A Portfolio of Academic, Therapeutic
Practice and Research Work

Including an investigation of feminism and
psychotherapy: a discursive analysis of psychoanalytic
psychotherapists' constructions of feminism

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Introduction to the Portfolio

This portfolio represents a selection of work that was carried out in fulfilment of the PsychD in Psychotherapeutic and Counselling Psychology at the University of Surrey. It is comprised of three sections that represent each of the three main components of the training, these are: academic papers, therapeutic practice and research papers. A selection of my work during the last three years has been included, with an emphasis on links between theory and therapeutic practice.

Due to the confidential nature of therapeutic work, the confidentiality of clients has been protected throughout. Within this portfolio, where client material is referred to, the names have been replaced with pseudonyms and any identifying information has been changed or omitted in order to preserve the confidentiality of those involved.
ACADEMIC DOSSIER
Academic Dossier

This dossier contains a selection of academic papers and reports that were submitted during the course. The first two papers are concerned with 'Theoretical Models of Therapy' and 'Advanced Theory and Therapy' respectively and address issues relating to the integration of theory into therapeutic practice. The former explores psychoanalytic theories of early childhood and the latter explores the implications of the therapeutic frame for counselling psychology practice. A paper from the final year options course explores the epistemological underpinnings of the scientist practitioner approach, and the implications of this for counselling psychology research and practice.

Finally, two reports that address 'Issues in Counselling Psychology' are submitted. The first of these explores the contribution of supervision to treatment efficacy in the therapeutic practice of counselling psychology trainees. The second report explores stress in counselling psychology trainees, and the impact of role and role conflict theory on stress appraisal.
Do You Think That the Emphasis in Psychoanalytic Theories on Early Childhood Experience is Justified? Illustrate Your Discussion with Clinical Examples and References to any of the Psychoanalytic Theorists

This paper will explore some of the contributions from the psychoanalytic literature on the impact of an absent (either actual or emotionally absent) father on the early childhood development of boys. The implications of these theories within counselling psychology practice will be examined in the light of one clinical case. This paper will also attempt to explore the question of whether an emphasis on early childhood experiences is justified.

Freud, (1916/1917) argued that the presence of the father is essential as an influence in the satisfactory development of identity. The emotional relationship of the child to the parents, in particular the father is argued to be of absolute significance in regard to the content of later neurosis. By the time the male child has reached the age of about four or five, it was proposed that he becomes sexually interested in his mother, and wishes to possess her to the exclusion of others and thus harbours hostile impulses toward the father. Such hostility arouses a fear within the small child that the father will retaliate in the form of castration. Confronted by such a horrifying threat, the small boy abandons such desires for the mother, and subsequently identifies with the masculinity of the father. Freud’s (1916/1917) synopsis and subsequent rendition of the Oedipus myth became an analytic parable and prototype for a universal event in early childhood.

It has been suggested that the role of the father is to offer the child a different type of relationship from the role offered by the mother. By the age of two and half, the male child needs to identify with the father’s masculinity. The function of
the father in relation to the son is to turn incestuous libido away from its sexual expression with mother toward new directions. The father therefore becomes the central figure in the triangular relationship at the onset of the oedipal stage (Samuels, 1989). Others have proposed that the father's role also involves providing authoritarian boundaries, which implies that in addition to being involved in gender formation, the father contains instinctual impulses. By providing a wedge between mother and child he is an external source of control. An effective father would have lovingly demonstrated strength and authority to the growing boy, which would have been accepted and subsequently challenged (Skynner and Cleese, 1983; Ross, 1986).

The way the father handles and cares for the infant might vary. This may well depend on the father's own experience of being fathered. Indeed, it is argued that becoming a father marks a climax in a man's development, and it is this experience that can revive many repressed identifications from his own childhood (Ross, 1986). Ross (1986) stressed the importance of the father's history, in that:

> It represents a transfiguration of the adult father's childhood oedipal constellation, including both his competition with his father and his identification with the latter's felt or perceived aggression (Ross, 1986, p. 124).

