participant. Furthermore initiative
probing, requesting clarification and elaboration into emerging themes, meanings,
attitudes, concerns, tensions, emotions and other facets of experiencing were utilized
to facilitate as far as possible an in-depth exploration of the participants lived
experience. This process is harmonious with the phenomenological and hermeneutic
epistemology underpinning IPA that encourages an exploratory co-constructed
dialogical interaction allowing extrapolation of rich, detailed data (Smith & Osborn,
2008).

Interviews lasted 60-90 minutes and took place face-to-face (with the exception of
one which was conducted over Skype) at a suitably quiet location convenient to the
participant. For clarity, interviews were audio-recorded, transcribed verbatim, and
then analysed individually according to the procedure outlined by Smith, Flowers and
Larkin (2009).

2.4. Analytic Procedure

The first stage of analysis involved transcription of each interview followed by an
individual case analysis of each transcript. Transcripts were read and re-read while
listening to the audio recording to grasp not only the content of the experience but
also to deepen the narrative by attending to emotional tone, clarity of expression and
pauses. A research diary was kept for each interview noting ideas, experiences and
impressions that were provoked during the research process. Descriptive, linguistic
and conceptual/interpretive exploratory comments pertaining to each interview was
noted in the right margin of each transcript extrapolating prominent themes and
idiosyncrasies in the content of what was being said, as well as what was felt to have
been communicated implicitly. This process was repeated several times to ensure
thorough analysis of each transcript.
Emergent themes were noted on the left margin of each transcript that suitably summarized the initial descriptive and interpretive notes. A compiled list of themes was formed at the bottom of each transcript, with similar themes being grouped together and labelled under an appropriate heading. See Appendix F for an example of a transcribed interview.

Once this process was repeated with all ten interviews, a cross-case analysis was performed. All compiled lists of themes were transferred onto one document, color-coded according to participant, and categorized into groups that captured the similarities, differences, divergences and convergences across transcripts. This part of the analysis was especially challenging, requiring a great deal of reflexivity and openness as well as a considerable amount of time to repeatedly revisit the grouped themes. This ensured richness of data that was in keeping with participant’s unique experiences without moving towards overgeneralizations or reductionist categorizations. This part of the analysis was creative and exciting but also deeply confusing and uncertain, since many of the themes appeared intricately interconnected, with paradoxes and tensions making it difficult to group similar themes together under major categories that were not collapsible with others.

After much deliberation and reflexive engagement with the data, a sense of clarity ensued and that enabled a coherent narrative and structure within which the collective voice of participants’ could be captured without losing the complexity, creativity and richness of themes. In accordance with Smith, Flowers and Larkin (2009), some themes were dropped due to neither fitting within the emergent gestalt, nor having sufficient support to stand-alone.

2.5. Ethical considerations

In accordance with HCPC’s (2012) guidance on conduct and ethics, alongside the ethical principles outlined by the BPS (2009), several steps were taken to ensure good ethical practice. Firstly, ethical approval from the University of Surrey Faculty of Arts & Human Sciences Ethics Committee was obtained prior to recruitment of any
participants (Appendix G). In line with the code of human research ethics (BPS, 2014b) participants were informed about the aims and objectives of the study prior to taking part (Appendix B) and informed consent was obtained (Appendix C) prior to any participant involvement outlining; interview procedures, the right to withdraw from the study at any point, confidentiality measures and storage of data. In accordance with the Data Protection Act (1998) anonymity and confidentiality of participants’ identity was protected at all times with pseudonyms being utilized during transcription, analysis and write-up, thereby concealing identifying information. Participants were debriefed following the interview and provided with the opportunity to ask questions or reflect on their experience of being interviewed.

Whilst no explicit risks were identified for participating in this study, it was acknowledged that the nature of the phenomenon under investigation would involve an in-depth critical engagement with potentially sensitive material that may provoke distress. Participants were alerted to this potentiality prior to taking part, and were advised that in the event of distress, both participant and researcher would discuss how best to proceed with the interview, if at all, respectfully prioritizing the safety and well-being of the participant. Moreover, a reflexive attitude was maintained throughout the research process in order attend to “ethically important moments” that might transpire within the interview (Guillemin & Gillam, 2004, p262) thus upholding the integrity of the research.

This also brings to fore the crucial importance of remaining “reflexive about our role as researchers at every stage of the research and to critically examine the impact of any imbalances of power that may arise” (Finlay and Evans, 2009, p159). This is not only necessary for conducting sound ethical practice, but is also an essential criterion for evaluating the quality of IPA research (Willig, 2008). Given IPA’s hermeneutic underpinnings emphasizing its interpretative framework, analysis is inevitably part of a subjective process that acknowledges the impact of the researcher on the research process. The researcher thus endeavoured to maintain on-going reflexivity that entailed critically reflecting upon and making explicit the ways in which the researchers own background and positioning implicated the process. This invited a phenomenological attitude that involved remaining open, non-judgemental and
curious towards participants, whilst also attempting to suspend any preconceived assumptions in order to focus whole-heartedly on participants’ experience of the phenomenon under investigation (Finlay, 2008). This by no means involved a detached, objectivist stance, but rather a full immersion in the research process, by negotiating between bracketing existing assumptions and using them as a source of insight, remaining empathically open and staying critically self-aware, and between a detachment from and an involvement with the lived experience. (For further clarification on the researcher’s reflexivity, see Appendix A). Reflexivity also ensured methodological and interpretive rigour and credibility as the researcher consistently reflecting on the compatibility of ontological, epistemological and methodological positioning throughout the research process to ensure they were aligned with the aims and objectives of the study, as per the literature on evaluating qualitative research (Fossey et al., 2002; Angen, 2000; Yardley, 2000). Credibility of interpretation was further aided further by utilizing verbatim quotations that demonstrated multiple voices of participants within the analysis (Fossey et al., 2002). The supervisory process was also an essential component of maintaining credibility/trustworthiness in relation to the analytic process and findings.

3. ANALYSIS

Analysis of the data revealed three overarching themes/categories that reflected the various levels at which participants seemingly attempted to make sense of uncertainty during their interviews; ‘Conceptualizing Uncertainty’, ‘Contextualizing Uncertainty’, and ‘Engaging with What Is, in Therapeutic Practice’. These categories provide a useful structure within which all major and subthemes can be found as per the tabularized list in Table 2. Each overarching category and its associated interpretative major and sub-themes will be explored individually below.

<table>
<thead>
<tr>
<th>CONCEPTUALIZING UNCERTAINTY</th>
<th>3.1. Ethereal Nature of Uncertainty in Life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.1.1. Uncertainty is Ontological</td>
</tr>
</tbody>
</table>

57
Table 2. Overarching themes and their associated major and subthemes

**CONCEPTUALIZING UNCERTAINTY**

This overarching category encapsulates the conceptualization of uncertainty in terms of participant’s worldviews regarding the place of uncertainty in living.

**3.1. Major Theme: Ethereal Nature of Uncertainty in Life**

3.1.1. Subtheme: Uncertainty is Ontological
3.1. The Ethereal Nature of Uncertainty in Life

This major-theme reflects the felt perplexing nature of uncertainty in life that appeared verbally indefinable by participants. The terms ‘energy’ and ‘space’ in participants’ narratives, in addition to their use of metaphors, implies a nature that is impalpable, unfathomable and essentially ethereal. A sense of vastness and openness was apparent within participants’ accounts alluding to a cosmic, incorporeal quality eliciting something ungraspable. This major-theme was further supported through participants’ puzzled facial expressions, the curious, tentative ways in which they spoke about uncertainty, their somewhat fragmented sentences and stumbling for words, the reflective silences and pauses in their flow of speech, their long sighs and anxious laughter, and the ways in which they continuously questioned themselves throughout the interview, often giving in to uncertainty’s perplexing nature by simply responding “I don’t know”.

3.1.1. Uncertainty is Ontological

This sub-theme reflects participants’ subjective understanding of uncertainty in life as an essence that encapsulates existence and translates to the meaning of Being (capitalised to distinguish it from being; the emphasis being on the ontological dimension of existence rather than the ontic). In accordance with Heideggerian (1962) philosophy, participants’ highlighted the mutual, inescapable, all-encompassing nature of uncertainty in life pertaining to the fragility of human existence, with many elaborating on its ontological nature by explicitly denoting its relationship to Being:

Nicola: “It’s very much a position of non-doing[...]it’s about being”

Anna: “It’s just...being...going...is that? (Laughs)[...]it’s...it’s just being, it’s just, and not knowing[...]it’s like an openness”

These excerpts highlight the transiency of uncertainty in relation to what it means to exist, where uncertainty presupposes Being by facilitating a moment-to-moment unfolding of experiencing that is not predetermined by action (‘non-doing’). This is consistent with Heidegger’s (1962) notion of Dasein as ‘there-beings’, where the ‘there’ resides in a dwelling of openness within which we encounter the world and
others (Cohn, 2002). This point is similarly conveyed through indelibly linking uncertainty to an engagement with life and living:

Jenny: “I take it for granted very much that things are uncertain...I can’t see anything that’s certain...it just feels really exciting. It feels um...It’s…it’s...its life, its pure life. If it wasn’t there, things would be very dead, done and dusted”

In line with the existential conceptualization of uncertainty as a given of existence (van Deurzen, 2010) and Dasein’s non-static, verb-like nature, heaving with possibilities (Cohn, 2002), Jenny seemingly accepts uncertainty as an inevitable reality of life, elaborating on its implicit nature that pertains to living. The felt sense of uncertainty represented something dynamic, movable, flexible, infinite, and alive creating a stimulating appeal that implies vitality of life as opposed to the lifelessness and finitude of death. This understanding brings to mind Heidegger’s (1962) notion of Unheimlichkeit, which exemplifies the fundamental unease derived from our constant state of becoming as human beings, which is both necessary and essential to being human.

Other participants alluded to the ultimate concerns of existence (Yalom, 1980) that connected uncertainty to ontology:

Jenny: “We are getting to the limits with this of our human cognitive abilities, it’s the boundary of consciousness and awareness in a way that we’re working with here...and how much we are able to get our heads around...what is time?...is time just an unfolding of something already there?”

Anna: “This is uncertain...this is an uncertain situation...it’s like...we therefore make meaning that this is a gift...we don’t know...we can create, we have choice at any point...I have choice and I can create meaning from an event.”

Kerry: “When you face the ultimate uncertainty...will I live or not...”

Jenny eloquently captures the ontological essence of uncertainty as a reality beyond human conceptualization or perception. She contemplates the relationship between temporality and uncertainty, unifying uncertainty with the temporal dimension of
existence, as a concurrent web of what has been, what is and what is to be, explicating the uncertainty inherent within living time as we are presented with multiple possibilities. In line with Sartre’s (1956) notion of ‘existence precedes essence’, Anna seemingly references the inevitability of freedom that provides opportunity for meaning making within our situated existence. For Kerry on the other hand, uncertainty incites an awareness of her inevitable mortality, where a face-to-face encounter with a life-threatening illness brought her face-to-face with the uncertainty pertaining to the finiteness of existence (Yalom, 1980).

On a more implicit level, uncertainty appears interlaced with ontology through the way participants’ seemingly attached the phenomenon to something of substance, a concrete entity of or about something that could be tangibly understood (i.e. uncertainty in relation to a context, a situation, an event, a feeling, a response). It appeared participants were attempting to grasp what is, is, in their articulation of the phenomenon, thereby attempting to make sense of Being, yet given its unfathomable nature, the only way in which to do this was to explore the being of Being (Cohn, 2002). They consequently concretise the phenomenon by referring to their ontical understandings of uncertainty to make sense of and clarify their implicit pre-ontological understandings of uncertainty inherent to Being. This is consistent with the existential notion of Being as a unity of polarities, comprising the concreteness of existence (facticity) together with the surpassing attitude that may transcend it (Sartre, 1956). Nicola alludes to this complex notion, recognising the difficulty in understanding the ontological uncertainty without talking about the ontic uncertainties inherent within it, thus describing it as a ‘process’ with ontic ‘things’ that come out of it:

Nicola: “There is actually something certain within the uncertainty, isn’t there?[...]because you’re conveying on some level something...(Laughs)...is it certainty? Or is it...what is it...Something that can be felt? (Long pause)...Yeah it’s getting a bit complex now(pauses)or does certainty, does something that can be felt or connected between two people come out of uncertainty?”
Nicola’s excerpt further suggests that uncertainty is inherent to connection and indeed a prerequisite to the felt experience of connectedness that can be cultivated between two people.

**CONTEXTUALIZING UNCERTAINTY**
This category encapsulates participants’ conceptualization of uncertainty in relation to therapeutic practice.

<table>
<thead>
<tr>
<th>3.2. Major Theme: Uncertainty is Core to Therapeutic Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1. Subtheme: An Essential Component of CoP Identity</td>
</tr>
<tr>
<td>3.2.2. Subtheme: Strengthening the Therapeutic Purpose</td>
</tr>
</tbody>
</table>

### 3.2. Uncertainty is Core to Therapeutic Practice

Complementary to previous literature (e.g. Cooper, 2015; Spinelli, 2007), a centralized thread within participants’ narratives captured the essence of uncertainty as core to therapeutic practice that necessitated an accepting attitude. This belief appeared to be held with absolute conviction by all participants, with many intimating its significance within CoP’s professional identity as well through its ability to strengthen therapeutic purpose.

#### 3.2.1. An Essential Component of CoP Identity
Several participants construed uncertainty as a core element of their professional identity, emphasizing the capacity to acknowledge, accept and embrace uncertainty as a definitive and unique feature of CoP. Given the complex nature of therapeutic practice, that requires openness towards various diverse positions of knowing and being (Downing, 2000), Mike argues the intrinsic quality of uncertainty as essential and necessary for navigating the complexity within CoP, concluding its mandatory function in CoP:
Mike: “It’s being able to deal with complex scenarios where the absolute answer is not clear and you have to use your professional experience and knowledge to try and work through uncertainty. That’s the whole point really isn’t it about why this profession believes it should be a postgraduate profession[...]it’s a fundamental part of what our profession is about”

This quote further implies the uncertainty within uncertainty, as there is no fixed guide for working through it; practitioners are reliant upon their practical experience to navigate the complexity that is necessarily linked to uncertainty.

For many participants accepting and embracing uncertainty was not simply an objective philosophical standpoint, but rather a deeply personal embodied belief, established through training and experience, and lived in relation to what it means to be a counselling psychologist:

Emily: “I need to be uncertain in order to be useful[...]it’s kind of part of me now, it’s part of my training, as well as part of my instinct. It's actually... it's... it's me now, it’s part of my professional identity”

Emily highlights the inextricable link between one’s personal and professional identity and the integration of one’s beliefs surrounding uncertainty that largely inform them. This point was similarly expressed by other participants highlighting the importance of one’s personal beliefs in the development of one’s professional identity.

Additionally, uncertainty seemed to be understood as a core element of CoP’s pluralistic framework (Cooper and McLeod, 2011), which implies being an integrative practitioner that can hold several theories in mind without prioritizing one way of knowing over the other. Cara suggests that this inevitably permits us to be-with uncertainty, since there is no single ‘right’ way of thinking or working with someone:

Cara: “Being a bit more integrative and not having one fixed way of thinking about the world or thinking about therapy enables us maybe to identify and stay with the uncertainty a bit more rather than acting on it”
George clarifies this point further highlighting how this approach towards knowledge ultimately contributes to the uniqueness of CoP, by facilitating a questioning attitude towards alternative possibilities permitting openness to the fluidity of human nature, without arriving at a fixed destination:

*George:* “I think it’s a very special part of our profession. The idea about not saying, ‘Oh this person has got BPD’, or ‘this particular diagnosis’ because…to me, that is a very unhelpful way of looking at people[…] the thing about diagnosis… is that….it’s kind of one whole thing isn’t it? You are this…And I sometimes think…am I the same person I was when I was 20 as I am when I’m 40 or 60 or 80…probably not.”

In line with CoP’s humanistic values (Strawbridge & Woolfe, 2010), George denounces the idea of diagnostic labels given their fixed notions of a person as “one whole thing”. He continues by describing the fluidity and impermanence of human nature, yet at the same time suggests the human desire for constancy and continuity that provides, “some kind of certainty at being”. He concludes “maybe therapy is a kind of unpicking of that at some level”. In line with our relational approach that emphasises wellbeing as opposed to pathology (Milton, Craven and Coyle, 2010), George argues that uncertainty presupposes an ontological position within our identity that construes human nature as dynamic and fluid, rather than fixed and absolute. Uncertainty thus facilitates a respect for the other that allows for an appreciation of the complexities of human experience, with this view inevitably translating to what we perceive our roles to be as therapists.

Emily equally displays this appreciation for the complexity of human nature through her understanding of uncertainty as an intrinsic component of being-in-the-world-with-others (Heidegger, 1962):

*Emily:* “Who am I when I’m with you? I’m different to who I am with anybody else. So what is the essence of me? What is the essence of you? The essence of you and I in the now…we could, sort of, possibly define that. But, once you walk away from here…I will be a different person, and you’ll be a different person. So, how could you possibly pin down the essence into a certainty?”
Emily speaks to notion of being-with (Cohn, 2002) involving being-with-each-other in whatever is encountered in the meeting between. In the context of this with-being Emily implies uncertainty due to the impossibility of completely defining its reciprocal presence due to the fluidity of a dialogical engagement between two unique selves that are dynamic, fluid and ever-changing in themselves. Given the existential-phenomenological contributions to CoP’s relational framework (Manafi, 2010) assumed within its identity, uncertainty is thus an irrevocable component.

3.2.2. Strengthening the Therapeutic Purpose

The varying accounts within this subtheme capture the apparent view that therapeutic purpose may be strengthened through an embodied space of uncertainty that; “forces you to be authentic and genuine”, “present and responsive” (Jenny), facilitates “an awareness...an opening”(Anna), “thickens the narrative”, “makes a richer story” (Emily), and permits working “at a deeper surface” (Susan). These expressions suggest that uncertainty strengthens the therapeutic purpose by enhancing connectivity, attentiveness and responsiveness, within which novel insights and understandings may be expressed.

George seemingly argues that the sole purpose of therapy is to allow the uncertainty to be there so that new meanings and possibilities can transpire:

*George:* “Actually it is quite a core part of finding out, and helping the client find out [...]out of that comes something that’s known, for that time[...]to me, it is the purpose of certainly a large stage of psychotherapy. That is, to find a place where there’s enough uncertainty....So...it’s a kind of a way of being, which the more you could get of it, safely in the room, the more chance there is for something to emerge from it that will be positive for the client.”

This ‘way of being’ implies an active, embodied, lived engagement with uncertainty. The purpose of uncertainty in therapeutic practice is seemingly paradoxical insofar as that it provides a space that gives rise to moments of insight, that subsequently facilitates a process of discovery and meaning making that is continuously being updated and considered in relation to what is safe and constructive for the client.
Other participants equally equated the therapeutic purpose to retaining an uncertain mode of enquiry through their clinical examples:

Nicola: “Because of uncertainty, he went to a place that I don’t think he would’ve told me about, which was a very distinct memory of abuse he had as a child, which was incredibly powerful...something happened for him in that session in terms engaging with me...I think that he then trusted me...he believed that I was on his side I think”

Nicola’s case illustration suggests that through embracing the uncertainty, the therapeutic purpose was strengthened by creating trust and connection that facilitated a deeply personal and meaningful dialogue where novel insights and understandings were discovered. Nicola goes on to make sense of this experience, suggesting that retaining a curious, open attitude towards the uncertainty, facilitated deeper engagement:

Nicola: “I’m sitting alongside with them...and allowing myself to feel as much as I can what they’re feeling and that’s...I think that’s a place of uncertainty because I don’t quite know what it was like for them[...]I suppose I’m really trying to be there and I think it does go back to the mother-baby experience[...]’cause I suppose if mother says to a baby, ‘oh yes I know what headaches are, they’re really bad’. The baby’s saying, ‘no, no, my headache’s slightly different’ or ‘it’s not just a headache’; the mother’s missed what’s really happening for that baby. So they’re gonna feel...disconnected in that moment...but the mother that can actually stay with, ‘Urgh...what is wrong with this baby?’[...]I think that’s what we’re trying to do with the work with our clients, it’s that capacity”

In line with the existential-phenomenological stance (Spinelli, 1994), Nicola implies that the purpose of therapy involves the capacity to fully immerse oneself into the client’s experience, remaining attentive and receptive without falling back on one’s own experiences and assumptions to gain insights. She implies that this capacity may strengthen the depth of the human contact and connectedness with the other and inevitably entails an active engagement with uncertainty due to being open to the otherness of the client that creates a sense of unfamiliarity (Cohn, 2002). Accepting uncertainty as a core part of therapeutic purpose thus also means not having an agenda. Many other participants’ emphatically expressed this point, which seemingly translated to the acknowledgement and appreciation of uncertainty. Consistent with
existential—phenomenological practice (Cooper, 2003), not having an agenda appeared to permit a sense of spontaneity within the therapeutic space, with no sense of definitive direction:

_Mike: “You don’t set an agenda. You don’t play the expert… it’s all coming from the client… but there is an uncertainty about that.”_

Mike’s excerpt further alludes to the uncertainty pertaining to a sense of openness towards the otherness of the other that acknowledges the unknowability of the client.

**ENGAGING WITH WHAT IS, IN THERAPEUTIC PRACTICE**

This category captures how participants’ engage with uncertainty in therapeutic practice. It encompasses 2 major-themes, each with their own subthemes, which are expressed below.

<table>
<thead>
<tr>
<th>3.3. Major Theme 1: A Process of Negotiation: Engaging with the Tensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.2. Subtheme: The Paradox of Uncertainty</td>
</tr>
<tr>
<td>3.3.3. Subtheme: The Politics of Uncertainty: An Ethical Dilemma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.4. Major Theme 2: Facilitating the Art of Improvisation: A Dance between Being-with and Doing-to</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4.1. Subtheme: Knowledge Speaks but Wisdom Listens</td>
</tr>
</tbody>
</table>

**3.3. A Process of Negotiation: Engaging with the Tensions**

This major-theme captures the inherent struggle within uncertainty that appeared to be apprehended through an internal process of negotiation between various tensions. Consistent with CoP’s both/and approach (BPS, 2014a; Orlans & Van Scoyc, 2009)
and in accordance with the existential notion of existence tensions (Wahl, 2003) resulting from polarities holding hands, uncertainty became especially apparent as participants’ located themselves upon a spectrum of polarities within which there appeared to be no ideal direction. This seemingly presented a multitude of challenges and limitations in relation to how participants’ engaged with uncertainty, where tensions were lived through (rather than avoided) by being actively thought through, reflected upon, compromised or prioritized within an iterative process of negotiation.

3.3.1. The Cartesian Split: Embodiment vs. Cognition

A dichotomy between participants’ expressed philosophical views of uncertainty and their embodied experience of it seemed apparent within their narratives. Participants’ intellectual views of uncertainty did not necessarily correspond with their emotional, felt experience of uncertainty at an embodied level, suggesting a division between inner and outer experience. Cognitively, most participants tended to view uncertainty through a positive lens, as evidenced through previous subthemes. Uncertainty was correlated with possibility, creativity, exploration and discovery that tended to arouse great excitement, passion and desire. Yet, the experiential nature of participants’ engagement with uncertainty seemed contradictory to these intellectual perceptions, encompassing a more negative and undesirable experience. Most participants acknowledged this implicit dichotomy and embraced it:

*Jeff:* “I'm aware that I can say something that would be a bit more intellectual in terms of what I believe is helpful and doesn't always...commence with what I actually do and how I feel[...]. I think there is that kind of tension between realizing uncertainty as useful to you and then just being scared of it at the same time.”

This extract captures the essence of this Cartesian dichotomy (Cottingham, 1993) that lies at the heart of engaging with uncertainty; how one engages with uncertainty in therapeutic practice does not necessarily coincide with one’s beliefs concerning its utility. Nicola equally denotes this dilemma, construing uncertainty as something she is “really passionate about”, “it’s wonderful”, “exciting” and “motivating”, and that “if you can embrace some uncertainty...opportunities can open up”. Her worldview of uncertainty therefore seems to encompass a positive accepting attitude. Yet later
she acknowledges that she “struggles through it” with her clients; “it feels scary” and makes her feel “quite alone”. It is necessary to note the ‘scariness’ of uncertainty suggested by Jeff and Nicola. Their fear suggests an ontic appraisal of the ontological anxiety that underpins their experience of uncertainty, thereby explicating an ineffaceable link between uncertainty and anxiety. This is consistent with existential philosophy (Spinelli, 2001) as well as research that link these phenomena together (Roblek & Frank, 2012).

This anxiety seems especially pertinent considering some participants apparent avoidance of the aforementioned tension. For example Susan speaks explicitly about the tension inherent within uncertainty suggesting, “if we’re too much in a cognitive place... when you have your own concrete views and understandings of things... for me there could be a miss of things if you like, of learning”. Yet interestingly, she sustains a cognitive engagement with the phenomenon of uncertainty throughout her interview, only elaborating on her embodied experience after several prompts. This meant that the negotiation between cognition and embodiment was not as prominent, with a more intellectual engagement being prioritized. Mike similarly evades the embodied experience of uncertainty. He responds to a prompt explicitly inquiring into the felt experience stating:

Mike: “My initial reaction to your question creates a sort of cerebral intellectual reaction of thinking, well... it’s... you deal with it, get on with it[...] it doesn’t cause me any emotional sort of reaction in terms of an anxiety”.

This pragmatic approach maintained throughout Mike’s interview is perhaps indicative of an avoidance of uncertainty through a more cognitive engagement that seeks to control or ‘deal with’ uncertainty. As an experience that we are motivated to reduce (Berger and Calabrese, 1975), this disengagement appears reflective of the ontological anxiety inherent to the experience of uncertainty, whereby Mike seemingly denigrates the experience of uncertainty and anxiety through ontic responses that serve to defend against the ultimate concerns of existence (Yalom, 1980) by providing an illusion of control. Mike elaborates on how he ‘deals with’ uncertainty later in his interview, suggesting:
Mike: “I have a core model that I have a lot of faith in…it’s my faith…my bible…[holds up Rogers (1951) Client-Centred Therapy Book]…I often refer to it…chapter and verse…I use it as a base position, and will fall back on that, if ever I feel out of my depths with my clients[…]it’s a way of holding the uncertainty safely.”

Mike seemingly highlights the sense of unease that uncertainty creates given its lack of safety, once again explicating the inherent link between anxiety and uncertainty. This except supports the idea that human beings are typically intolerant of uncertainty and tend to adopt rigid beliefs to defend against it (Spinelli, 2001; McGregor et al., 2001; Yalom, 1980). This is also consistent with TMT, which demonstrates ways in which individuals may cling to worldviews, absolutisms and beliefs that serve as a buffer against uncertainty, by strengthening one’s self-esteem and validating one’s self-worth (Greenberg, Koole, and Pyszczynski, 2004).

3.3.2. The Paradox of Uncertainty

This subtheme captures the apparent struggle between certainty and uncertainty being perceived as a synthesis of polarities. Participants allude to a reciprocal relationship between certainty and uncertainty, each fuelling the other, creating a paradoxical experience where one never fully achieves a definitive position of either/or, but rather always a dynamic movement between both uncertainty and certainty:

Jeff: “You're kind of reaching for certainty, and each time you find certainty, you kind of back into a position of uncertainty where you're striving for something new again”

George similarly expresses this paradox in his assertion: “I like certainty, but actually it’s only so I can be uncertain”. This highlights the synthesis between these two contradictory positions. George elaborates, equating this experience to the process involved in the acquisition of knowledge:

George: “I thought…I’m going to do this masters in counselling psychology…then I’ll really know what I’m doing…in fact I began to feel over the two years, less and less certain about it[...]information to me, it’s not
predictive...it’s like taking an assessment of somebody’s life, but what they tell you is only a snapshot of that moment”

George brings to light the idea that knowledge stems from both a place of uncertainty (through a seeking for certainty) and certainty (through a seeking for uncertainty). He insinuates that this process involves retaining openness towards knowledge, which inevitably invites uncertainty, suggesting that the more knowledge one has the more one is invited to remain uncertain. He furthermore suggests that information is only ever a glimpse of understanding for that moment, with no fixed, absolute truth ever being achieved. He almost implies here that uncertainty is an epistemological position in itself.

Emily, similarly expresses this paradoxical learning process in her assertion that “if you allow yourself to be not knowing...you will kind of find something, whereas if you know, it limits you”. These extracts imply a continuous rotation between certainty and uncertainty, where the two are indeed parts of a whole. As such, participants appear to be engaged in an unceasing process of negotiation between certainty and uncertainty during therapeutic engagements, where moments of insight are only ever a hint of understanding in a continuous process leading to greater insight.

This paradox is not only evident within uncertainty itself, but is also reflected by the opposing feelings that this paradoxical experience creates:

*Kerry:* “There could be anxiety...and there could be excitement as well”

*Emily:* “Sometimes it feels very freeing, sometimes it feels...quite exciting, there’s all sorts of creative possibilities here, it feels...buzzy, and sometimes it just feels overwhelmingly complex and stressful...and I just feel very overburdened by it and it feels quite heavy”

These paradoxical feelings restate the reciprocal relationship between anxiety and uncertainty and bring to mind Kierkegaard’s (1844) quote suggesting anxiety is “the dizziness of freedom” (p75). This evokes yet another paradox insofar as that anxiety is the price we pay for our situated freedom, thereby providing Dasien with the potentiality-for-being (Heidegger, 1962). The aforementioned excerpts suggest a
both/and approach towards uncertainty that likely produces an engagement that is both challenging and rewarding. It highlights the extent of the struggle within this unceasing process of negotiation, where participants seem to be continuously battling against a desire to opt for what might be considered the easy route of assumed certainty. Kerry refers to this opting out as a ‘knee-jerk response’:

Kerry: “Uncertainty has to be worked on and thought about and considered because there is that knee-jerk response when anxiety is provoked because of uncertainty”.

In line with social psychological theories (e.g. Berger and Calabrese, 1975) this ‘knee-jerk’ response suggests a motivation to reduce the anxiety inherent to the experience of uncertainty. This was alluded to in most participants’ narratives and seemingly pertained to the integration of theory and practice. In line with TMT (Greenberg, Koole, and Pyszczynski, 2004), the role of theory appears to provide participants with a safety net to fall back on when the anxiety of uncertainty becomes overbearing. In this way, participants’ suggest a desire to cling to psychological theories as a means of defending against the existential uncertainty and anxiety provoked by the meaninglessness and freedom of existence (e.g. Van den Bos & Lind, 2009; Van den Bos, Heuven, et al., 2006; McGregor et al., 2001; Yalom, 1980).

3.3.3. The Politics of Uncertainty: An Ethical Dilemma

Implicit within participants’ narratives seemed to be a battle between their own beliefs/values and those of the external world that seldom correspond with one another. Despite participants’ apparent struggle with uncertainty, they communicate their disdain towards dominant discourses and ideologies that rigidly adhere to an attitude of certainty. They further suggest that it is these attitudes that generally govern the socio-political and economic context of CoP, leaving them in a delicate position that compromises their value system, especially with regards to their expressed views on the fundamental importance of uncertainty in therapeutic practice. Participants’ explore the tensions that arise as a result of these external pressures, implying an ethical dilemma that urges them to weigh up their beliefs and values in relation to the expectations that are thrust upon them, and to then consider what seems
most useful for the client at any particular given moment. Cara elucidates the prominence of this ethical political dilemma:

\[\text{Cara: “The fact that evidence based practice is so huge reflects that...there’s no space for uncertainty...we need to be certain, we need to know what works, and we need to show it. If we can’t do that then actually, we shouldn’t be doing that type of therapy...But...some therapies are just more amenable to being measured and to show they work...and the whole thing about uncertainty is that it’s not...you can’t quantify that! You can’t objectify it!”}\]

Consistent with Strawbridge’s (2002) description of “fast-food therapy” (p23), Cara seemingly clarifies the current issues faced by participants’ given the socio-political context of CoP that prioritizes therapies that show ‘evidence’ that they ‘work’. In accordance with Spinelli (2001), Cara implies the fundamental issue within this dilemma; that science is construed as certainty, meaning that rigid applications of knowledge are adhered to, failing to recognize the complexity and uncertainty inherent to human nature, as these are not considered scientific enough. This point is emphatically expressed through participants’ descriptions of services that give precedence to therapeutic modalities that undermine uncertainty and go against the grain of what participants’ believe is valuable and ethically important. Kerry terms it an “organizational existential crisis” managed by rigidly adhering to discourses of certainty. As such, organisations appear to adopt rigid worldviews that serve as an ontic response to the overbearing existential anxiety that is provoked by the pervasiveness of uncertainty. Emily expresses the ramifications of this position:

\[\text{Emily: “There is a kind of reward for knowing, isn’t there? There is sort of financial and status reward. The more you know, the more you’re respected, the more you’re paid...that's kind of privileged particularly I think in the era when you’ve got all your cutbacks and things are less and less affordable”}\]

Emily highlights the reasons behind these seemingly absurd positions of assumed certainty emphasising the exaggerated struggle that is created by these rewards for knowing, where practitioners are enticed to weigh up financial reward against ethical judgement. Participants’ find themselves fervently striving to avoid getting caught up within these assumed certainties, yet this too appears to be an especially challenging task since uncertainty is often associated with competency and efficacy:
George: “It is mixed up with things which are about being effective…and I think that's the problem and so...when I'm working, sometimes I have to remind myself of what I believe in. But I guess uncertainty whilst it is often not what clients want. If you don’t have it, it shuts down too many opportunities.”

George highlights the pressure that these expectations create, to be certain in order to be considered competent. He similarly emphasises the pressure created by client’s expectations for certainty. Consistent with Buckle’s (2009) research, the aforementioned excerpts suggest that these authoritative positions governing the field of mental health, seem to respond to uncertainty through strategic, solution focused strategies that assume the world is predictable, due to their dispositional stance that aligns uncertainty with a lack of control, expertise and competency. Furthermore, it is perhaps reflective of an extreme defence against the ontological anxiety that uncertainty creates in the face of the ultimate concerns of existence (Yalom, 1980).

Navigating this space is exceptionally challenging for most participants, with some expressing the need to hide their uncertain ways of working:

Emily: “It’s...hush...hush don’t tell anybody that that's what we’re doing...nobody will be secretive about it to each other...but they just won’t talk about it necessarily at their appraisals”

Emily further emphasises the inherent contradictions between the Zeitgeist of the current climate and the phenomenon of uncertainty which contradicts it. She suggests that uncertainty may be implicitly acknowledged by counselling psychologists, yet this position is overpowered by the overarching voice of authority that predominates.

The issue of time became another prominent feature within this ethical conflict. Participants’ emphasised the necessity for time in working with uncertainty, yet also recognised “in the NHS time is money” (Jenny), resulting in further negotiation between one’s beliefs concerning the value of uncertainty and the issue of organisational pragmatics:

Jenny: “in order to be true to that individual, we need to allow the uncertainties...we need to give it time... giving it time means that I’m not
immediately making something happen [...] so how much do you intervene in the unfolding? [...] How much time have you got before you do this closing off? How long are you open to other directions this might take you?"