Furthermore it has been suggested that children at some level sense and respond to the latent communications contained in their fathers' behaviour. The fathers' own childhood experience can:

> Give rise to a variety of pathological and pathogenic postures, from an excessive neurotic inhibition of impulses in depressive or obsessively remote fathers to quasi transference psychosis in which the child is the central object in the projection of the adults internalised aggression (Ross, 1986, p. 124)
As a consequence of this, some say that aggressive and erotic impulses may be acted out, or, may be repressed. The latter may pathologically re-emerge in the guise of an absent or emotionally remote father figure (Ross, 1986). Some psychoanalytic writers have proposed that there should be more of a focus on the study of the pre-Oedipal stages of the infant’s development. Klein (1975) for example questioned the Oedipal conflict in 1928. She argued that the Oedipus complex comes into operation earlier than previously supposed. She placed an emphasis on the importance of the father in the dyadic relationship long before his active presence entails feelings that can be ascribed to an Oedipal situation. Indeed, Ross (1986) suggested that the presence of the father is important from as early as 4-5 months of the infant’s life, during which the symbiotic stage between mother and infant reaches a peak prior to the first stages of individuation.

Seligman (1985) argued that without the intervention of the father, there is evidence to suggest an unconscious collusion between the mother and infant to maintain and prolong their interdependent relationship to satisfy their own needs, thus, postponing the more difficult stage for the infant, the conflict in sharing. Therefore the attitude and relationship offered by the pre-Oedipal father is suggested to be vital (Seligman, 1985). This role is argued to have four main functions, primarily he is a main support for mother and later, he directs and modifies behaviour by reward and punishment. In addition, his presence serves as a role model for boys, especially for the process of male identification. Finally, it is argued that he serves as a shield to protect the child against any impulses the mother may have to prolong the mother-infant symbiosis (Carvelho, 1982).

Fathers may be absent due to death or divorce, or, may be emotionally absent. The absence of the father during early infancy is regarded by some as a trauma
(Carvelho, 1982; Ross, 1986). However, it is suggested that actual or emotional absence alone may not be a sufficient explanation for trauma. The possibility of long term impact and pathological consequence depends to a large extent on maternal reaction to that event. This reaction may be influenced by the mother's own experience of being parented, as well as being affected by her own fantasies and actual relationship with the father prior to him being experienced as a second object by the child. The mother's feelings toward the father may also affect the infant, in that he may be perceived as a present caring object, or irresponsible and uncaring toward the mother-infant. These representations are suggested to indirectly enter the mother infant relationship, albeit unconsciously, through the mothers psychic reality (Burgner, 1985).

What the aforementioned psychoanalytic literature seems to suggest is that disturbance within the pre-oedipal stage may impede the process of separation and attainment of a distinct identity for the infant. Father absence in particular might precipitate failure in object transmission and early triangulation. Indeed, Winnicot (1976) suggested that the father's indirect presence is vital even before he achieves object status, and argued that the child is sensitive to the relationship shared by the parents, and responds by apparent contentment. Consequently, the infant may be unable to see two separate objects (the mother and father in relation to each other), resulting in a possible confusion in regard to gender identity (Burgner, 1985).

This way of thinking could possibly be applied to a client who I recently worked with. Mr P. was a single man who presented with depression. He described himself as heterosexual but had difficulty with initiating and maintaining intimate relationships with women. He could be friends with them, but was confused. When explored in the therapy, it emerged that this confusion was perceived by him to be because he was having stereotypical feminine feelings (i.e., crying...
easily, not wanting to go to the pub with the boys and preferring female company) which he felt ashamed of. Mr P. described his father as absent (he worked as a long distance lorry driver) and when at home was described as rejecting and abusive. Not only was Mr P. an only child but he was also brought up virtually alone, as his mother was ill during most of his childhood. Mr P. described not having any friends and was required to sit and sleep with his mother during the day.

It was quite difficult working with Mr P., since my feelings within the countertransference were often filled with a sense of inadequacy and helplessness. Looking at this client from the theoretical models presented above, it could be suggested that his experience of the therapist during this time may have been similar to his experience of his mother. She may probably have been unable to satisfy his need for love and affection, because she may have felt unsupported by her husband. This in turn was perhaps exacerbated by his mother's chronic illness. Therefore, he might have been precipitated out of an unsatisfactory experience of primary identification into premature responsibility, where because of his mother's needs he was not seen as a separate individual (Carvelho, 1982).

Indeed, there has been some psychoanalytic literature that points to the conflict within young males of both the fear of merging with mother and the absence of the necessary paternal identifications (Burgner, 1985; Ross 1986). If the father is absent, excluded, or uninterested, it is proposed that the infant may be susceptible to filling a role arising from the mother's unconscious, which, in turn is projected onto the baby during its first year of life. It is further suggested that in adulthood, such individuals may remain dominated by an infantile part of the self, narcissistically identified with the mother and so finds it difficult to tolerate separation (Burgner, 1985; Ross, 1986).
Consequently, this part of the self can propel him to engage in particular defence mechanisms, which in turn may enable him to deny any feelings associated with separation. These defensive structures are argued to differ from those of the verbal child. Since these defences are suggested to be an expression of a narcissistic defence, it is said that they can be powerfully experienced during the transference component (i.e., projective identification) of the therapeutic relationship (Carvelho, 1982; Ross, 1986).

The case that has been discussed in this paper could be seen to represent an example of the constellation of the missing father and the overly present mother. The former may be missing due to divorce or death, or may be emotionally absent. The latter was being described as withdrawn, self-absorbed, or efficient but lacking in affection. The literature suggested that the more unconsciously destructive the mother is, the more unable even in adulthood can the child tolerate separation from her (Carvelho, 1982). Indeed, Burgner (1985) argued that adults who have had the experience of an absent father and an enmeshed relationship with mother and have subsequent difficulties, can make and continue intimate relationships, albeit with a certain amount of pre-oedipal dominance. However, there may accordingly be a residue of the original narcissistic impedance in their gender identity, and impairment in their ability to separate from their initial primary object relationship, namely the mother.

The aforementioned literature seemed to suggest that father’s influence is an important factor as a facilitator during the pre-oedipal stage, especially in defining the maternal role. The literature also seemed to suggest that without, at best, a partial negotiation and experience of pre-oedipal phases, the constant necessary reorganisation of self and identity in later adolescence and adulthood may be distorted. If the father is absent or his influence is not effective, the
necessary identification shift during the process of separation, and the subsequent attainment of a distinct identity may not occur.

The use and integration of theoretical models as a guide for practice may be an important aspect of therapeutic practice in counselling psychology (Clarkson, 1996). However, a close analysis of the frameworks presented above are worthy of further discussion. Firstly, from a theoretical standpoint, there is often an emphasis within these theories on the importance of the actual father and the trauma of his absence. However, the theories do not account for the input provided by other significant male models such as siblings, schoolteachers, extended family members and friends.

Secondly, the central aspect within these theories is the idea that young male infants have an extra role in their sexual and gender identification than girls, in that they have to be released by the mother for gender identification. This seemingly cannot take place unless firstly the mother is willing to let go and secondly the father welcomes the relationship (Skynner and Cleese, 1983). Contemporary psychoanalysts such as Maguire (1995) argued against the notion that a boy must entirely give up his early identifications with his mother to build a secure autonomous male identity. The author proposed that masculine identity could be strengthened through a prolonged period of experimenting and integrating identifications with feminine functions and desires. Indeed, by integrating these ideas into the work with Mr P. seemed to allow him to explore and accept some of the feelings that he had previously ascribed to as feminine, rather than pathologising and rejecting these aspects of his self. Toward the end of the therapy, Mr P. reported that he had begun to have some confidence in initiating relationships with women and was able to understand his feelings of confusion much better.

Thirdly, psychoanalytic practice suggested that where negotiation of early phases have gone awry, a reconstruction and interpretation of the pre-oedipal
elements take place within the transference component of the therapeutic relationship (Bateman and Holmes, 1995). Indeed, Chodorow (1994) argued that theoretical assumptions are formulated primarily from reconstructions of a client's experiences that are often constructed through transference interpretations. Many of the theories in psychoanalysis are thus based on the retrospective accounts of clients, not on actual observations of development from infancy. Chodorow (1994) further argued that these theories:

Retrospectively singles out conflictual adult clinical issues as overall definers of normative childhood phases of development, as well as of central personality and identity issues throughout the life span (Chodorow 1994 p.5)

In relation to this, Maguire (1995) noted that both the therapist's and client's own values and prejudices will inevitably influence any information that may have been drawn from the transference component of therapy. The conclusions may not consider the social biases which may lead an individual to interpret some forms of fantasy and desire as being seen as less or more acceptable than others in any given culture (Maguire, 1995). Indeed, it must be noted that the assumptions made about Mr P. were developed during supervision from the material that he had discussed in the session and from the transference relationship. This type of intervention plan will undoubtedly be influenced by the therapist's and supervisor's own individual experiences, training, biases and representations, and another therapist (and supervisor) may well interpret these clinical examples differently.