Jenny questions how to negotiate the issue of time, noting that ultimately it’s about “how much do you play the game...and how much do you stick with what you believe in”. This highlights the fundamental clash of values suggesting a dichotomous them vs. us position. Jenny describes a sense of loss in relation to this dilemma in that whichever direction she chooses to take, she is at a loss. She alludes to a lack of support noting “we are a profession without a service base...we don’t really fit.”

3.4. Facilitating the Art of Improvisation: A Dance between Being-With and Doing-To

Within participants’ narratives, uncertainty was expressed as a present and future orientated phenomenon with a motivating force towards action, which appeared to be characterized into a doing-to or being-with mode of engagement with the other. Participants’ expressed dipping in and out of both modes of relating depending on their level of engagement with uncertainty. In line with the I-it attitude (Buber, 2013), a doing-to mode of relating might involve directing the session, setting an agenda, working towards an outcome, becoming didactic, or solution-focused. These modes of inquiry were generally considered to close down the space for uncertainty. Contrastingly, a being-with mode of relating suggests an I-Thou attitude (Buber, 2013), detailing a more collaborative, thoughtful, attuned, in depth engagement with the other, that facilitates the space for uncertainty.

Implementation of a doing-to or being-with engagement appeared contingent upon the aforementioned negotiation processes and ultimately appeared dependent upon an ability to improvise. Based on participants’ narratives, it seemed that the therapeutic engagement inevitably entailed a dance between doing-to and being–with, yet there was a sense that the more advanced one was at improvising, the more attuned, authentic and receptive this dialogical dance can become. In contrast to Buber’s (2013) notion of genuine dialogue comprising an encounter in an I-Thou attitude,
participants’ imply that genuine dialogue indeed may involve moments of I-Thou and I-It relations that facilitate relational depth (Mearns and Cooper, 2005).

3.4.1. Knowledge Speaks but Wisdom Listens

This subtheme incorporates accounts from participants that attempt to convey understanding around how the art of improvisation may be cultured. There does not seem to be a straightforward formula that explicitly indicates when one should adopt a doing-to or being-with mode of engagement, or for how long. Rather, in line with BPS (2014a) guidelines, participants’ imply that this entails a sense of artistry that goes beyond the simple direct application of knowledge in isolation. It seems to incorporate a sense of practical wisdom, or what Gadamer (1984) calls ‘phronesis’ (p278 – 289), that stems from participants’ self-knowledge of being-in-the-world, that seemingly relies upon their own sense of moral judgment and intuition. It appears that developing this practical wisdom facilitates and strengthens one’s ability to improvise receptively in the dance between being-with and doing-to, moving in and out of uncertainty respectively, in accordance with the client’s capacity for engagement. Participants’ imply that this involves a capacity to genuinely listen and attune to the client, whilst also being critically aware of, and drawing from one's personal beliefs, values, intuition, knowledge and understanding, in order to make a judgment as to action in the here and now based on what feels most real and authentic in relation to the other.

Jeff raises the crucial importance of being able to distance oneself from the engagement, to enter a quiet mindful space in order to attune to the others experience. This involves silent reflection without hastily rushing interventions:

Jeff: “Sometimes it means being quiet for some time until you feel you understand more of what's happening...it's all too easy to start making interpretations or interventions because you're not really comfortable with what's happening during those moments. And I think one of them is being able to stand back...be quiet...thinking first instead of acting...potentially for long periods of time, which can feel excruciating...you desperately want resolutions...for something to move, and it's not moving...and during those spaces of waiting, all sorts of things can happen to both therapist and the client”
In accordance with CoP’s both/and attitude (Orlans & Van Scoyc, 2009; BPS, 2014a), Jeff implies that this capacity is not necessarily about solving the aforementioned dilemmas and tensions, but rather containing them and reflecting upon them to strengthen the therapeutic engagement. He suggests being brave enough to face the discomfort that this sense of stuckness might provoke with the belief that deeper moments of insight and understanding will emerge from this place of patience and distance. This implies going beyond the model; it is not about being intelligent or knowledgeable. On the contrary, participants’ argue it’s about giving oneself permission to be uncertain, to accept that one does not hold the answer, and that indeed there may not be a ‘resolution’ per se:

Susan: “For me…its permission to be with the uncertainty, as opposed to fighting the uncertainty and wanting a resolution... because the minute were really fighting for a resolution we are almost at one level running away.”

Susan’s suggestion also implies having the courage to face up to the uncertainty by working with whatever transpires in the space between, to formulate hypotheses based on what you think you know, and to share them with the intention of remaining open to alternative suggestions. It seems that this ingredient is crucial in order to listen holistically (Mearns and Cooper, 2005) to the client.

Consistent with the notion of mutuality and presence (Cooper, 2015) this quality involves the ability to be vulnerable, to be willing to be affected by the other, and bear potentially difficult feelings:

Susan: “For me…it’s giving myself permission to get in touch with my feelings... that it’s okay to have a host of different emotions...it’s okay to feel let down...it’s okay to feel angry...it’s okay to feel the pain”

For Nicola, this ability to be fully present involved a profound belief in the therapeutic process; “we’re not just delivering something, we actually live it, breathe it, believe it” (Nicola). This utmost trust in the process arguably allows one to withstand the tensions and challenges that arise, without them getting in the way of listening wholeheartedly and empathically attuning to the client.
Kerry speaks to the importance of finding a way of connecting with the other that facilitates trust, honesty and openness where the client feels willing enough to share their experiences. This suggests going beyond the strict adherence of a model, and points to a deeply personal unique engagement with the other:

Kerry: “it’s about trust and...listening, and it’s about being in contact with that person in a way that they can talk about what they need from you...and the best way to deliver that...you have to kind of match process with pragmatics”

Matching process with pragmatics suggests being honest about what one feels able to deliver in relation to the other. This call to action is not simply about following one’s own agenda of simply sitting with uncertainty; it is about listening holistically and being mindful of the client’s needs. In line with Strasser and Strasser’s (1997) emphasis on creating a boundaried environment that helps to make the client feel safe, this might mean engaging in a doing-to mode of relating in that particular moment:

Kerry: “And it might be the kind of sitting with it...it depends on the person how you sit with that kind of uncertainty. But, then with this type of patient...It can be quiet a dangerous mix...I would resort back to kind of skills-type work[...]they're preparing for the uncertainty, if you like”

Kerry’s point raises the importance of drawing from the engagement with the other. Aligned with Gadamer’s (1984) phronesis; the type of engagement that is called for largely depends upon the circumstances.

Finally, an essential element to developing practical wisdom seemed to involve a process of learning from life. There is a general sense among participants’ that learning through one’s own experience cannot be easily substituted:

Jeff: “I think overall probably that...the things that I feel about life apply to therapy just as much. And then it becomes the kind of the task of the therapist to bear with all those feelings because if they obviously cannot tolerate them themselves, they're not going to tolerate the client. And, perhaps there's a lot of truth in that you cannot help someone to get further than where you've already been...or how far you've gone.”
This subtheme thus implies that practical wisdom is a process developed over time through learning, making mistakes, developing critical self-awareness as well as acceptance of self, of others, and of the inherent uncertainty in life, and drawing upon these to deepen the therapeutic engagement and facilitate a resilience, trust and confidence in the process of uncertainty.

4. CONCLUSION

This study has contributed towards greater understanding and clarification of uncertainty in therapeutic practice that bridges the gap in existing literature through empirically validating the claims that embracing uncertainty is core to therapeutic practice. As a phenomenon deeply embedded within the stance we take towards knowledge and human nature, findings suggest that uncertainty is paramount to who we are and what we do as counselling psychologists. As a phenomenon that seemingly strengthens the therapeutic purpose by facilitating an active engagement with complexity, it deepens the receptivity and connectedness within the human encounter and is thereby considered an essential and scientific ingredient for effective therapeutic practice. As evidenced through the intricate process of negotiation, uncertainty is considered an ethically important phenomenon within therapeutic practice that essentially permits a both/and attitude towards the various tensions that arise within the wider context of CoP. Despite the struggle it presents, uncertainty is shown to play a large part in the process that informs how we engage with our clients, and accepts both a Being-with and a Doing-to mode of relating. These findings highlight the artistry inherent to the practice of CoP, with uncertainty initiating this artistic process. These findings have stark implications for CoP, suggesting an inherent contradiction between the current socio-economic and political climate of the profession and the phenomenon of uncertainty that is thought to make our profession distinct and unique. As a profession CoP therefore needs to make more explicit the ways in which uncertainty is considered a trademark feature to the application of theory to practice. In order to sustain our values and advance as a profession in an era of ever-increasing complexity where the desire for certainty is amplified, we are encouraged to sustain our attitude of uncertainty and be willing to advocate its valuable utility within the wider landscape of CoP.
Limitations and ideas for future research

The researcher acknowledges several limitations of this research. Firstly as a study with few conditions for participating, a diverse range of demographic backgrounds was attracted. This meant that differences across age, ethnic group, preferred modality and number of year’s postdoctoral practice was not addressed by the research and inevitably influenced the data. Further research could address these issues by approaching the notion of uncertainty with more tightly circumscribed participant sample that focuses specifically on how these factors might facilitate or hinder ones engagement with uncertainty. Given the process of uncertainty that was interpreted through the data, it is hoped that further research will extend these findings to explicate this process further, reinforcing the prominence of uncertainty within the profession of CoP as a unique, identifying feature of our therapeutic practice that may further advance the profession of CoP.
References


Appendix B:
Participant Information Sheet

How do Counselling Psychologists Engage with the Experience of Uncertainty 
and its Implications for Therapeutic Practice

I am currently enrolled as a second year student on the PsychD in Psychotherapeutic 
and Counselling Psychology course at the University of Surrey. As part of my training 
I am currently conducting a research study on the role of uncertainty in therapeutic 
practice.

Last year, as part of the academic requirements for the course, I conducted a literature 
review on the notion of uncertainty within the field of Counselling Psychology. The 
literature review was primarily aimed at bringing the taken for grantedness of the 
phenomenon back into the foreground of our profession as an integral and distinctive 
component of our identity as Counselling Psychologists, as well as our relational 
approach to working with clients. A central tenet of the review is the assertion that 
uncertainty is an inevitable condition of existence. Various conflicting responses to 
uncertainty have been documented in the review highlighting the paradoxical nature 
of the phenomenon as both a pathway towards innovation and creativity and towards 
fear and paralysis.

In the field of Counselling Psychology, it is argued that uncertainty infuses our 
identity on several different levels. As an interdisciplinary field, counselling 
psychology simultaneously endorses the scientific practitioner model embedded in the 
study of natural sciences and the reflective practitioner model embedded in the study 
of human sciences (Orlans & Van Scoyoc, 2009). This pluralistic attitude highlights 
the epistemological tensions within our field and the task for us, as Counselling 
Psychologists, to critically and reflexively engage with the uncertainty created by the 
divergence of psychological theories and in the absence of any definitive guidelines 
detailing how to navigate our way through these tensions and go about the process of 
integrating research, theory, and practice. In addition to these epistemological 
uncertainties we are faced with the challenge of engaging in the tensions presented to
us in the contexts within which we work, where social, political and economic pressures often dictate a system (e.g. NHS) that tends to be dominated by evidence-based practices and procedures that advocate an attitude of certainty. Within this culture we are invited to contemplate our role within the wider system by remaining open to uncertainty while at the same time being able to articulate our clinical expertise and theoretical knowledge.

A similar balancing act between knowing and being is present in the therapeutic endeavour. Stemming from the existential phenomenological conceptualization of uncertainty as an inescapable ontological condition of human existence that confronts us on all dimensions of living, and applied specifically to the arena of clinical practice, it is argued that the therapeutic encounter itself is imbued with uncertainty due to its dialogical nature. Inherent in this relational encounter is the unpredictability of Otherness (Heidegger, 1962) where we can never truly know what will emerge. Furthermore, the quality of the dialogue brings to the fore the notion of intersubjectivity which requires letting go of any pre-existing agendas, rigidly held beliefs, psychological theories, techniques or interventions and instead adopting a sense of wondering, curiosity and spontaneity that cannot coincide with certainty or predictability.

Given our professional obligation to promote relationally focused research and practice that emphasises the principal importance of the therapeutic relationship, it follows that the act of therapy invites us to engage with the notion of uncertainty. It is hoped that the current study might shed some light on how practitioners understand and engage with the experience of uncertainty, how this engagement unfolds, and the implications that this engagement has on the therapeutic process.

If you are interested in this study and willing to participate, please continue reading the below section that details additional information about your participation. If you have any questions or comments, please call me on 07910 577 908 or email me at k.dutoit@surrey.ac.uk
Participation

Participation in this study is entirely voluntary and will involve an audiotaped interview, totalling between 60 and 90 minutes depending on our dialogue. The interview will take place at a time and location convenient to you. No preparation is required for any part of your participation. Questions in the interview will be specific to your experience of uncertainty in therapeutic practice, how you engage with the phenomenon of uncertainty and how your experience of uncertainty has impacted you clinical practice.

You may select to withdraw from the study at any time and all data that I have collected from you will be destroyed. If you decided to participate, the information provided will only be used for the completion of this research report.

Confidentiality:

The interview will be recorded, and stored on an encrypted USB that only I will have access to, and then transcribed for analysis. At all times your identity will be protected and any information that might identify you will be concealed to safeguard your confidentiality in accordance with the Data Protection Act (1998). Likewise, any quotations used in the write up of the research report will be anonymized. Recordings will be discarded once they have served their training purposes, and the research report has been marked.
Risks:
No known risks have been identified for participating in this study, however given the nature of the phenomenon being investigated, this engagement may touch potentially sensitive issues that may trigger discomfort or distress. If you have any questions or concerns during any stage of your participation, I will endeavour to discuss them with and consider the various options for resolving your concerns.

Ethical Clearance:
This study has received favourable ethical approval from the University of Surrey Faculty of Arts & Human Sciences Ethics Committee
Appendix C:
Consent for Participation in Research Project

Dear ______________________

Thank you for agreeing to take part in the following study, exploring the role of uncertainty in therapeutic practice. The study involves a semi-structured interview, which will last approximately 60 – 90 minutes. These interviews will be recorded, saved onto an encrypted USB that only the researcher (Kate Du Toit) will have access to, and then transcribed for analysis.

At all times, your identity will be protected and any information that might identify you will be removed or disguised to safeguard your confidentiality. The recordings will likewise be treated in the strictest of confidence and destroyed as soon as they have served their training purposes.

Following the interview, you will be debriefed by the researcher (Kate Du Toit) and offered the opportunity to discuss how you found the experience of being interviewed, or ask any questions you have regarding the study.

Please read the below section carefully before consenting to take part in this study:

- I the undersigned voluntarily agree to take part in the study investigating the role of uncertainty in therapeutic practice.
- I have read and understood the Participant Information Sheet provided and am aware of the nature, purpose and likely duration of the study, and of what my participant requires. I have been advised about potential distressing material that might be triggered during the interview and I shall inform the researcher immediately if I feel the need to discontinue the interview.
- I understand that all personal data relating to participants is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
• I understand that I am free to withdraw from the study at any time.
• I acknowledge that my participation in this study is voluntary and does not involve any compensation.
• I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS): _________________________

Signed: _________________________

Date: _________________________

Name of researcher (BLOCK CAPITALS): _________________________

Signed: _________________________

Date: _________________________
Appendix D:
Demographics Questionnaire

Name: _________________________________
Age: _________________________________
Male / Female: __________________________
Ethnic background: __________________________

1) Where and when did you complete your training?
__________________________________________________________________________
__________________________________________________________________________

2) How do you identify your theoretical orientation?
__________________________________________________________________________
__________________________________________________________________________

3) Please confirm that you are a chartered psychologist with full membership of the Division of Counselling Psychology

YES / NO

4) How many years have you been practicing as a chartered Counselling Psychologist?
__________________________________________________________________________
Appendix E:

Interview Schedule

1. What attracted you to this research project?

2. Let’s start with a holistic question in terms of the place of uncertainty in living. What is your personal worldview with regards to this?

3. Turning to your therapeutic practice: what is the meaning and role of uncertainty in your therapeutic work?

4. Can you please give me an example of when you felt uncertain in your therapeutic practice?
   a. What was the experience like?
   b. How did you respond? (thoughts, feelings, emotions, behaviours evoked)
   c. What was the outcome?
      i. How did it affect you personally / professionally
      ii. How did it impact your client work / ability to relate to client

5. Equally can you please give me an example when a client of yours brought their experience of uncertainty to you?
   a. How did you work with this experience of theirs?
   b. What was the outcome?

6. I noticed from the demographics’ sheet that you are currently working in (private practice / NHS / charity / etc) and I’m wondering how the setting influences your ways of working with uncertainty?
Appendix F:
Interview Transcript

Researcher: Okay. So maybe if we start with, a very general question, uhmm, what sort of attracted you to the project when you got my email?

Participant: Ahh, right. Uhh-huh. Yes. That’s interesting because as you know, we get approached quite frequently. Uhmm, I’ve had quite a lot of quantitative inquiries but obviously this is qualitative. Uhmm, yeah. It probably did touch something in me, actually. Uhmm, [sighs] specifically uhmm … I suppose it’s something that we discuss a lot in sort of peer supervision. It’s something that also is in my mind a lot of the time. It’s one of those things we keep coming back to, whether it’s sharing it with other psychologists. Professionally talking about it or whether it’s just my own internal process. It’s … it’s … it’s a big subject. Uhmm, so I suppose I have an interest in it as well. Yeah.

Researcher: Okay. And can you tell me about more about that interest? What is it that…?