From the discussion presented within this paper it seems plausible to suggest that an emphasis in practice on early childhood relationships, interpreted through the transference relationship may indeed be helpful in understanding aspects of the patients' concerns. However, some of the psychological literature on autobiographical memory has suggested that there may be several factors that shape the retrospective recall of early childhood experience and subsequent
adult psychopathology. Furthermore, it has been suggested that clients might have some difficulty in discriminating whether their affective reactions relate to their current experiences or are a similar response to early childhood experiences. (Brewin, 1989; Brewin et al., 1993) Therefore, by drawing on the work of Malan (1979), Brewin et al (1993) suggested that in therapy it may be advantageous to draw patients' attention to the thematic links between their past and present experience so that they might reappraise their current experiences in a different way.

As well as considering the work cited above, it might also be useful to consider an alternative viewpoint. Stone (1995) for example, has argued that developmental experience may have little to do with many forms of psychopathology, and that there is little reason to assume that a careful reconstruction of developmental events will have a therapeutic effect. Furthermore, he argued that psychoanalysts can no longer assert that what they have learnt about their patient's childhood (through the transference relationship) will necessarily help them to explain the aetiology of the patient's psychopathology.

The arguments put forward in the above discussion remind us that even though there may be justification in examining early experiences, when working with clients, there may be additional explanations of the clients' difficulties. Therefore, even though the aforementioned theories may be relevant in counselling psychology practice, these theories may primarily be useful as a way of helping the counselling psychologist make sense of the client's concerns as opposed to viewing any theory as representing facts or truths about individual development and or pathology (Clarkson, 1996).
References


The Therapeutic Frame: Implications for Counselling Psychology Practice

It is proposed that an integral part of any therapeutic work is a consideration of the boundaries and rules that constitute a therapeutic relationship. This is commonly referred to within the psychodynamic literature as the therapeutic frame (Smith, 1991). There is a body of literature that has discussed the dynamics of the therapeutic frame (see for example Gray, 1994) and the need for the creation of such boundaries for efficacious therapy. Moreover, this literature has identified a powerful relationship between frame issues and the conscious and unconscious communication between the client and therapist (Watkins, 1985; Cherry et al 1989; Smith, 1991). Given that counselling psychology is in part informed by psychodynamic concepts (Woolfe, 1996), this paper will examine the contribution of the literature on the function of the frame in therapeutic practice. In addition, it will discuss how counselling psychologists in particular may manage many of the inherent frame difficulties whilst working within typical NHS settings. Although some may argue for a distinction between the concepts of analyst/therapist/counsellor, for the purposes of this paper no distinction will be made and these terms will at times be used interchangeably. But at no time will any intent be made to undermine the particular skills of each. The same is said of the terms client/patient.

During his early writings on psychoanalytic technique, Freud (1911-1913), although not referring explicitly to frame terminology, clearly laid out what he saw as the basic prerequisites for establishing the analytic relationship. This included advice on how to deal with questions about the length of analysis and the management of fees and appointment times. Freud (1911-1913) also placed a focus on the construction of the analytic relationship, which was needed in order to create an atmosphere for the development of a transference relationship (between therapist and client). For analysis of this relationship to take place the
relationship needed to be based on the evenly suspended attention of the analyst, confidentiality and neutrality. Further on in his literature he elaborated on the technique of beginning analysis, where he expanded upon the technique of free association and the reasons behind it. Winnicot (1986) for example, described the secure frame as providing the therapeutic hold which assists the patient to develop the ego strength necessary for the analysis of intrapsychic fantasies and conflicts. He viewed the frame as a symbol of maternal holding which is repeatedly necessary in helping the infant through critical life events. In a similar way to how the holding function of the mother enables the integration of love and hate to occur within the infant’s psyche, the analysts attempts to hold the therapeutic encounter. The aim of this is to allow the patient to experience an inner sense of security.

Ideas about the ground rules of therapy and therapist behaviour became formalised by Milner (1952), who, introduced the term frame to define features of the psychoanalytic setting. It was suggested that this definition showed how features of the analytic setting differed from other aspects of the clients’ life and may allow for a transference relationship to occur (Milner, 1952). Moreover, it has been argued that the consistency and reliability of this secure relationship promotes a therapeutic regression, enabling revelation of aspects of the self previously hidden. Since Freud (1911-1913) originally proposed the basic components of the therapeutic frame, it has been noted that psychoanalysis and related psychotherapies have undergone modification. In general, there has been a shift from a deterministic, psychobiological viewpoint, to one that embraces environmental effects on the development of the psyche. Some argue that the field of theoretical inquiry has thus moved from a purely intrapsychic inquiry to that of an interpersonal inter-subjective one (Cherry et al., 1989).

Within much of the frame literature, it is suggested that there is a notion of an ideal frame (Smith, 1991). Although the fine details of what comprises the
therapeutic frame may vary, aspects of the frame remain constant. Primarily the 
overall conceptualisation of the frame considered that the therapist needs the 
structure of the frame at least as much as the client does in order to function 
within a relationship that is fundamentally therapeutic. Furthermore, a secure 
frame permits the therapist the unique opportunity to participate in an intimate 
relationship that is to be understood and utilised for the benefit of the other 
(Cherry et al., 1989). In setting up the frame, the therapist is obligated to provide 
a clear structure with specific rules. These may include; the maintenance of 
confidentiality regarding clients' communications, facilitation of the clients' self-
explorations, to maintain appropriate psychological and physical distance, to 
attend all therapy sessions, except due to sickness. To begin and end the 
sessions at regular times and to ensure that the room remains the same and to 
set a consistent fee. The stabilising nature of ground rules provides a therapeutic 
hold for the client and is argued to be essential for therapeutic progress. The 
holding and containing aspects of the frame allow for the unfolding and evolving 
of the self, which in turn creates a safe secure milieu for the client. Maintaining a 
secure frame is therefore proposed to decrease the probability of premature 
termination, increasing the likelihood of positive outcome. Consideration of 
securing a frame also necessitates an obligation on the part of the client. The 
client is called upon to be responsible for attending all sessions on time except 
due to illness or pre-planned holidays. To be committed to the therapeutic work 
and to pay for the therapeutic service (Modell, 1976; Watkins, 1985).

Much of the literature on the frame tends to focus on respecting and applying the 
rules of the frame as if they operate merely to define and delimit the situation for 
the benefit of the client. Cherry et al (1989) point out that inclusion of therapist 
behaviours such as abstinence, anonymity and neutrality as aspects of the 
frame were intended not only to create an open context into which the client 
could project fantasy and feelings, but to impose limitations on the behaviour 
and experience of the client. The authors suggested that any interpretation of
the frame which does not stress equal, if not more responsibility on therapist behaviours places the therapist in an authoritarian, withholding role and may create a sterile counter-therapeutic atmosphere. In light of this observation the authors stressed the importance of re-examining the rules of the frame. They placed a focus on those therapist behaviours such as abstinence, anonymity and neutrality, which, in turn create an environment far better suited to the therapeutic encounter. Therapist abstinence, the refusal to act out with, or, at the expense of the client aims to preclude reactions to transference phenomena that might lead to heightened resistance. The function of therapist anonymity keeps attention focused on the client. Intrusion into the clients' narratives by the therapist about aspects of life abrogates the commitment to be there for the client. Like anonymity, neutrality was originally intended to protect the resolution of client's transference. Whilst anonymity maintains a focus on the client, neutrality protects the integrity of the client's separate identity. Consideration of abstinence, neutrality and anonymity can be seen to protect the client. However, it has also been argued that the therapist also requires structure in the same way as the client. Attention to the demands of abstinence, anonymity and neutrality will facilitate self-control and discipline on behalf of the therapist. This allows the therapist to attend to interpersonal as well as inner personal phenomena, whilst minimising the possibility of making self serving, defensive, extra-therapeutic responses (Cherry et al., 1989).

The aforementioned highlights the strong relationship and responsibility of the therapist to and in managing the frame and the implications of this on the therapeutic relationship. However, much of the literature concerning the frame tends to emphasise that a secure frame facilitates the transference relationship between the client and therapist. Theorists such as Cherry et al (1989), although recognising the importance of therapist behaviours, considers these behaviours in the light of traditional views on transference and countertransference (i.e. the therapist's reaction to the client's transference, which may exclude the extent to
which the therapist actions or pathology are implicated within the therapeutic relationship as a whole (Langs, 1988).