Participant: I think it’s because it’s something that uhmm … that’s pretty much distinguishes us as psychologists that we accept that that it exists. We accept that it’s … that it’s important. And that we … we’re not… that our, part of our training and our whole approach is to be able to manage it. And not try to quantify it or label it or objectify it but actually just to allow it just to exist, to be there.

Researcher: it’s quite important

Participant: It’s very important.

Researcher: And you mentioned at the beginning that that’s sort of implicit within our field.

Participant: I think it is. And I’m quite proud of that ‘coz I think that distinguishes us from…significantly… from …absolutely significantly from other psychologists. So I’m quite proud of that. I feel perhaps that needs to
be made more vocal in some way. Uhmm, because uhmm … because it distinguishes us I suppose.

Researcher: Yeah. That’s what I was actually going to ask next. I wonder why it’s not made more explicit. Uhmm…

Participant: Yeah. Uhmm, well, it goes back to the whole sort of pluralism, doesn’t it? Because the more as I’ve sort of … I’ve finished my training and I’m more in practice but if I go back to my theory, I can now sort of piece things together in a different way that seems like all the different theoretically approaches have got their own acceptance of uncertainty but they might just have different names for it. I think.

Researcher: Could you give me an example?

Participant: Uhmm, that’s when it gets tricky, isn’t it? Well um, the first thing that comes to mind would be uhmm … uhmm … in sort of psychodynamic work, that sort of Daniel Stern, moments of meeting. Moments. Some sort of relational moment that couldn’t be named or labelled. It’s very

Researcher: So it’s kind of implied in there but again not really made explicit?

Participant: Yeah because it’s hard to measure, isn’t it? I suppose. And I suppose it’s the age-old problem of what causes what. If we all, you know, if we’re trying to evaluate… the pressure to evaluate means that we have to find what causes what. What’s the factor? And you can never prove that. I mean … I mean, the work I’ve had with some people I couldn’t tell you how they got better. I really couldn’t. You know, some of them are just incredible. You know, since I’ve been sort of now working in private practice. Just, something happened for them but I couldn’t theorize it.

Researcher: It sounds like there’s a sort of trust in the process.

Participant: That’s exactly it for me. I suppose that -- that… yes. Yes. Yes. That’s it. Trust in the process. Yes. Across the different theories. There’s the same trust that ties them all together. I believe, yes.
Appendix G:

Ethical Clearance

From: Earl JE Mrs (FAHS Faculty Admin) j.earl@surrey.ac.uk
Subject: RE: Ethics Fast Track Submission - Ref. FT-PSY-43-14
Date: 19 November 2014 09:33 am
To: Du Toit KA Mm (PG/R - Psychology) k.dutoit@surrey.ac.uk
Cc: Manafi E Dr (Psychology) e.manafi@surrey.ac.uk

Dear Katherine

Thank you for submitting your ethics proposal form to the Faculty of Arts and Human Sciences Ethics Committee via the Fast Track procedure. I am pleased to confirm that your proposal, as stated in your application, does not raise any issues that would necessitate a full review and you are therefore able to proceed with your study with apologies for the delay due to a large number of proposals being submitted in the last week.

Please keep your original proposal with the reference given above together with a copy of this email, as no copies are kept by the ethics committee.

If there are any significant changes to your proposal which require further scrutiny, please contact the Faculty Ethics Committee before proceeding with your Project.

Many thanks

Kind Regards

Julie

Julie Earl
Faculty Administrator (Faculty Office)
Administrator Faculty Ethics Committee
Faculty of Arts and Human Sciences
University of Surrey
Tel: 01483 689175
Email: j.earl@surrey.ac.uk
Faculty Office: 04.AD04
Please note: My working hours are 9-5.30, (5.00 in vacation), Tues, Wed and Thurs.
Appendix H:
Guidelines to Contributors

Journal of Counseling Psychology (American Psychological Association)

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review.

Submission

Starting in 2012, the completion of a Manuscript Submission Checklist (PDF, 42KB) that signifies that authors have read this material and agree to adhere to the guidelines is now required. The checklist should follow the cover letter as part of the submission.

Submit manuscripts electronically (.rtf, PDF, or .doc) via the Manuscript Submission Portal.

General correspondence may be directed to

Terence J. G. Tracey, PhD, ABPP
Arizona State University
Counseling and Counseling Psychology
446 Payne Hall, MC-0811
Tempe, AZ 85287-0811

General correspondence may be directed to the Editorial Office via email.

In addition to addresses, phone numbers, and the names of all coauthors, please supply electronic mail addresses and fax numbers of the corresponding author for potential use by the editorial office and later by the production office.

Keep a copy of the manuscript to guard against loss.

Masked Review Policy

This journal has adopted a policy of masked review for all submissions.

The cover letter should include all authors' names and institutional affiliations. Author notes providing this information should also appear at the bottom of the title page, which will be removed before the manuscript is sent for masked review.

Make every effort to see that the manuscript itself contains no clues to the authors' identity.
Cover Letter

The cover letter accompanying the manuscript submission must include all authors' names and affiliations to avoid potential conflicts of interest in the review process. Provide addresses and phone numbers, as well as electronic mail addresses and fax numbers, if available, for all authors for use by the editorial office and later by the production office.

The cover letter must clearly state the order of authorship and confirm that this order corresponds to the authors' relative contributions to the research effort reported in the manuscript.

Fragmented (or piecemeal) publication involves dividing the report of a research project into multiple articles. In some circumstances, it may be appropriate to publish more than one report based on overlapping data. However, the authors of such manuscripts must inform the editor in the cover letter about any other previous publication or manuscript currently in review that is based—even in part—on data reported in the present manuscript.

Authors are obligated to inform the editor about the existence of other reports from the same research project in the cover letter accompanying the current submission. Manuscripts found to have violated this policy may be returned without review.

Length and Style of Manuscripts

Full-length manuscripts reporting results of a single quantitative study generally should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced.

Reports of qualitative studies generally should not exceed 45 pages. For papers that exceed these page limits, authors must provide a rationale to justify the extended length in their cover letter (e.g., multiple studies are reported). Papers that do not conform to these guidelines may be returned with instructions to revise before a peer review is invited.

Brief Reports

In addition to full-length manuscripts, the journal will consider brief reports. The brief reports format may be appropriate for empirically sound studies that are limited in scope, reports of preliminary findings that need further replication, or replications and extensions of prior published work.

Authors should indicate in the cover letter that they wish to have their manuscript considered as a brief report, and they must agree not to submit the full report to another journal.

The brief report should give a clear, condensed summary of the procedure of the study and as full an account of the results as space permits.
Brief reports are generally 20–25 pages in total length (including cover page, abstract, text, references, tables, and figures) and must follow the same format requirements as full length manuscripts. Brief reports that exceed 25 pages will not be considered.

**Manuscript Preparation**

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* (6th edition). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*).

Review APA's Checklist for Manuscript Submission before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*.

Below are additional instructions regarding the preparation of display equations, computer code, and tables.

**Display Equations**

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

Go to the Text section of the Insert tab and select Object.

Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

**Computer Code**

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.
In Online Supplemental Material
We request that runnable source code be included as supplemental material to the article. For more information, visit Supplementing Your Article with Online Material.

In the Text of the Article
If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables
Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Submitting Supplemental Materials
APA can place supplemental materials online, available via the published article in the PsycARTICLES® database. Please see Supplementing Your Article With Online Material for more details.

References
List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

Examples of basic reference formats:

Journal Article:

Authored Book:

Chapter in an Edited Book:
Figures

Graphics files are welcome if supplied as Tiff or EPS files. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file.

The minimum line weight for line art is 0.5 point for optimal printing.

For more information about acceptable resolutions, fonts, sizing, and other figure issues, please see the general guidelines.

When possible, please place symbol legends below the figure instead of to the side.

APA offers authors the option to publish their figures online in color without the costs associated with print publication of color figures.

For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay:

$900 for one figure
An additional $600 for the second figure
An additional $450 for each subsequent figure

Permissions

Authors of accepted papers must obtain and provide to the editor on final acceptance all necessary permissions to reproduce in print and electronic form any copyrighted work, including test materials (or portions thereof), photographs, and other graphic images (including those used as stimuli in experiments).

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For manuscripts not funded by the Wellcome Trust or the Research Councils UK Publication Rights (Copyright Transfer) Form (PDF, 83KB)
Ethical Principles

It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13).

In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).

APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

Download Certification of Compliance With APA Ethical Principles Form (PDF, 26KB)


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Year 3 Empirical Study:
Engaging with Uncertainty in Therapeutic Practice: Between Artistic Creativity and Pragmatic Integration in a Constantly Unfolding Process of Negotiation

Abstract
The present study sets out to discover the actions, processes and implicit subjective meanings involved in how practitioners engage with uncertainty; a somewhat elusive phenomenon that has been scarcely researched within the field of counselling psychology despite its apparent ubiquity within the context of therapeutic practice. Nine counselling psychologists were interviewed and analysed in accordance with constructivist grounded theory (Charmaz, 2006). Analysis and interpretation of the data suggested three interrelated core-categories capturing the social psychological processes involved in how practitioners engaged with the phenomenon in therapeutic practice; Expressing an Attitude, Cultivating Different Ways of Being, and Engaging in a Constantly Unfolding Process of Negotiation. Participants’ narratives emphasised the importance of one’s attitude towards uncertainty in cultivating different ways of being with uncertainty in the therapeutic space; an unfolding process that appeared to involve constant negotiation between tensions arising within the therapeutic context. Clinical implications are discussed in light of these findings.

1. INTRODUCTION
The phenomenon of uncertainty has been studied across a wide-ranging number of disciplines within psychology and is well recognised for its omnipresent nature in life in general. Most pertinent to the field of counselling psychology (CoP) is the quantitative literature stemming from neurophysiology and cognitive science emphasising the role of uncertainty in emotion and information processing (e.g. Baas & de Dreu, 2012; Hirsh, Mar, & Peterson 2012). Essential research findings from these domains propose the idea that negative appraisals of uncertainty, specifically an intolerance of uncertainty may give rise to negative emotional, behavioural and cognitive consequences (Mahoney & McEvoy, 2012; Boswell, Thompson-Hollands, Farchione & Barlow, 2013), and even give rise to extremism (Hogg, Kruglanski & van den Bos, 2013). This has significant implications for practitioners in the context
of therapeutic practice, where uncertainty is amplified due to the level of unpredictability involved in the dialogical encounter itself and the multiple competing ways of knowing and being that are at one’s disposal. Importantly, one’s fitness to practice is contingent upon making appropriate ethical decisions in spite of these uncertainties (BPS, 2014a). It therefore seems pertinent to explore how practitioners engage with this phenomenon in therapeutic practice and the subsequent clinical implications. This research seeks to discover the actions, processes and implicit subjective meanings involved in how practitioners engage with uncertainty, a somewhat elusive phenomenon that has been scarcely researched within the field of CoP itself.

**Situating Uncertainty in the Realm of Counselling Psychology**

In situating the significance of this research it is necessary to first underline the importance of uncertainty as a distinct and integral component of CoP’s epistemological and ontological underpinnings that embraces a holistic, relational nature of the human condition. CoP’s pluralistic framework (Cooper & McLeod, 2011) acknowledges and accepts a multitude of psychological theories, practices and experiences, without prioritizing one over the other (BPS, 2014a). This both/and approach (Orlans & Van Scoyc, 2009) necessarily entices an engagement with uncertainty due to the absence of any definitive rules or guidelines. Applied to practice, uncertainty is intensified as practitioners interactively engage with intersubjectivity through the dialogical encounter, where possibilities thrive and complexity is increased. Practitioners are once again encouraged to retain a both/and attitude; “to be practice led, with a research base grounded in professional practice values as well as professional artistry” (BPS, 2014a, p2), a position that inevitably entails an engagement with uncertainty. Despite the apparent ubiquitous nature of uncertainty within CoP, research pertaining to this phenomenon and its impact on practice is relatively scarce, largely comprising anecdotal and theoretical literature (e.g. Spinelli, 2007; Gelatt, 1995; Mason, 1993; Anderson & Goolishian, 1992) with empirical studies generally only being available in the form of dissertations from other fields (e.g. Roeske, 2013; Clancy, 2008). Nevertheless, this literature emphasises the prominence of uncertainty in therapeutic practice and the necessity for
practitioners to embrace a position of unknowing in order to enhance therapeutic outcome.

A phenomenological investigation I conducted last year reiterated this finding, empirically validating the claim that uncertainty is core to therapeutic practice (Du Toit, 2015). Uncertainty was experienced by practitioners as a facilitative space encouraging connectivity, attentiveness and novel understandings thought to strengthen therapeutic purpose. Findings contributed by adding greater conceptual understandings of uncertainty in therapeutic practice, emphasising the space of uncertainty as paramount to the stance practitioners take towards their clients (Du Toit, 2015). Consistent with literature from art and music, uncertainty is considered essential in promoting positive outcome through facilitating creative expression, innovation and possibility (Mackey, 2009; Grishin, 2009).

Despite the valuable contribution uncertainty can make, social psychological research points to the human tendency to avoid/reduce uncertainty due to varying degrees of anxiety and discomfort it produces (Hirsh, Mar & Peterson, 2012; Hogg, 2007; McGregor, 2003; Hofstede, 2001). Strategies of avoidance may include clinging rigidly to ideological convictions or concrete worldviews (Baas, de Dreu, & Nijstad 2012; Van den Bos & Lind, 2009). This has significant implications for therapeutic practice, suggesting the possibility for practitioners to hold onto rigid beliefs, agendas or psychological theories/models as a means of reducing their experiences of uncertainty. Uncertainty may therefore be conceptualised as a pathway towards creativity/innovation/openness as well as fear/paralysis/rigidity, highlighting the implicit tension within it. In this way, one’s engagement with uncertainty is perhaps at the heart of how practitioners engage with clients and therefore a crucial element involving both therapeutic process and outcome that requires further examination, and forms the basis for the current study.

**Current Socio-Economic and Political Context and the Quest for Certainty**

The necessity for this research is reaffirmed by the current socio-political context of the profession that seemingly eschews the notion of uncertainty by encouraging
standardization of care (Hammersley, 2010). This apparent quest for certainty is particularly evident in the increasing demand for manualised treatments (Duncan & Miller, 2005; Chambless & Ollendick, 2001) and the hegemonic focus on EBP paradigms prioritizing RCT’s as the ‘gold standard’ for measuring the efficacy of psychological interventions (Rowland & Goss, 2000). Although many objections to this type of evidence exist (Mollon, 2009; Western, Novotny & Thompson-Brenner, 2004), there is a clear need to formalise a research base championing a phenomenological, relational-based approach that embraces the uncertainty inherent within it.

Socio-economic and political agendas seem to be moving the profession towards a ‘McDonaldisation’ of therapy where complexity, interrelatedness and the contextual embeddedness of the encounter is reduced through narrowly manualising therapeutic process, routinizing competencies and quantifying efficacy studies (Strawbridge, 2002). The suggestion of manualised steps towards achieving beneficial therapeutic outcome means that notions of intersubjectivity and phenomenology are reduced, resulting in the idiographic, contextualised and relational quality of the therapeutic process being overlooked. This is especially pertinent considering commissioning developments such as Improving Access to Psychological Therapy, National Institute of Clinical Excellence and Payment by Results, which seem to be radically altering the therapeutic landscape through a lens of certainty. This further reiterates the exigency of this research and the need for a formal evidence base that embraces the inevitability of uncertainty within the therapeutic process.

To conclude, the aforementioned literature highlights both positive and negative appraisals of uncertainty with corresponding outcomes that facilitate creativity/innovation/openness as well as fear/paralysis/rigidity. This is pertinent to CoP and begs the question: how are counselling psychologists engaging with this phenomenon in therapeutic practice? And importantly, what are the clinical implications? These questions are especially important in light of the current climate. The current study investigates these questions, explicitly exploring how counselling psychologists work with uncertainty therapeutically, thereby going beyond mere
phenomenological descriptions in building a tentative theoretical representation that further explicates this process.

2. METHODOLOGY

2.1. Rationale for choosing Grounded Theory

This research seeks to discover the actions, processes and implicit subjective meanings and complexities of experience involved in how practitioners engage with uncertainty in therapeutic practice. Considering the experiential, process orientated and exploratory nature of this investigation, the research lends itself to inductive qualitative methodologies concerned with describing, exploring, understanding and interpreting subjective experience. Hypothetico-deductive research methods implicated in quantitative research methodologies intended to predict, measure and control were thus deemed incompatible with the study’s aims and objectives (Willig, 2008).

The current study is underpinned by a critical realist position acknowledging the existence of a reality independent of human conceptualisation, thereby prizing multiple subjective experiences of that reality as equally valid (Bhaskar, 1978). With this in mind, constructivist grounded theory (CGT) suggested by Charmaz (2006) was deemed most appropriate due to its emphasis on social constructionism and framework of symbolic interactionism that is paradigmatically positioned within the philosophical underpinnings of this research and thereby harmonious with what this research hopes to achieve. While different approaches towards GT have emerged since its conception (Glaser & Strauss, 1967), all GT researchers agree on its primary purpose to produce inductive theory pertaining to a substantive area. As an inductive approach focusing on interpretative understanding of participants’ meanings, patterns, and processes within context; CGT is highly compatible with the current research question, aims and objectives. As a method aimed at producing theories ‘grounded’ in the data (as opposed to predetermined by goals, purposes or hypotheses) it is also a particularly pertinent approach for sparsely investigated or under-defined topics (Tweed & Charmaz, 2012). The emphasis on how phenomena are seen in the social, historical and cultural contexts within which they occur (Harper, 2012) arguably
situates CGT as an appropriate method for investigating how practitioners’ ways of working with uncertainty may be influenced by the current socio-political and economic context within which therapeutic practice takes place. Furthermore, as an approach epistemologically and methodologically positioned to investigate questions that “focus on processes, patterns and meaning within context and that require crucial examination of subjectivity of experience” with the fundamental purpose of developing inductively driven theories of social psychological processes (Tweed & Charmaz, 2012, p134), it is congruent with the aims and objectives of this research. Assuming a critical realist position accompanied by the interpretivist epistemology inherent within CGT not only posits interpretation and meaning of phenomena through an interactive process between researcher and participant, but also acknowledges a reality within which knowledge is always culturally, historically and socially bound and thus considered partial and subject to revision. In this way CGT is thought to be an appropriate approach within which to offer a formal contribution of knowledge within this substantive field.