On examining clients' responses within the therapeutic encounter Langs (1973), found that the stories told by clients contained unconscious perceptions which he proposed relate to therapist behaviour. He also proposed that within clients' narratives lay responses to the usefulness of therapists' interventions and in particular he argued that analysis of the clients' reactions to the therapists' interventions, both positive and negative is the most important component of therapy, as it is the key to the formation and maintenance of the working alliance. Langs (1973) furthered his ideas with a clinical exploration of the function of the therapeutic framework as relevant to understanding client behaviour. What is perhaps most striking about Langs' findings is the extent to which the client, albeit unconsciously, is aware of the quality and consistency of the treatment they are receiving from both the setting and the therapist and that these observations are delivered to the therapist via the client's narrative content.

Smith (1991) has further explored the philosophy of Langs (1973) within the communicative approach to psychoanalysis (see Smith, 1991; for a full account of this method). Smith (1991) proposed that during the free associative component of the analysis the unconscious evokes conscious ideas that serve as disguised representations of latent thoughts. These indirect expressions of unconscious ideas are known within the communicative approach as derivatives. Within this approach there is a process for decoding the unconscious meaning of the client's narratives. This may involve identifying the stimulus, trigger, or cause of the client's behaviour (normally arising in the therapeutic situation), the way in which the client has unconsciously construed this stimulus (available through the derivative thematic content) and finally the
behaviour to be explained, known as an indicator (i.e. symptoms and or resistances in client). The communicative approach therefore argues that:

It is the here-and-now perception which determines the general thematic content of a derivative and it is the patients memories of earlier experiences which, in some instances determine the specific form in which the theme is expressed (Smith 1991, p. 160)

The communicative method is therefore based on the principle that the derivative themes of the clients' narratives are the key for unlocking the deeper implications of the therapists' behaviour, Smith (1991) for example argued that:

In their derivative communications, patients point again and again to the frame as a vital feature of psychotherapy.....It is a basic communicative tenet that the management of the frame has a more powerful impact upon the patient, for good or ill, than any other feature of the psychoanalytic interaction (including the content of the analyst's interventions) (Smith, 1991, p. 164)

This theory seemingly proposed the frame as the single most important and powerful factor within analysis. In addition, the theory suggested close attention to the development and management of the frame. Moreover, because the encouragement of derivative material is of primary importance the use of the couch ensures that the therapist is out of sight, which, in turn discourages conventional social interaction. At the onset of therapy the client is encouraged to use free association, to speak of whatever comes to mind. At the same time the free-floating attention of the therapist enables the therapist to be open to the images and narratives of the client in order to formulate communicative hypothesis. In this method it seemed that the sharing of hypothesis is the only verbal means of intervention by the therapist, no other methods would be used to influence the patient. The analyst's neutrality would avoid influencing the client
with praise, advice and confrontation. There will be an absence of physical contact, contact may influence the client's unconscious communication in a highly negative manner. Anonymity of the therapist is also required as self-disclosure is seen to be possibly condemned by clients. Total privacy is required, and complete confidentiality is essential, which includes the non-sharing of details to any third party. Consistency of the setting is seen as being significant to the relative safety of the client's unconscious. Each session should have a set frequency and should begin and end at the same time. There should be single set fees, paid regularly including missed sessions. Finally, the communicative approach argued that the client should be the one to decide when the therapy should terminate (Smith, 1991).

Given the effect of the frame on the therapeutic relationship, maintaining the frame could be seen as a complex and delicate process for the therapist. Although maintaining the frame has been suggested as being of considerable importance, alterations within its structure may nevertheless occur. Digression from the secure frame renders the frame as deviant. Deviations in the frame may disrupt the process of the therapeutic encounter, resulting in a disruption of the development of the client/therapist relationship and eventual therapeutic outcome. Indeed, it has been noted that both therapist and client may attempt, albeit unconsciously, to modify and deviate from the frame so as to avoid the intense atmosphere that accompanies a secure frame (Smith, 1991; Watkins, 1985).

Consideration of maintaining a secure frame could have implications for the practice of counselling psychologists. Some counselling psychologists may be placed within settings that could be seen as having a deviant effect on the frame. With the growing recognition of the valuable contribution of therapeutic input to psycho-physiological health, psychotherapy services within the NHS services have mushroomed in recent years. In response to this there has been a
burgeoning literature demonstrating the difficulties for therapists who work within these settings, particularly in maintaining a secure therapeutic frame (Hoag, 1992; Jones et al., 1994).

Indeed, it is argued by Smith (1991) that irrespective of how deviant the setting may be, there lay opportunities for establishing boundaries and ground rules, namely secure frame moments. Indeed, some of this literature suggested ways in which the frame could be modified to accommodate the deviant frame of the general practice setting. Hoag (1992) for example, argued that counselling within a GP setting need not be any different from counselling in other settings. She stressed the importance for counsellors within their respective deviant settings to examine the frame and work to secure ground rules. She further argued that secure frame moments could be potentially achieved, and acknowledged the effect on the patient of deviations from it. She, therefore proposed that good clinical practice involves the establishment of a clear framework with well-defined boundaries. During her research she found that maintenance of a secure frame within the deviant frame of the GP surgery could have a positive effect on patients in therapy.

Central to Hoag's (1992) paper were strategies for securing the therapeutic frame within the GP setting and strategies to overcome the problems inherent in these settings. Secure frame moments within this setting may include an agreed level of confidentiality with the GP and the counsellor managing their own appointments. Even though Hoag (1992) proposed ways of securing confidentiality within the practice, Jones et al (1994) pointed out that the relationship between the client and therapist is more affected by the relationship to the GP than has been previously noted. The authors argued that where GPs and therapists are both involved with the same patient, primitive mechanisms can be invoked in the patient in ways that are unexpected. Jones et al (1994) further argued that the practice as a whole may be acting as the overall container for the patients' anxieties, which, is embodied within the practice.
meetings. Therefore, the type of and effect of the relationship for the patient to their general practitioner may strongly affect the patient client relationship. Because of the importance of boundaries and aspects of the frame and given the unavoidable constraints of working within National Health settings, Lees (1997) argued for a more flexible rather than strict approach to the therapeutic frame and argued against attempts to secure a rigid framework. Within National Health settings, especially general practice settings, even though the emphasis is on the core relationship between client and therapist, he argued that this relationship is in turn unavoidably affected by not only the relationship with the general practitioner but by the practice as a whole, families, and the community at large. Like Jones et al (1994) Lees (1997) stressed the unavoidable effect on the therapeutic relationship of these influences. The author examined these extraneous influences on the core therapeutic relationship and how they may have a benign or malign influence on the therapeutic work.

Whereas, Hoag (1992), argued for securing the frame within the setting, Lees (1997) argued that whilst accepting that the culture of the organisation might intrude on the clinical work this same 'chaotic' culture could be seen as a positive force for change in therapy. It is therefore integral to the role of the therapist to ensure that the influence of the context or culture is creative rather than destructive. Indeed, central to Lees (1997) paper was the concept of transference, which, is seen in this sense as ubiquitous (i.e. transference is seen to occur from all aspects of the patients lives including the context of therapy), and transference neurosis (the specific illusion of the therapeutic relationship). Within his case examples he demonstrated that clients 'actings out' (which, because of the short term nature of the therapeutic relationship), were hypothesised as not being due to the development of transference neurosis in the usual sense, but were powerful and intense transference to the setting as a whole (Lees, 1997).
Lees (1997) described a typical GP practice as one that is permeated by a vibrant energy. These high levels of excitement and chaos were, in his opinion, a strategy for dealing with the intolerable levels of despair, pain and loss, common within GP surgeries. This despair is often denied and obliterated by the manufacturing of excitement. His method encapsulated the principles of individuation, adaptation and homeostasis. On the basis of this, Lees (1997) observed the chaotic representations within his clients and encouraged them, however, at the same time he stated that:

I realised that my adaptive approach and my tendency to introject the freneticism and excitement of the practice I was in danger of perpetuating the overall sense of denial and defensiveness. So, applying homeostatic principles, I tried to counterbalance my attunement to the mood of the setting with an awareness of boundaries and a sense of order. I strove to establish a therapeutic framework within the chaos, within which painful feelings may be confronted and an emotional intimacy developed (Lees, 1997 p. 44).

Fundamentally, because of the chaos in the setting and the time limited therapy, the author attempted to utilise the unique characteristics of the setting as a basis for therapeutic intervention, whilst at the same time introducing a framework through balancing flexibility with rigidity.

There is a growing recognition of the role of psychological factors in illness, consequently counselling psychologists may have an increasing role in developing and providing services in general practice settings (Corney, 1996). The contributions from research such as Hoag (1992) could be seen as informing those counselling psychologists who may endeavour to build as secure frame settings such as general practice surgeries. It must however be said that given the contributions by Jones et al (1994) and Lees (1997) the achievement of secure frame moments may be more severely hampered than
originally anticipated by the extraneous influences inherent within the GP surgery.