As an approach, CGT is theoretically grounded in symbolic interactionism, thereby positioning itself as an interpretivist methodology supported by pragmatism (Mead, 1932). This method therefore “deals best with what people construct and how this social construction process unfolds” (Charmaz, 2008a, p397); social interactions and their influence on the construction of reality is addressed through the dynamic processes within which individuals create meaning (Charmaz, 2006). Unlike the more traditional objectivist GT approaches (Glaser & Strauss, 1967) aimed at generalization through prediction and explanation by a passive neutral observer, CGT “assumes the existence of an obdurate world that may be interpreted in multiple ways” (Charmaz, 2008a, p409). Reality is thus made real by individuals through their words and actions and is constantly reformulated as a fluid construction of individual’s engagement with their temporal, structural and cultural contexts (Charmaz, 2000). In this way CGT arguably aligns with the critical realist position, insofar as it acknowledges multiple interpreted subjective realities that are constructed and interpreted by human beings as they engage with the world.
CGT’s emphasis on social constructionism acknowledges the way in which knowledge is constructed through language, interaction and social constructs (Burr, 2003). It is therefore considered epistemologically and methodologically relativist, in that it positions itself amid realist and postmodernist positions, assuming the construction of data and theories as a result of interactions between researcher and participant (Harper, 2012). Emerging data therefore reflects mutually constructed meaning that is intricately interwoven within a social, historical and situational context that recognises interactions between researcher and participant and takes into account the positions, perspectives and interactions of both (Charmaz, 2009). The resulting theoretical analysis is thereby considered as “interpretive renderings of a reality, not objective reportings of it” (Charmaz, 2008b, p206). Once again, this is consistent with the critical realist position and appears especially significant considering the nature of the research question that seeks to explore an area of practitioner’s experience entrenched within dynamic interactions between client and therapist. This position is also synonymous with CoP’s value-base that emphasises the relational aspect of human existence, subjectivity, intersubjectivity and the significance of ones situated relatedness in the world (BPS, 2014a).

2.2. Participants

A purposive sample included counselling psychologists with minimum 2 years post-doctoral experience. This inclusion criteria was founded on the notion that practitioners would have gained sufficient experience to have gained supervisory status and are thus assumed to have adequate knowledge and experience outside of the initial training environment within which to have reflected upon the nature of their work, thereby equally equipping them in answering the research question. All participants were recruited through the BPS directory of charted membership and emailed an information sheet (Appendix B). Given the inherent focus and interest in the field of CoP, counselling psychologists were preferentially chosen for their participation. Inclusion criteria required all participants to have current involvement in therapeutic practice with full chartered membership within the Division of CoP by the BPS.
CGT promotes the process of data collection to take place concurrently with data analysis through theoretical sampling. This is to ensure continual comparative methods are employed in generating rich theoretical perspectives pertinent to the development, refinement and elaboration of theoretical categories (Charmaz, 2006). The current research loosely adhered to this notion of theoretical sampling by conducting data collection and analysis in two stages. The rationale for this was largely context dependent requiring a balance between the time constraints of the doctoral training and fidelity to the chosen methodology. The initial sample included 4 participants with emerging theoretical categories reflecting divergent accounts of how they engaged with the phenomenon of uncertainty within their preferred theoretical orientation, and therapeutic setting. Subsequent participants were recruited from a broader range of preferred modalities, and therapeutic contexts in order to obtain disconfirming evidence where possible (Morrow, 2005). Specifically, to pursue the question of whether their engagement with uncertainty was contingent upon their preferred theoretical model and/or therapeutic context or whether these divergent positions of engaging with uncertainty were indeed a reflection of a more individualised process in and of itself. A total of 9 participants were recruited (see Table 1 for participants’ demographic information). Although theoretical saturation is intended within CGT, wherein new themes cease to emerge (Charmaz, 2006), sampling was not able to continue due to the time limitations imposed by the training. Additionally, considering the extent of variability within the data, the everlasting nature of data collection and the many valid ways in which data could be interpreted, it seemed that theoretical saturation was not entirely possible. Nonetheless the recruitment of 9 participants provided adequate data within which meaningful theoretical categories could be offered towards tentative theoretical representation of how practitioners engage with uncertainty within their given contexts at this particular time.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Preferred Theoretical Orientation</th>
<th>Context/Setting</th>
<th>Years Post-Doctoral Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol</td>
<td>32</td>
<td>CBT</td>
<td>Organisational (charity)</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 1. Demographic Participant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Approach</th>
<th>Setting</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>32</td>
<td>Phenomenological</td>
<td>Organisational (charity)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Private</td>
<td></td>
</tr>
<tr>
<td>Vanessa</td>
<td>64</td>
<td>Existential</td>
<td>Organisational Academic</td>
<td>39 (approx.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Private</td>
<td></td>
</tr>
<tr>
<td>Gillian</td>
<td>57</td>
<td>Systemic</td>
<td>Organisational (NHS)</td>
<td>6</td>
</tr>
<tr>
<td>Simon</td>
<td>67</td>
<td>Existential</td>
<td>Private</td>
<td>34 (approx.)</td>
</tr>
<tr>
<td>Susan</td>
<td>51</td>
<td>Integrative</td>
<td>Private</td>
<td>12</td>
</tr>
<tr>
<td>Richard</td>
<td>39</td>
<td>Psychodynamic</td>
<td>Private</td>
<td>8</td>
</tr>
<tr>
<td>Warren</td>
<td>51</td>
<td>Person-centred / Pluralistic</td>
<td>Academic Organisational (private)</td>
<td>10</td>
</tr>
<tr>
<td>Helen</td>
<td>53</td>
<td>Psychodynamic</td>
<td>Private Academic</td>
<td>4.5</td>
</tr>
</tbody>
</table>

2.3. Data Collection

Prior to being interviewed, participants provided signed consent to partake in the research (Appendix C) and were asked to complete a demographics’ questionnaire (Appendix D), with the purpose of facilitating theoretical sampling by clarifying key areas of diversity. In order to foster in-depth interpretation by participants’ of their experience, intensive interviewing ranging from 50 – 90 minutes was employed for data collection. All interviews were conducted in person at the participants’ place of practice or at the University of Surrey, aside from one which was conducted over Skype due to practical reasons. Interviews were audio-recorded, then transcribed verbatim and analysed in line with CGT (Charmaz, 2006). Initial interview questions (Appendix E) consisted of broad open-ended questions intended to encourage participants to talk freely about what was of primary significance to them. Given the apparent significance of initial interview questions to participants during initial stages of data collection, the interview schedule remained relatively constant across interviews and was broadly adopted for all participants to encourage elaboration and refinement of emerging topics (Charmaz, 2006).
2.4. Analytic Procedure

Consistent with CGT, constant comparative methods were employed throughout the analytic process. This involved examining similarities and differences within ongoing analysis of transcripts in order to remain open to the possibility of new insights within data (Tweed & Charmaz, 2012). Initial line-by-line coding was employed to facilitate the generation of provisional, comparative concepts/gerunds emphasizing implicit meaning and actions grounded in the data (Charmaz, 2014). This was followed by focused coding, where initial codes were synthesized into several meaning and process related categories intended to clarify larger segments of the data. Theoretical coding was subsequently employed whereby concepts that seemingly fitted together formed analytical categories within each transcript that were then combined to form core-categories contributing towards the development of a theoretical model about the phenomenon under investigation (Charmaz, 2014). Consistent with CGT (Charmaz, 2006) memo-writing was employed throughout the analytic procedure as a reflective tool capturing spontaneous thoughts and ideas following each interview. This facilitated transparency in how interpretations emerged and progressed.

Ideally, theoretical sampling of new material continues until no new properties of the categories occur through additional data gathering, leading to theoretical saturation (Charmaz, 2014). However, considering the nature of the phenomenon under investigation, theoretical saturation was not thought to be possible. The notion of saturation, by its very nature attempts to make the phenomenon of uncertainty, certain, arguably denying the very existence of the phenomenon itself. In order to stay true to the nature of uncertainty and remain open to the many other possible ways in which therapists may experience and interpret their engagement with uncertainty in therapeutic practice, theoretical representation herein is an example of ‘theoretical sufficiency’; a concept suggested by Dey (1999) (cited in Charmaz, 2014) whereby categories are suggested by the data rather than saturated by them. In this way analytic possibility is not foreclosed and the research is able to remain true to its philosophical underpinnings and to the nature of the phenomenon under investigation. Furthermore, considering the relativity and reflexivity of this approach, theoretical categories produced are necessarily partial, situated and conditional. Furthermore, consistent
with the theoretical underpinnings of CGT, knowledge gathered from participants’ interpretations necessarily assumes that practitioners’ narratives of how they conceptualise and engage with uncertainty within the therapeutic process provides a valid account of what actually occurs in practice. With the hopes of making this analytic procedure more transparent, an interview transcript has been included in Appendix F.

2.5. Ethical Considerations and Rigour:

This study has received favourable ethical approval from the University of Surrey Faculty of Health and Medical Sciences (Appendix G). This research has been conducted in accordance with BPS (2009) ethical principles and code of human research ethics (BPS, 2014b) and HCPC’s (2012) guidance on ethics and conduct. In line with these guidelines, information about the study (such as participation, ethics, confidentiality, withdrawal, risk and storage of data) was provided to all participants prior to participation and informed consent obtained. In keeping with the Data Protection Act (1998) participants’ anonymity and confidentiality was prioritized and protected at all times during the transcription, analysis and write-up of the research; pseudonyms have been used to conceal any identifying information. Upon completion of interviews, participants were debriefed and offered the opportunity to ask any questions or reflect on the experience of being interviewed.

Participation in this research was not thought to pose any identifiable risks, however participants were alerted to the sensitivity of the topic and the potentiality for it to provoke distress and were informed that their safety and wellbeing would be respectfully prioritised at all times. In addition, a reflexive attitude was maintained towards participants throughout the research process, enabling attendance to “ethically important moments” emerging during data collection (Guillemin & Gillam, 2004, p262), thereby safeguarding both participant and researcher and preserving the integrity of the research. A reflexive attitude is likewise considered a useful tool for evaluating the quality of CGT (Charmaz, 2014). By critically acknowledging, reflecting upon, and making explicit social background and positioning, personal biases, expectations and assumptions (see Appendix A), the reader is able to assess the
extent to which interpretation of meanings and experiences has influenced the data (McLeod, 2001). In this way reflexivity adds validity and rigour to the study explicitly stating the context within which the data was located. Reflexivity further plays a pivotal role in ensuring methodological and interpretive rigour and credibility by encouraging consistent reflection upon and transparency towards the compatibility of methodological positioning and theoretical findings (Yardley, 2000). As such, personal and epistemological reflexivity was endorsed throughout the research process (Willig, 2008) with the research supervision further contributing to the credibility and trustworthiness of the analytic procedure and theoretical findings. Consistent with Yardley (2000), commitment and rigour of the research is furthermore reflected in the completeness of the interpretation that includes multiple variations of the data in the presented theory including differences in age, experience, preferred theoretical modality and clinical setting.

3. ANALYSIS

Analysis and interpretation of data revealed three interrelated core-categories that appeared to capture the social psychological processes involved in how practitioners engaged with the notion of uncertainty in therapeutic practice; Expressing an Attitude, Cultivating Different Ways of Being, and Engaging in a Constantly Unfolding Process of Negotiation. See Figure 1 for a theoretical representation/model underpinning this process of engagement.
Figure 1. Theoretical representation of how counselling psychologists engage with uncertainty in therapeutic practice

Consistent with the aforementioned model, practitioners’ engagement with uncertainty involved a deeply personal complex process stemming from an integration of personal professional, as well as philosophical beliefs, values and theoretical perspectives pertaining to their role as counselling psychologists. This positioning revealed an attitude towards uncertainty, expressed on a continuum between actively *embracing* and passively *tolerating* uncertainty. Different ways of being with uncertainty were subsequently cultivated, contingent upon the stance taken towards the phenomenon; those leaning towards more actively embracing attitudes tended to cultivate ways of being involving an *artistic creativity*, and those with more passively tolerating attitudes tended to engage with uncertainty through more concrete, *pragmatic integration* of theory to practice. Theoretical categories suggested a *constantly unfolding process of negotiation* whereby practitioners continually...
reassessed their positioning and ways of being with uncertainty in relation to ongoing tensions arising within their situated context, and within the notion of uncertainty itself. An outline of these core-categories, with their respective sub-categories will be explored individually below using quotations to emphasise transparency of findings. Verification of categories will be made explicit through focussing specifically on narratives of those participants who clearly explicate the polarity divergence on each of the above listed spectrums.

<table>
<thead>
<tr>
<th>3.1. Expressing an Attitude</th>
<th>3.1.1. Owning a Position: Passion with a Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2. Cultivating Different Ways of Being</td>
<td>3.2.1. Adapting to the Other</td>
</tr>
<tr>
<td>3.3. Engaging in a Constantly Unfolding Process of Negotiation</td>
<td>3.3.1. Navigating Context and Engaging with Tensions</td>
</tr>
<tr>
<td></td>
<td>3.3.2. A Dialogical Compromise: Prizing the Other and Holding One’s Own</td>
</tr>
<tr>
<td></td>
<td>3.3.3. A Dialectical Dance between Certainty and Uncertainty</td>
</tr>
</tbody>
</table>

Table 2. Core categories and their associated sub-categories reflecting practitioner’s engagement with uncertainty in therapeutic practice

3.1. Expressing an Attitude

Each participant’s engagement with uncertainty seemed exemplified through an attitude. This attitude was expressed through participants’ stated ontological and epistemological positions in relation to therapeutic practice, the client, themselves and their situated context. Participants’ divergent stances towards uncertainty became apparent within a spectrum between *actively embracing* and *passively tolerating* uncertainty. The degree to which one actively embraced or passively tolerated the space of uncertainty appeared inextricably linked to the degree to which each participant emphasised the utility of uncertainty in therapeutic practice, and through
the implicit taken for granted assumptions and actions indicated within their narratives. Practitioners who emphasised the space of uncertainty as a fundamental component for effective therapy, were seemingly located towards the actively embracing polarity, and those appearing fearful, or more pragmatic in their approach, leaning more towards the other attitude polarity.

3.1.1. Owning a Position: Passion with a Purpose

Expressing how one engaged with uncertainty prompted participants’ to passionately state their views about what they felt they were doing in therapy based on what they considered ethically beneficial to their clients. These views appeared deeply embedded within personal and professional philosophical beliefs and values, as well as theoretical assumptions about what works in therapy. Practitioners appeared to take on positions that resonated with them personally, motivating them towards purposeful action in therapeutic practice. For example, Gillian emphasises uncertainty as an ontological and epistemological position that coincides with her ethical stance towards therapeutic practice:

Gillian: “This whole idea of psychological theory...and...you know...knowing what to do with a client...is really wrong and dangerous...and I think the only position that is ethically possible is to take a position of uncertainty[...]not accepting anything as absolute truth, but questioning, and helping clients to question[...]it's an approach, it's an attitude[...]ethically and pragmatically...I think that's the most effective way of working[...]it's very exciting working with uncertainty. I think it feels like...um...you're in a really strange land, sometimes...you know...you're walking through a minefield, actually, and you have no map”

Gillian’s “position of uncertainty” seemingly refutes absolutist ideas or fixed truths about reality. Her questioning stance, suggests an openness towards uncertainty that embraces a holistic, fluid and dynamic understanding of the human encounter without any pre-determined sense of direction/map. Her sceptical attitude seems to take nothing for granted, once again implying an open, embracing attitude towards uncertainty not only as an ethical stance, but also a pragmatic position encompassing what she considers most effective in therapeutic practice. The metaphor of a minefield alongside her excitement points to the seemingly paradoxical nature of uncertainty as
both exciting and frightening/anxiety-provoking. Her acknowledgement and appreciation for uncertainty is emphatically expressed through her apparent positioning, denoting an actively embracing attitude towards uncertainty.

This type of attitude was similarly reflected by participants who explicitly articulated the phenomenon as a core component of effective therapy and through the sense of passionate curiosity and excitement that the discussion of uncertainty appeared to provoke. Like Gillian, Simon’s actively embracing attitude is evident in the questioning stance he takes towards himself and others:

Simon: “I think it's actually in the service of therapy to try to give up on all those directions that the therapist can demand of...uh...the client and...of him or herself[...]my guess is that actually uncertainty is probably the most effective factor...or...a crucial factor...in generating effectiveness in therapy. Um...and as I say that again, I'm aware of the paradox in it. But nonetheless...that's my position[...]we have no idea where we could go with this, and we're going to take the leap anyway and go somewhere”

Simon emphasises the necessity of letting go of pre-existing assumptions or certainties that may dictate the therapeutic process. Paradoxically the space of uncertainty is suggested to facilitate the process of discovery; giving up on pre-existing ontological interpretations in this way is considered necessary to facilitate the potentiality of being. Simon implies the need for openness and flexibility within the therapeutic encounter, emphasising the dynamic and changeable nature of therapy that cannot be pinned down into an essence or direction. This view was similarly expressed by other participants who appeared to hold attitudes towards the actively embracing polarity of the spectrum, where notions of being-with and staying present seem to be necessitated through the space of uncertainty:

Maria: “Phenomenology seeks to stay with the experience[...]it's asking one to kind of...um...park all one's...ideas of what might be certain. You're simply staying with what is being presented which actually is a very uncertain experience as a clinician[...]I mean politically, if we're prescribing meaning to people. If we're not staying with that uncertainty...what are we...the prescriptors of experience? Like, the audacity. Outrageous!”
Maria implies that openness towards uncertainty presupposes her phenomenological approach, an approach that is intimately connected to her own personal and ethical worldviews pertaining to therapy. She emphasises openness and flexibility towards phenomena presented in the immediacy of the therapeutic encounter, rather than imposing certainty through pre-existing beliefs, assumptions or meanings. Her view highlights the impermanence of human nature emphasising the necessity for flexibility and change in the therapeutic encounter that is facilitated through embracing uncertainty. Maria’s impassioned excerpt seemingly highlights the ethical and political dimension involved in owning a position, an element uniquely expressed by all participants.

Participants leaning towards actively embracing attitudes also tended to construe the phenomenon as necessary for transformation and possibility:

Vanessa: “You need to be able to hold uncertainty in order to do anything that is new or anything that is challenging or anything that is different, and at any time you go out of the tightest, tightest little space in the world into freedom and creativity and exploration and adventure...you invite uncertainty”

Vanessa emphasises the importance of retaining a sense of openness towards uncertainty. Her descriptions of freedom, adventure, creativity and exploration recognise uncertainty as something positive and transformative; an attitude that highly respects and embraces uncertainty as a space of opportunity, innovation and unforeseen possibilities. This optimistic view was similarly expressed through the impassioned and captivating dialogues of participants and the phrases they used to capture their all-embracing attitude towards uncertainty: “we’re on a journey” (Richard), “it’s quite scary...but it’s thrilling” (Gillian), “it is what makes it free and challenging and good and adventurous” (Vanessa), “it may be wonderful, it may be dreadful, maybe boring, maybe exciting, we don’t know” (Simon). In this way, participants’ leaning toward an actively embracing attitude seemed transparent and excited about the challenge and fluidity of experience provoked by uncertainty, and curiously willing to engage with whatever emerged within that process. For these participants, owning a position was not simply an objective philosophical or theoretical standpoint, but rather a deeply connected, embodied worldview, involving:
“taking it on-board in a...felt way...in a kind of blood and guts way” (Simon). As Vanessa notes: “the theory and the practice and my own life and the life of other people...it's all just woven together really”.

Not all participants appeared as open and actively embracing of uncertainty in their apparent positioning:

Warren: “There is uncertainty in it...absolutely[...]but it's only part of it and I wouldn't say that uncertainty dominates. For a lot of time there are certainties and sometimes with particular clients you can feel very sure of what you're doing, where you are[...]I tend to use a pluralistic framework...which involves helping people to formulate goals. So if you agree on the goals[...]at that point there's a lot of clarity[...]but, yes it does provide a structure, and of course the evidence-based view of psychotherapy tends to suggest that structure is important”

Warren suggests a de-compartmentalisation of uncertainty that implies a somewhat fragmented notion of the phenomenon. His pluralistic positioning seems to imply a taken for granted-ness towards uncertainty centring around the employment of structure through scientific evidence and goal-setting, insinuating a more pragmatic stance towards uncertainty as something to be dealt with/resolved in some way. Whilst he acknowledges uncertainty, he places less emphasis on its importance, denoting an attitude that seems much more practically/rationally oriented. This attitude is perhaps epitomised in his portrayal of uncertainty as “the nature of the beast”, acknowledging its existence at face-value without further elaboration. This stance was maintained throughout his interview suggesting a passive, tolerating attitude towards uncertainty that is somewhat detached/indifferent from it. His stance suggests a view of therapy as a technological enterprise with little focus on the human being delivering it. Warren’s commitment to pluralism appears to underpin an attitude founded upon concrete application of knowledge or evidence based on what works, that seemingly concretises the notion of uncertainty. This epistemological positioning also implies a taken for granted-ness towards evidence in its seemingly clear-cut application to practice that places less emphasis on uncertainty. The function of this position appears to facilitate a framework within which he is able to consolidate EBP through the process of formulation and goal-setting.
Carol equally appears to distance herself from uncertainty through the prioritisation of structure and direction:

Carol: “It would probably just leave me feeling quite anxious about where is this work going to go. Um, how useful is it going to be? How helpful am I going to be? And yeah that's probably more to do with me, my thoughts about myself but...yeah...I think it's...more to do with how helpful, how useful would it be...we all need a little bit of structure in terms of a treatment plan. Just so you've got an idea of where, of where you're going[...]a bit of a goal...um...otherwise I think potentially you could...be in therapy for years and years”

Carol points to the anxiety inherent within uncertainty that seems to leave her questioning her competence. This seems inextricably linked with her philosophical position that incorporates the need for structure and direction in therapy that also de-emphasises the utility of uncertainty. She alludes to a notion of therapy that suggests a sense of resolution within the therapeutic process, as if uncertainty is something to be broken down and solved. This philosophical orientation and personal positioning appears intrinsically connected with her preferred theoretical orientation:

Carol: “it's [uncertainty] something that I expect as part of the role but I don't always like it. It makes me feel anxious. And that's sort of is like why...why I like CBT because it give me that structure. And then I feel a bit more in control”.

Carol’s positioning seems to offer her a means of avoiding the anxiety inherent within uncertainty. In this way it seems her attitude of passively tolerating uncertainty may also encompass a view of uncertainty as something to be feared.

3.2. Cultivating Different Ways of Being

This category includes an account of how practitioners engaged with uncertainty in therapeutic practice, an engagement that seemed largely informed and motivated by one’s attitude and aforementioned positioning. A spectrum of engagement between artistic creativity and pragmatic integration was suggested by the data, with those tending to hold more active embracing attitudes seemingly engaging in more artistic
and creative modes of being, and those leaning more towards passively tolerating attitudes tending to cultivate ways of being that appeared to reflect a more pragmatic approach concerning the integration of theory to practice. Whilst there appeared to be some generalities across transcripts encompassing notions of flexibility, curiosity, and openness, the degree to which each participant embraced these notions varied greatly across transcripts depending on their aforementioned attitude.

3.2.1. Adapting to the Other

Each practitioner tended to adopt a unique way of being with uncertainty that appeared consistent across their transcript. All participants stressed the importance of adjusting to the other, prioritising the client’s needs first and foremost. Once again, this adapting to the other seemed largely contingent upon one’s aforementioned attitude. Actively embracing attitudes tended to give rise to artistic/creative engagements with uncertainty involving notions of spontaneity, innovation, relatedness, presence, resonance and connectivity. Passively tolerating attitudes appeared to prompt more pragmatic engagements, drawing attention to structure and direction through externally located concepts including theory and evidence. The latter engagement seemed to confine uncertainty within the boundaries of structure and goal-setting, whereas the former appeared to give rise to an all-encompassing notion of uncertainty in life.

Susan and Vanessa emphasise the flexibility and spontaneity required in adapting to the other, emphasising the uniqueness of the therapeutic situation that values and respects otherness, acknowledging the unknowability of the client:

Susan: “It's inviting them to dwell in uncertainty and just let whatever comes up, come up[...]I’ve got to be in that receptive mind-set myself[...]it's being attuned, sensitive to where the clients at[...]it's not as structured, it's not as left brain, if you want that phrase. It's more intuitive, creative, uncertain... as you don’t know where it’s going to go”.

Vanessa: “It's about daring to be flexible. If you go into clinical practice thinking...you know...A-B-C...this is what you do, this is how you handle it[...]you're not really connecting to the other person and you're not really making the most of it. You just do therapy in a very small area and so it
becomes very controlled and very predictable, but the more interesting things…I think, to not do that and to be open to whatever may come”

This type of engagement implies a reciprocal relationship with the client underscored by notions of presence and connectivity that entice an openness towards whatever may come; an engagement that seems to require courage in facing up to the unpredictability of otherness. Susan clarifies this engagement as creative and intuitive, highlighting a sense of artistry through notions of spontaneity, unpredictability and sensitivity towards the other; an engagement that cannot be dictated by a predetermined structure. Vanessa contrasts this with rigid, formulaic engagements that seemingly collapse the space of uncertainty, jeopardizing the relatedness of the encounter. She elaborates on this further, explicating the interconnectedness of her engagement with uncertainty that is facilitated by a willingness to be deeply affected by the presence of the other:

Vanessa: “I work in a very intimate way through recognizing the other person, embodying their life as much as I can[...]it's really about making it my own, allowing myself to participate in it, to be part of it and to experience their particular uncertainty with them in a very real way[...]and I'm going to allow myself to feel that in the most deep and intense way that I can allow myself to do and I go all about adventure with that person in that same way to discover what it's like to be them”

Consistent with her actively embracing attitude, Vanessa appears to engage with uncertainty in a deeply personal, embodied way. She emphasises the degree of mutuality and presence involved in this type of engagement where she actively attends to the other through listening holistically and acknowledging the uniqueness of the encounter. This engagement implies a sense of artistic creativity in one’s ability to be open and receptive to the unpredictability of being and the spontaneous intersubjective nature of the dialogical encounter. This engagement thus exemplifies notions of exploration, discovery and genuine curiosity towards the other; an artistic creativity that prioritises subjectivity, intersubjectivity and connectedness through an active engagement with uncertainty.
Simon equally emphasises the embodied nature of this engagement implying that engaging with uncertainty in this way allows him to meet the other at a level of relational depth, encountering them in the totality of their being:

Simon: “It’s accepting that whatever it is that you're talking about is what is important[...]so...if I stay with what you bring...and treat it as unknown[...]then[...]I'm curious about what you're saying, I'm there with you...I want to figure out what it is that you're talking about and if I want to do that...I get infused with it[...]and if I'm infused in this way, there’s questions that come up for me, or thoughts that come up for me, that I can throw out...that are not intended to take you away from it, but are intended to keep you and now me more in it. Yeah, and in being connected with that experience we become connected...as person to person”

Consistent with his actively embracing attitude, Simon seems to take nothing for granted, seeing everything as important/useful. Like Vanessa, he appears open to the possibility of being completely affected and infused by the vulnerability of the other. The notion of curiosity appears paramount in facilitating this creative engagement, enabling him to connect and attend to the client at an emotional, cognitive and embodied level. This was similarly expressed by participants who tended to engage with uncertainty in this way; a way of being that seemingly avoids imposing/prescribing meaning, and instead embraces creativity, spontaneity and a sense of innovation/artistry.

On the other hand, participants inclined towards passively tolerating attitudes seemed to denote engagements with uncertainty that were more pragmatically oriented towards integrating theory to practice in a solution-focussed manner. This pragmatic focus tended to imply reason, logic, and order, and implied a taken for granted-ness pertaining to the relatedness of the encounter. In the below extract, Carol emphasises the importance of flexibility, yet the degree to which, seems confined within a particular structure:

Carol: “That[CBT]gives some kind of structure, certainty, that usually, this happens and that leads on to this and that[...]but then...like I said...there would probably always be things that don't quite fit in the boxes[...]I think it's probably important to be flexible and go with that uncertainty and address it...um, but then I think probably what I would do in those instances is[...]I
would probably try and help them to make sense of what's going on using very basic kind of CBT structure[...]I would just try and break it down into like their sort of thoughts, feelings behaviours...that kind of...very basic CBT[...]that's probably how I would deal with it”

Flexibility here seems somewhat contained within the boundaries of Carol’s CBT approach. Her engagement with uncertainty thus appears defined according to a pre-determined structure, where she responds to the unpredictability of otherness within the confines of her approach. This point is further reiterated in her assertion that “without that structure it just feels like it could be really chaotic and that you could end up working on three or four different things all in one go, and that could be confusing to you or the client”. These statements seem consistent with her aforesaid attitude and positioning, demonstrating the apparent link between attitude and engagement, with Carol’s somewhat passively tolerating attitude prompting a pragmatic engagement that seeks to address, break down and deal with the uncertainty in an attempt to safely contain it. Carol notes that uncertainty “prompts me to work more collaboratively with the person”, encouraging her to “be more curious”, perhaps highlighting the space of uncertainty as a pre-requisite for connectivity and presence; a point emphatically expressed by all participants.

Warren’s engagement seems equally pragmatically inclined. He implies a somewhat taken for granted stance towards the other, prioritising the client’s wishes in a way that seems to assuage/play into their expectations to some degree:

Warren: “It's not very client-centred to tell a client that you aren't going to listen to their... preferences around therapy. So the client says 'actually I, can't do this, I want you to give me some ideas.', 'Uh, I'm sorry we can't do that cause I'm a client-centred therapist so I'm not going to tell you what to do.' 'Yeah but I really want you to tell me what to do.' 'Well I'm not listening to that.'[...]you're then being directive about not being directive...which isn't very consistent with person-centred values actually[...]actually...there's a whole lot of evidence about how a relationship works, and what we need to do to have effective relationships with clients”

Warren’s conceptualisation of person-centredness within his pluralistic approach seems somewhat paradoxical; he appears to appease the client by accommodating
their preferences for therapy. Yet in doing so, it appears that uncertainty is passively evaded through following the client’s expectations in a matter-of-fact kind of way without clarifying/unpacking their situation. He furthermore implies a somewhat detached, disconnected stance towards the other through his persistent emphasis on evidence. The type of engagement alluded to here implies sitting on the side of the client, as opposed to working alongside the client in the lived immediacy of the encounter, illustrating how the practitioner might adjust to the other depending on the needs of the client at that particular point in time. The function of this pragmatic approach therefore seems to include a purposeful consideration of existing evidence that is adapted to the client’s unique situation.

3.3. Engaging in a Constantly Unfolding Process of Negotiation

For all participants’, engaging with uncertainty required a commitment to an ongoing engagement with varying tensions arising within the context of therapeutic practice and uncertainty itself. These tensions seemed to prompt practitioners to reflect upon and negotiate between what they considered most useful for the client and what felt most comfortable for them personally. Once again, practitioners’ responses to emerging tensions seemed to be largely informed by their attitude towards uncertainty.

3.3.1. Navigating Context and Engaging with Tensions

Practitioners’ engagements with uncertainty seemed to be impacted by the demands of their context and the perceived limitations thrust upon them by external governing bodies, organisations and the overall socio-economic and political context of the profession. All participants recognised a dominant discourse of certainty pervading the current socio-economic and political context of CoP. “a quick-fix culture” (Richard) that appeared to create a tension between external expectations and internal beliefs. This tension was especially pertinent to those working within the NHS:

Richard: “They [NHS] like things to look nice and neat and orderly and standardized[...]they didn't like uncertainty in my opinion. They wanted things to be certain...not necessarily helpful...just certain[...]It's difficult enough to stay with uncertainty anyway, let alone if you've got the added external
pressure of the organization on your back saying, "don't do it" And I did my best, but it wiped me out”

Helen: “They [NHS] want to know what you're doing. They want to know how many sessions are going on. And they want an outcome, and actually yeah that's fine, have the outcome, that's great, that's what we're aiming for, but you know... there's a process going here which is going to entail uncertainty”

Richard and Helen clearly explicate the apparent pressure that organisations may place on practitioners’ ability to work with uncertainty. For practitioners who perceived uncertainty as a fundamental component of the work, this pressure created an obvious ethical tension pertaining to what was considered beneficial in the therapeutic process. This apparent tension seemed to persistently lure an attitude of certainty leaving those who actively embraced uncertainty battling against the system and experiencing undesirable consequences as a result. Richard alludes to tiresome nature of this battle that ultimately left him feeling defeated. This epitomises the energy-sapping, pressurising nature of this apparent ethical tension.

Many participants also pointed to the apparent attitude of certainty implied by the governing bodies of the profession such as the BPS and HCPC. These organisations were described as “dull, conventional and conformist” (Gillian), creating “a culture of fear, and...tick boxing[...]a bit of a dictatorship really” (Maria). The general consensus among practitioners who tended to view uncertainty as an integral part of the work seemed to be that the professional bodies were impinging too much upon the therapeutic process. A point made more explicit in the below quotes:

Simon: “The organizations...the professional bodies...are impinging a little bit too much upon...seeking to ensure that their version of what the process work is, is carried out[...]it's one thing to come up with statements that demonstrate the effectiveness of what you do...It's quite another thing to come up with statements that seem to imply that you know why it's effective. And I don't think we know why it's effective. My guess...is that actually uncertainty is probably the most effective factor”

Vanessa: “The way in which we restrict and constrict psychotherapy by that RCT-based type of approach, it’s just not going to be conducive to the profession being created or evolving really[...]it’s OCD-ish...The profession has become...completely preoccupied with safety, and certainty[...]that
eliminates a lot of rich evidence that nobody's looking at, so you are tightening and tightening your profession more and more. Gosh, the way it is now compared to the way it was even 20 years ago, it's just ridiculous really...Sad.”

The above excerpts highlight the lack of support felt by these participants in engaging with uncertainty, due to the apparent conformist attitude of certainty reinforced by the profession. A dichotomy between ‘us and them’ was evident across transcripts, emphasising the lack of provision for uncertainty within the profession and its fixation on certainty, safety, and control. This point was further reiterated through the sense of anger, contempt and sadness expressed by many participants towards the current state of the profession, especially those who tended to actively embrace uncertainty. Simon expands on its conformist nature emphasising a misalignment between process and outcome, where outcome is mistakenly translated to mean “certain manualised steps[...]towards achieving whatever beneficial outcomes”.

Participants holding actively embracing attitudes towards uncertainty appeared to respond to this tension by remaining firmly grounded in their ethical positioning, affirming the notion of uncertainty in their therapeutic endeavours:

Vanessa: “My challenge is not...is it within the rules...My challenge is...is it right for this person, is it moral? Is it helpful? Does it work? Those are the limits that I would respect[...]At my stage of life and professionally, I think it's my privilege to be a bit more experimental and therefore to allow for more uncertainty”

Gillian: “I manage it because I believe it’s right, so it fits with my sort of ethical stance[...]it's about navigating the complexity[...]but on my own terms. So that...I have room to manoeuvre. So, I suppose it goes back to that kind of idea of being rebellious”

Gillian and Vanessa seemingly rise to the situated challenge of uncertainty, refusing to succumb to an attitude of certainty, defying the rules by doing things on their own terms and in accordance with their values. Their use of ethical positioning and attitude towards uncertainty was apparent throughout their transcripts, and seems to largely inform their response to the aforementioned contextual difficulties.
Warren describes similar contextual difficulties especially when faced with referral agencies, whose “expectation is that you can predict what you're going to do, you can predict the outcome and you can predict that you can do it in a certain number of sessions”. He once again defines this tension as “the nature of the beast”, suggesting a pragmatic stance. Warren seems to respond to this apparent tension by complying with what is expected:

*Warren: “I think...uh...the way you deal with that pressure is to come down to it really, to go along with what they want. So you try to write the problem in a very...well delineated fashion that will be amenable to quick intervention”*

This seems to once more highlight the way in which one’s attitude seems fundamentally implicated in how one responds to uncertainty and the social, economic and political givens of the therapeutic context.

### 3.3.2. A Dialogical Compromise: Prizing the Other and Holding One’s Own

This sub-category includes participants’ accounts of how the client impacts their engagement with uncertainty. Participants alluded to notions of responsibility, openness and willingness to change. Moreover, practitioners appeared to be negotiating between their own containment within the uncertainty alongside that of their client, always with the best interest of the client in mind. The importance of containment for the client is evident in the below extract:

*Vanessa: ‘The question in my mind is always, ‘Do I challenge you? Do I push you into the uncertainty?’ And the answer is usually if I have tried to do that, I might frighten the person too much and they become even tighter or they become very angry and they don't want to do it, so what's the point? [...] that's my limit. I wouldn't ever want to be the kind of therapist who smashes people's security if that is what they need at the moment”*  

Containing the client within the uncertainty seemed paramount in one’s engagement with uncertainty. This meant meeting the client where they are rather than trying to *push* or impose the uncertainty upon them, regardless of one’s attitude or positioning. Participants also emphasised the notion of choice and responsibility in addition to the
client’s positioning and attitude as having an impact on how they engage with uncertainty:

Susan: “There's something about choice, the choice to get better, and that can be really difficult with tougher clients[...] I’m not the expert, so responsibility as well. If they give me the responsibility for their healing, it's not going to happen”

This extract seemingly underlines the importance of the clients positioning in one’s engagement with uncertainty. There is a sense that if the client is not willing to take some responsibility for their situation by taking a leap into the unknown, insisting instead on the rigidity of their position, then the space for uncertainty becomes restricted, perhaps enticing a more pragmatic approach.

Many participants similarly alluded to their own sense of containment within the uncertainty. Participants encompassing actively embracing attitudes seemed to contain the uncertainty internally, highlighting a strong sense of resilience, competency and confidence towards facing uncertainty:

Maria: “Self-awareness is needed to realize what's happening at the time...and... I sort of am connecting to a sense of self or a core. So that I'm not...um...blown about too much[...]there's a thread of one’s self[...]I think if I didn't have that, I would evaporate or disappear...or...um...break down”

Simon: “For me curiosity[...]allows, um, a committed but neutral stance[...]so if anxiety comes up, it's neither good nor bad. It's what's come up[...]it's like, ‘Ah, this is interesting. This has come up...I wonder if this is part of the puzzle’ You know? And so it's just another, it's just another element...to the whole exploration”

These extracts imply a strong, resilient sense of self that one can connect to as a sort of rudder that steers one’s engagement with uncertainty. Paradoxically, participants displaying more open, actively embracing attitudes seemed to turn to the certainty of their being, including the certainty and vitality of their personal values, beliefs, and attitudes, to facilitate them in their engagements with uncertainty. Feelings of anxiety were not avoided or reduced, but rather embraced, reflected upon and seen as a source of insight. In contrast to the sense of containment provided by this inward action of
self-connection, practitioners holding more passive attitudes towards uncertainty seemed to seek containment through external sources of certainty:

Warren: “It gives you a certainty as a psychologist that you can deal with uncertainty because you have all of the tools available to you[...]the theories are tools in a sense aren’t they”

Carol: “Using the model helps me to manage my own ability to manage uncertainty[...]if it wasn't there then...it would feel really chaotic. And that feels uncontained[...]that feels...uh...quite scary[...]and that wouldn't necessarily be helpful, for them or for you, because if it feels uncontained for you as well, I guess...you need to contain them”

Warren and Carol seemingly point to external sources as a means of security and stability within the uncertainty, offering an alternative view on how to contain uncertainty. The employment of structure appears to provide a sense of safety and security, and control that seems to offer these participants more containment within the uncertainty. Carol points to the importance of being able to ‘manage’ one’s own response to uncertainty in order to offer sufficient containment for the client, emphasising the need to acknowledge and reflect upon one’s limitations and personal struggles with uncertainty, pointing to the notion of self-care. For many practitioners, this meant becoming more conservative in their engagements with uncertainty in times of personal crisis.

3.3.3. A Dialectical Dance between Certainty and Uncertainty

Engaging with uncertainty appeared to reflect an essential paradox, an infinite cycle of thesis, antithesis and synthesis with moments of insight continuously inspiring further moments of insight through a process involving both certainty and uncertainty. This dialectical dance between certainty and uncertainty implies an unceasing process of negotiation inviting both concepts as part of a complimentary whole. To varying degrees, participants alluded to this process within their engagements with uncertainty:

Richard: “What seems to happen is, at certain points people suddenly have those[...]’Ah-ha moment’s[...]that gives you brief respite from the uncertainty of
life, you have a moment where you think, finally, I've got it [...] it lasts briefly [...] and then slowly more questions come out”

Helen: “Suddenly they say something and you think, ‘Yeah, there it is. That's what I needed...now stuff’s starting to make more sense’...enough to sit for quite a while, and then...you know...uncertainty reappears again [...] I think it stays part of the clarity if you like because it's...you know...uncertainty is part of a process”

Both Richard and Helen acknowledge attempts at continuously trying to make that which is uncertain, certain, in the process of therapy. In this way uncertainty and certainty appear as inseparable terms, making up parts of a complimentary whole. Given all practitioners acknowledgement of uncertainty in therapeutic practice, this apparent interplay appeared inevitable regardless of one’s attitude or engagement. However, those with more actively embracing attitudes tended to reflect more explicitly on this dialectical dance, acknowledging and questioning the paradoxical nature of their own positioning:

Gillian: “In one way it's very easy to say, ‘Oh, I don't know, and...I just don't know, I've got no idea, and I'm just going to be curious’...but I sort of...know what I'm curious about. And that in itself is, has an element of certainty about it [...] it’s an approach, it's an attitude, I suppose [...] I want both [certainty and uncertainty] actually. And I think both can coexist”

Gillian acknowledges the ideological dilemma between certainty and uncertainty, implying that the very act of doing something suggests a certainty in itself. Her sceptical attitude encourages continual movement within this dance pointing to the fluidity involved in engaging with uncertainty. As Richard notes: “there's never an end”, it’s never like you've reached a final destination”.

Simon elaborates on this unceasing, ungraspable process, emphasising the importance of one’s attitude in being able to reflect, acknowledge and question the nature of this dialectical dance:

Simon: “There's always a tension between uncertainty and certainty [...] the very notion of practicing something assumes developing a knowledge, a skill...a way of working that...takes us into a territory of certainty [...] I don't think uncertainty is something that we can grasp ultimately [...] because when we do we turn it into
Simon equally suggests that the very act of practicing something or developing a skill/proficiency implies certainty. The tension between certainty and uncertainty alluded to here appears to give rise to a yin-yang notion encompassing a continual interplay between ostensible dualities. The end product being an infinite process involving more than the sum of its parts. In this way, a dialectical monism is implied through this excerpt highlighting the complimentary relationship between certainty and uncertainty, as two terms that cannot be fully appreciated as singular concepts, but rather understood in relation to the totality of the complex dialectical dance that mutually entices both. He emphasises the importance of retaining a sense of scepticism that allows one to question and be open to alternative possibilities. For many participants, this idea of reflecting in-action and on-action was underscored as an essential facilitator to this dialectical dance. It would appear that without the space for questioning and reflecting, one risks taking things for granted in the therapeutic space and closing down the opportunity for unforeseen possibilities. This reflexive stance was similarly expressed by most participants, emphasising the importance of being able to continually re-assess and learn from uncertainty. As Vanessa concludes: “you do have to remind yourself[...]you have to...keep renewing it all the time, keep it flowing through”, a process succinctly described by Richard as “a retrospective learning experience”.

4. DISCUSSION

Taken together, these findings provide useful evidence supporting the work of counselling psychologists, shedding light on some of the implicit processes underpinning therapeutic practice. Overall, the findings suggest that one’s attitudes and apparent positioning in relation to uncertainty necessarily presupposes how one engages in therapeutic practice. Practitioners’ relationship with uncertainty and their allegiance to their own personal and subjective philosophical worldviews appear to lay the foundations for how they engage with their clients. As such, engaging with
uncertainty is suggestive of an applied philosophy, a finding that has stark implications for counselling psychologists, primarily with regards to the application of theory to practice and the therapist’s use of self, both of which appear directly related to one’s personal stance towards uncertainty.

In this way, these findings contribute towards the critical and central debate in psychotherapy concerning ‘common factors’ versus ‘specific ingredients’ in what makes psychotherapy effective (Castonguay & Buetler, 2006; Wampold, 2001). Wampold’s (2001) influential study, estimated at least 70% of outcome variance to contextual/common factors that exist despite modality. His findings, among others (e.g. Joyce et al., 2006; Hubble, Duncan & Miller, 1999; Lambert, 1992; Rosenzweig, 1936) contradict prevailing ideologies within the current climate that focus on therapeutic model and technique, as specific ingredients constituting effective psychotherapy. From a specific ingredients perspective, the beliefs, values and personality of the person of the therapist is overlooked as potentially contributing to therapeutic change and outcome (Lebow, 2006). In contrast to the predominant over-emphasis on specific ingredients, the current study stresses the significance of therapist variables that seem to underpin the therapeutic process, adding to the growing evidence-base asserting that there are indeed common factors underlying technique and model that are crucially important contributors to the therapeutic process and outcome. One’s stance/attitude towards and engagement with uncertainty seemingly underpins the choice of model or technique that practitioners encompass, suggesting that it is not the model or technique per se that is of primary significance but rather how the person of the practitioner relates and engages with uncertainty, that substantially contributes towards the process of therapy.

The diverse spectrum of attitudes and corresponding strategies of engagement with uncertainty have equally significant implications for therapeutic practice. CoP emphasises the therapeutic relationship as the strongest therapeutic medium for change (Cooper, 2008; du Plock, 2006). Similarly, research evidence on common factors contributing towards therapeutic outcome have consistently emphasised the role of the therapeutic relationship as an important contributor to beneficial outcome (Beutler et al., 2004). Consistent with the conclusion that therapeutic effectiveness
changes significantly depending on the person of the therapist (Luborsky et al., 2002; Wosket, 1999), the current study suggests engaging with uncertainty varies significantly depending on the attitudes and beliefs of the therapist. The spectrum of attitudes suggests practitioners’ engagement with uncertainty may be conceptualised as a pathway towards artistic creativity (through an actively embracing attitude) or towards pragmatic application of research to practice (through a passive tolerating attitude), each with their own implications for the relatedness of the encounter.

Translated to practice, the model suggests that actively embracing uncertainty is a prerequisite for establishing the therapeutic value of in-depth relating. Through a stance of actively embracing uncertainty, a sense of creative artistry is enticed, facilitating a therapeutic relationship founded upon notions of intersubjectivity, connectedness, reciprocity and mutuality of being-with the other in the lived immediacy of the therapeutic encounter (Cohn, 2002). In this way an actively embracing attitude towards uncertainty seems to presuppose notions of I-Thou (Buber, 1958), relational depth (Mearns and Cooper, 2005), being-with/being-for the other (Spinelli, 2005) and genuine dialogue (Buber, 1947) that are thought to enhance the relational foundations of therapeutic practice (Cooper, 2015). Consistent with Buber’s (1958) emphasis on the necessity to take risks, the current findings furthermore suggest that in order to actively embrace uncertainty, one needs to be willing and open towards facing the challenge of uncertainty, experiencing discomfort, being vulnerable and taking risks that might involve having one’s security temporarily shattered. This attitude seemed to enable practitioners to engage and sustain the tensions created within the current context of CoP, yet at the same time appeared less concerned with EBP.

On the other hand, passively tolerating attitudes towards uncertainty appeared to foreclose the space for uncertainty, subsequently also restricting the relatedness of the encounter somewhat through the application of structure. This stance appeared to purposefully act as a means to contain both the practitioner and client within the uncertainty, emphasising the importance of retaining an open awareness of one’s own limitations with uncertainty, as well as those expressed by the client. A passively tolerating attitude seemed to take uncertainty for granted to some extent, through what
seemed to be a much more pragmatic and rationally oriented account of the therapeutic situation. This attitude included positions towards practice that encompassed structure, goal-setting and direction through the incorporation of evidence/theories, giving rise to pragmatic integration of theory to practice. A passively tolerating attitude towards uncertainty seems more suggestive of an I-It stance of relating (Buber, 1958) as it appears to objectify the relatedness of the encounter to some degree through the incorporation of external entities such as EBP. However, the function of this approach seemed to purposefully integrate research, theory and practice in ways that pragmatically meets the clients needs. Furthermore, a careful consideration of safety and containment within uncertainty appeared to be prioritised over and above an active engagement with uncertainty, reflecting the importance of being able to acknowledge one’s limitations within uncertainty. Consistent with previous research pointing to the aversive nature of uncertainty as anxiety provoking (Hirsh, Mar, & Peterson, 2012; Roblek & Frank, 2012; Mahoney & McEvoy, 2012; Gudykunst and Nishida, 2001; Izard, 1991), this finding suggests that the incorporation of structure may indeed be a means of reducing anxiety and therefore be essential in providing a necessary degree of containment. This is consistent with the view that human beings intolerant of uncertainty tend defend against it by clinging to rigid beliefs, ideological convictions or absolutisms (Greenberg, Koole, and Pyszczynski, 2004; Spinelli, 2007; McGregor et al., 2001; Yalom, 1980). In this way, it would appear that pragmatic integration with its focus on the installation of structure through the incorporation of models, evidence and psychological theories may provide participants with a life raft offering temporary respite from uncertainty through the provision of control, certainty and safety. This seems to create the necessary boundaries of security within which practitioners can creatively explore the client’s situation. In light of one’s engagement with uncertainty, this also implies that models/techniques may indeed be used to help practitioners feel secure and competent within the uncertainty.

To conclude, the current study provides meaningful insights into the everyday clinical practice of counselling psychologists. The theoretical model offers useful contributions towards the debate on EBP, emphasising the importance of uncertainty in promoting a phenomenological, relational-based approach towards research and
practice. Research findings suggest that uncertainty presupposes CoP’s models of practice that promote a “value base grounded in the primacy of the counselling or psychotherapeutic relationship” (BPS, 2014a, p1). Practitioner’s relationship with uncertainty is considered a vital tool in therapy with significant implications for the therapeutic encounter. The space of uncertainty is considered crucial for facilitative therapeutic work and a prerequisite for connectivity and presence. Considering the finding that practitioners’ responses to emerging tensions within the current context are largely dependent upon their attitude towards uncertainty, practitioners are encouraged to face up to the challenge of uncertainty in order to retain the relational nature of the work. This seems imperative for the evolution and survival of CoP in a context that is becoming increasingly focussed on technical rationality through manualisation, routinized practice and therapeutic technique. In line with Edwards and Bess’ (1998, p89) contention that “the application of what you know as a psychotherapist can only be helpful if you are aware of who you are as a person in the room with a client”; practitioners are enticed to reflect upon their own relationship with uncertainty and implicit positioning. Furthermore, it seems pertinent for practitioners to reflect upon their situated personal and professional limitations and expectations pertaining to uncertainty and to consider them in light of the aforementioned therapeutic implications. Consistent with BPS (2014a) models of practice, this is necessary to “maximise the effectiveness of therapeutic interventions, inform ethical decisions and facilitate an understanding of the use of self” (BPS, 2014a, p5). In this way, the model is suggested to be useful to counselling psychologists, prompting questions that encourage personal reflection upon where one currently stands, thereby facilitating a dialogue pertaining to the available choices, consequences and limitations of one’s apparent attitude and positioning.

5. LIMITATIONS AND IDEAS FOR FUTURE RESEARCH

There are several limitations to this research study. Firstly, given the small scale and exploratory nature of the study, a larger sample size would have been preferable in further validating these findings. Nevertheless, theoretical sufficiency (Dey, 1999) was reached suggesting a level of validity within the aforementioned findings. Given the link between one’s preferred theoretical modality in owning a position and
expressing an attitude, further research might include a larger sample size focusing specifically on how practitioners preferred theoretical modality translates to their attitude and engagement with uncertainty. The study attracted a diverse range of demographic backgrounds, incorporating participants who varied in age, gender, number of years’ postdoctoral experience and preferred theoretical modality. However not all of these factors were explicitly addressed in the findings. Future research could attend to these differences, in addition to differences in training in order to decipher how these variances might impact one’s attitude and positioning towards uncertainty, further strengthening this model.
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115.


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Appendix B:
Participant Information Sheet

How Do Counselling Psychologists Work with Uncertainty in Therapeutic Practice

Dear __________________________

I am currently in my 3rd year on the PsychD in Psychotherapeutic and Counselling Psychology course at the University of Surrey. As part of the academic requirements of the course, I am conducting a research study on how counselling psychologists engage with uncertainty in therapeutic practice.

The phenomenon of uncertainty is arguably a distinct and integral component of counselling psychology and infuses our profession on several different levels. Our commitment to pluralism for example, means that we acknowledge and accept a multitude of psychological theories, practices and experiences, without prioritizing one over the other. This approach necessarily involves an active engagement with uncertainty due to the absence of any definitive rules or guidelines. Applied specifically to practice, uncertainty is perhaps amplified as we interactively engage with intersubjectivity through a dialogical encounter with our clients where possibilities thrive and complexity is increased. In line with counselling psychology’s BPS guidelines, practitioners are once again encouraged to retain a both/and approach; “to be practice led, with a research base grounded in professional practice values as well as professional artistry”. Despite the apparent ubiquitous nature of uncertainty within our field, little research exists surrounding this phenomenon.

Last year, as part of my training I conducted an interpretive phenomenological study exploring counselling psychologist’s understanding and lived experience of engaging with uncertainty in therapeutic practice. This was primarily aimed at attending to the existing gap in the literature with the hopes of clarifying the role of uncertainty within
our therapeutic practice. My study exposed the embodied space of uncertainty as an essential feature of the therapeutic endeavour. Uncertainty was found to be a core component of our identity as counselling psychologists. It was emphasised for its utility in enhancing connectivity, increasing attentiveness and encouraging the expression of novel understandings thereby strengthening therapeutic purpose. Practitioner’s experiences of engaging with uncertainty presented a paradoxical dilemma for participants, where they seemingly negotiated between several polarised positions. For example, between their cognitive understanding of uncertainty and their embodied experience of it, their desires to achieve certainty and their need to retain an uncertain mode of enquiry and their personal values concerning the usefulness of uncertainty and the institutional expectations placed upon them, that devalued the position of uncertainty. In short, these findings indicate that uncertainty is intricately interwoven into the therapeutic process with the potential to positively influence therapeutic outcome.

Following on from this study, I am currently conducting another research study that focuses on how counselling psychologists work with uncertainty therapeutically, with a particular emphasis on the process that underlies this engagement. Given the current socio-political context of counselling psychology, with counselling psychologists increasingly working in organizational contexts that eschew the notion of uncertainty by encouraging standardization of care, it seems particularly pertinent to explore this process in more depth. It is hoped that this research will attend further to the existing gap in the literature by providing useful evidence that supports our work as counselling psychologists and sheds light on the implicit processes that underpin what we call therapy.

As a practitioner who recognizes the experience of uncertainty in their clinical practice I would like to invite you to participate in this research. If you are interested in this study and are willing to explore the topic with me in greater depth, please continue to read the information detailed below to find out more about what your participation involves. If you have any questions or comments, please call me on 07910 577 908 or email me at k.dutoit@surrey.ac.uk
Thank you in advance,

Kate Du Toit

_Counselling Psychologist in Training._

Supervised by:

Dr Elena Manafi, CPsychol, AFBPsS, HCPC, UKCP reg.

*Counselling Psychologist and Existential Psychotherapist*

*Chair, Training Committee Counselling Psychology (TCCP)*

*DPsych in Psychotherapeutic and Counselling Psychology*

*Programme Director/Teaching Fellow*

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**Participation**

Participation in this study is entirely voluntary and will involve an audiotaped interview, totaling between 60 and 90 minutes depending on our dialogue. The interview will take place at a time and location convenient to you. No preparation is required for any part of your participation. Questions in the interview will be specific to how you work with uncertainty therapeutically, what determines your engagement with this phenomenon and how your current context impacts your capacity to engage with uncertainty.

You may select to withdraw from the study at any time and all data that I have collected from you will be destroyed. If you decided to participate, the information provided will only be used for the completion of this research report.

**Confidentiality:**

The interview will be recorded, and stored on an encrypted USB that only I will have access to, and then transcribed for analysis. At all times your identity will be protected and any information that might identify you will be concealed to safeguard your confidentiality in accordance with the Data Protection Act (1998). Likewise, any quotations used in the write up of the research report will be anonymized. Recordings
will be discarded once they have served their training purposes, and the research report has been marked.

**Risks:**
No known risks have been identified for participating in this study, however given the nature of the phenomenon being investigated, this engagement may touch potentially sensitive issues that may trigger discomfort or distress. If you have any questions or concerns during any stage of your participation, I will endeavor to discuss them with you and consider the various options for resolving your concerns.

**Ethical Clearance:**
This study has received favorable ethical approval from the University of Surrey Faculty of Arts & Human Sciences Ethics Committee
Appendix C:
Consent for Participation in Research Project

Dear __________________________

Thank you for agreeing to take part in the following study, investigating how counselling psychologists work with uncertainty in therapeutic practice. The study involves a semi-structured interview, which will last approximately 60 – 90 minutes. These interviews will be recorded, saved onto an encrypted USB that only I (Kate Du Toit) will have access to, and then transcribed for analysis.

At all times, your identity will be protected and any information that might identify you will be removed or disguised to safeguard your confidentiality. The recordings will likewise be treated in the strictest of confidence and destroyed as soon as they have served their training purposes.

Following the interview, you will be debriefed by and offered the opportunity to discuss the experience of being interviewed, or ask any questions you have regarding the study.

Please read the below section carefully before consenting to take part in this study:

• I the undersigned voluntarily agree to take part in the study investigating the role of uncertainty in therapeutic practice.
• I have read and understood the Participant Information Sheet provided and am aware of the nature, purpose and likely duration of the study, and of what my participation requires. I have been advised about potential distressing material that might be triggered during the interview and I shall inform the researcher immediately if I feel the need to discontinue the interview.
• I understand that all personal data relating to participants is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I
agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.

• I understand that I am free to withdraw from the study at any time.
• I acknowledge that my participation in this study is voluntary and does not involve any compensation
• I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS): _________________________

Signed: _________________________

Date: _________________________

Name of researcher (BLOCK CAPITALS): _________________________

Signed: _________________________

Date: _________________________
Appendix D:
Demographics Questionnaire

Name: _________________________________

Age: _________________________________

Gender: _________________________________

Ethnic background: _________________________________

1) When did you complete your training?

____________________________________________________________________

____________________________________________________________________

2) What is your preferred theoretical orientation?

____________________________________________________________________

____________________________________________________________________

3) Please confirm that you are a chartered psychologist with full membership of the Division of Counselling Psychology

YES / NO

4) How many years have you been practicing as a chartered Counselling Psychologist?

____________________________________________________________________

5) In which context/setting are you currently working? (e.g., private practice, NHS, organisational setting, charity, etc)

____________________________________________________________________
Appendix E:
Interview Schedule

7. How do you understand uncertainty with regards to its place in therapeutic practice?
   a. How does it impact your clinical practice?

8. How does your theoretical understand affect your ways of working with uncertainty?

9. What determines how you engage with uncertainty in therapeutic practice?
   a. What facilitates your engagement with uncertainty
   b. What impedes your engagement with uncertainty

10. Does your current setting/context influence how you work with uncertainty?
    And if so how?
    a. What about emphasis on evidence –based practice within the NHS?
    b. What about focus on outcome measurement?

11. How might your clients’ expectations impact your work with uncertainty?

12. How do the professional bodies’ expectations (i.e. BPS and HCPC) impact your work with uncertainty?
Appendix F:
Interview Transcript

Researcher: Okay, so how do you understand uncertainty with regards to its place in therapeutic practice?

Participant: It's pretty central. People come with uncertainty and they leave with hopefully a sense that uncertainty is okay, rather than becoming certain.

Researcher: Okay so helping people become more okay with it, so what does that mean in terms of how you actually work with it in the room?

Participant: Um, that I have to hold the uncertainty and make room for it rather than panic about it and that I have to enable people to welcome uncertainty rather than run away from it or try to inhabit it in a nervous way or in a fearful way or in a controlling way. I mean, there's so many different things people do to try and eliminate it and one of my many tasks is to allow the person to come to terms with it, to welcome it, to allow it.

Researcher: So you try to create a space for uncertainty, or um,

Participant: Absolutely. Well, I, I kind of support the uncertainty. I don't have to create the space because the uncertainty comes into the room straight away. Yeah.

Researcher: And what about your, um, your way of working with uncertainty? How is it that you’re able to do this, to hold the uncertainty or make room for it?

Participant: Oh, you mean in myself? Well, that's, that's a life story isn't it? That's something you develop over the years in working with your own uncertainty and becoming of aware of that and
becoming aware how you draw on that and how you create new things out of that, how, how you need to be able to hold uncertainty in order to do anything that is new or anything that is challenging or anything that is different, and at any time you go out of the tightest, tightest little space in the world into freedom and creativity and exploration and adventure, you invite uncertainty.

Researcher: So your own life experience and relationship with uncertainty very much translates to how you are in the therapeutic space as well?

Participant: Yes, because the therapeutic space is just a small representation of life itself, isn't it? So, anything that exists out there exists in here, too.

Researcher: Yeah, so it sounds like a lot of this is perhaps stemming from your own beliefs and understanding about the world and life and, you know, actually your own take on uncertainty.

Participant: Yeah, from reading a lot of philosophies. And a lot of psychology, too.

Researcher: And so how does this philosophy and psychology, and you’re theoretical understanding impact your way of working with uncertainty then?

Participant: I think they are completely woven together, the theory and the practice and my own life and the life of other people. It's all just woven together really.

Researcher: Okay. In what way? Can you say a little bit more about that?
Appendix G:

Ethical Approval

From: Earl JE Mrs (FHMS Faculty Admin) j.earl@surrey.ac.uk
Subject: RE: Fast-Track Ethics Application Ref: FT-PSY-175-15 - Confirmation to proceed
Date: 22 October 2015 at 5:22 pm
To: Du Toit KA Mrs (PG/R - Psychology) k.dutoit@surrey.ac.uk
Cc: Manafi E Dr (Psychology) e.manafi@surrey.ac.uk

Dear Kate

Thank you for submitting your ethics proposal form to the Faculty of Health and Medical Sciences, School of Psychology, Ethics Committee via the Fast Track procedure. I am pleased to confirm that your proposal, as stated in your application, does not raise any issues that would necessitate a full review and you are therefore able to proceed with your study.

Please keep your original proposal with the reference given above together with a copy of this email, as no copies are kept by the ethics committee.

If there are any significant changes to your proposal which require further scrutiny, please contact the Ethics Committee before proceeding with your Project.

Good luck with your research

With best wishes

Julie

Julie Earl
Administrator: Ethics Committees (FHMS and School of Psychology)
Faculty of Health and Medical Sciences
Duke of Kent Building (16DK03)
University of Surrey
Tel: 01483 689175
Email: j.earl@surrey.ac.uk

PLEASE NOTE: I am now based in FHMS (16DK03). My working hours remain the same and are 9-5.30, (5.00 in vacation), Tues, Wed and Thurs.
Appendix H:
Guidelines to Contributors

Journal of Counseling Psychology (American Psychological Association)

Prior to submission, please carefully read and follow the submission guidelines detailed below. Manuscripts that do not conform to the submission guidelines may be returned without review.

Submission

Starting in 2012, the completion of a Manuscript Submission Checklist (PDF, 42KB) that signifies that authors have read this material and agree to adhere to the guidelines is now required. The checklist should follow the cover letter as part of the submission.

Submit manuscripts electronically (.rtf, PDF, or .doc) via the Manuscript Submission Portal.

General correspondence may be directed to

Terence J. G. Tracey, PhD, ABPP
Arizona State University
Counseling and Counseling Psychology
446 Payne Hall, MC-0811
Tempe, AZ 85287-0811

General correspondence may be directed to the Editorial Office via email.

In addition to addresses, phone numbers, and the names of all coauthors, please supply electronic mail addresses and fax numbers of the corresponding author for potential use by the editorial office and later by the production office.

Keep a copy of the manuscript to guard against loss.

Masked Review Policy

This journal has adopted a policy of masked review for all submissions.

The cover letter should include all authors' names and institutional affiliations. Author notes providing this information should also appear at the bottom of the title page, which will be removed before the manuscript is sent for masked review.

Make every effort to see that the manuscript itself contains no clues to the authors' identity.
**Cover Letter**

The cover letter accompanying the manuscript submission must include all authors' names and affiliations to avoid potential conflicts of interest in the review process. Provide addresses and phone numbers, as well as electronic mail addresses and fax numbers, if available, for all authors for use by the editorial office and later by the production office.

The cover letter must clearly state the order of authorship and confirm that this order corresponds to the authors' relative contributions to the research effort reported in the manuscript.

Fragmented (or piecemeal) publication involves dividing the report of a research project into multiple articles. In some circumstances, it may be appropriate to publish more than one report based on overlapping data. However, the authors of such manuscripts must inform the editor in the cover letter about any other previous publication or manuscript currently in review that is based—even in part—on data reported in the present manuscript.

Authors are obligated to inform the editor about the existence of other reports from the same research project in the cover letter accompanying the current submission. Manuscripts found to have violated this policy may be returned without review.

**Length and Style of Manuscripts**

Full-length manuscripts reporting results of a single quantitative study generally should not exceed 35 pages total (including cover page, abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). The entire paper (text, references, tables, etc.) must be double spaced.

Reports of qualitative studies generally should not exceed 45 pages. For papers that exceed these page limits, authors must provide a rationale to justify the extended length in their cover letter (e.g., multiple studies are reported). Papers that do not conform to these guidelines may be returned with instructions to revise before a peer review is invited.

**Brief Reports**

In addition to full-length manuscripts, the journal will consider brief reports. The brief reports format may be appropriate for empirically sound studies that are limited in scope, reports of preliminary findings that need further replication, or replications and extensions of prior published work.

Authors should indicate in the cover letter that they wish to have their manuscript considered as a brief report, and they must agree not to submit the full report to another journal.

The brief report should give a clear, condensed summary of the procedure of the study and as full an account of the results as space permits.
Brief reports are generally 20–25 pages in total length (including cover page, abstract, text, references, tables, and figures) and must follow the same format requirements as full length manuscripts. Brief reports that exceed 25 pages will not be considered.

**Manuscript Preparation**

Prepare manuscripts according to the *Publication Manual of the American Psychological Association* (6th edition). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*).

Review APA's Checklist for Manuscript Submission before submitting your article.

Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*.

Below are additional instructions regarding the preparation of display equations, computer code, and tables.

**Display Equations**

We strongly encourage you to use MathType (third-party software) or Equation Editor 3.0 (built into pre-2007 versions of Word) to construct your equations, rather than the equation support that is built into Word 2007 and Word 2010. Equations composed with the built-in Word 2007/Word 2010 equation support are converted to low-resolution graphics when they enter the production process and must be rekeyed by the typesetter, which may introduce errors.

To construct your equations with MathType or Equation Editor 3.0:

Go to the Text section of the Insert tab and select Object.

Select MathType or Equation Editor 3.0 in the drop-down menu.

If you have an equation that has already been produced using Microsoft Word 2007 or 2010 and you have access to the full version of MathType 6.5 or later, you can convert this equation to MathType by clicking on MathType Insert Equation. Copy the equation from Microsoft Word and paste it into the MathType box. Verify that your equation is correct, click File, and then click Update. Your equation has now been inserted into your Word file as a MathType Equation.

Use Equation Editor 3.0 or MathType only for equations or for formulas that cannot be produced as Word text using the Times or Symbol font.

**Computer Code**

Because altering computer code in any way (e.g., indents, line spacing, line breaks, page breaks) during the typesetting process could alter its meaning, we treat computer code differently from the rest of your article in our production process. To that end, we request separate files for computer code.
In Online Supplemental Material
We request that runnable source code be included as supplemental material to the article. For more information, visit Supplementing Your Article with Online Material.

In the Text of the Article
If you would like to include code in the text of your published manuscript, please submit a separate file with your code exactly as you want it to appear, using Courier New font with a type size of 8 points. We will make an image of each segment of code in your article that exceeds 40 characters in length. (Shorter snippets of code that appear in text will be typeset in Courier New and run in with the rest of the text.) If an appendix contains a mix of code and explanatory text, please submit a file that contains the entire appendix, with the code keyed in 8-point Courier New.

Tables
Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

Submitting Supplemental Materials
APA can place supplemental materials online, available via the published article in the PsycARTICLES® database. Please see Supplementing Your Article With Online Material for more details.

References
List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

Examples of basic reference formats:

Journal Article:

Authored Book:

Chapter in an Edited Book:
**Figures**

Graphics files are welcome if supplied as Tiff or EPS files. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file.

The minimum line weight for line art is 0.5 point for optimal printing.

For more information about acceptable resolutions, fonts, sizing, and other figure issues, please see the general guidelines.

When possible, please place symbol legends below the figure instead of to the side.

APA offers authors the option to publish their figures online in color without the costs associated with print publication of color figures.

For authors who prefer their figures to be published in color both in print and online, original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay:

$900 for one figure

An additional $600 for the second figure

An additional $450 for each subsequent figure

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Ethical Principles

It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13).

In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14).

APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment.

Download Certification of Compliance With APA Ethical Principles Form (PDF, 26KB)


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