What the preceding discussion seems to demonstrate is indeed the importance and relevance of aspects of the therapeutic frame and in some cases, the frame is seen to be the central aspect of the therapy. At the same time the literature points out the extent to which the deviant frame may interfere and in some cases damage the therapeutic alliance and subsequent therapeutic progress (Watkins, 1985; Smith, 1991). However, it was also argued that addressing the deviant frame may be a useful therapeutic tool (Lees, 1997). The literature also draws attention to the extent to which the therapist and client may unconsciously deviate from the frame for fear of the intensity of the therapeutic encounter (Smith, 1991). What this discussion perhaps highlights is how the various theoretical philosophies that underpin practice have differing views on the potential effect of the therapeutic frame. The literature that tends to take a more conventional appraisal of the transference/countertransference relationship seemed to view the frame primarily from the position of the client, (i.e. a secure frame facilitates transference neurosis) (Smith, 1991). There are those who alert us to the boundaries of the frame for the therapist (Cherry et al., 1989). However, the contributions from the communicative approach seemed to call to question not only the effect and relevance of the frame, but more importantly this literature focused on the extent to which therapists need to attend to the effect that they might have on and over the client. It also argued that the client knows this and informs their therapist of it through their unconscious communications. These response are largely in the form of reactions to the frame, especially if the frame becomes deviant (Langs, 1988; Smith, 1991).

Because the nature of counselling training draws on more than one therapeutic approach to practice (Woolfe, 1996), it is perhaps important to note that consideration to the therapeutic frame will for the most part be seen in the
context of individual theoretical preferences. Nevertheless, whatever orientation or integrative style is adopted by counselling psychologists, attending to the basic tenets of the frame and self responsibility as a therapist, can only be seen as indicative of good practice and as a crucial component of positive therapeutic outcome.

References


The Epistemological Underpinnings of the Scientist Practitioner Approach: Implications for Counselling Psychology

This paper will explore the current debate on the epistemology (i.e., the theory of the nature of knowledge) underpinning the scientist-practitioner model. Since, engaging with an epistemological debate is complex, then it must therefore be said that this paper by no means attempts to resolve this debate. However, what is proposed is that by challenging the traditional assumption that science (and scientist practitioner model) is wedded to a realist epistemology (Smith, 1996; Woolgar, 1996), a scientist-practitioner model could be devised that is reconcilable with the philosophy of counselling psychology.

It is suggested that counselling psychology involves the application of psychological knowledge alongside the practical use of counselling skills. With its philosophy of humanism and phenomenology, counselling psychology could be seen to have developed as a reaction to a positivist epistemological perspective on clinical practice (Woolfe, 1996; Clarkson, 1998). Hence, the profession is drawn to an epistemological belief system and research methodology that can best capture a phenomenological understanding. A key-defining feature of counselling psychology rests upon the notion that practitioners engage in an ongoing process of critically researching and evaluating their work, and to ascertain the effectiveness and relevance of psychological therapies to the evolving needs of clients. (Barkham, 1990; Strawbridge and Woolfe, 1996; Woolfe, 1996).

In order to conceptualise and combine both the research and practitioner components of counselling psychology, a scientist practitioner model has been adopted (Barkham, 1990). This may be a problem in as much as the scientist practitioner model originated in the field of clinical psychology, which
is argued to have evolved from a different value base to counselling psychology (Elton-Wilson, 1995). Whilst clinical psychology was in its infancy, the health services both in USA and UK were instrumental in developing training programs where a medical model predominated. In order to give credibility to the profession, clinical psychologists based the foundation of their work on a firm scientific basis. This in turn provided a legitimate arena to evaluate the effectiveness of clinical practice. Indeed, the social sciences in general were seen as anxious to claim legitimacy for their work by linking it to what they saw as the success of parallel research in the physical sciences (see for example, Barlow et al., 1984; Williams and May, 1996). The scientist practitioner model was therefore developed in response to the need for a science of human action as a means of developing understanding and methods of intervening with human beings (Barlow et al., 1984).

Given this link to the physical sciences, it has been argued that the epistemological underpinnings of the scientist practitioner model follow a positivist line of thinking. This paradigm emphasises universal laws of cause and effect based on an explanatory framework which assumes that reality consists of a world of objectively observable facts, here human beings are viewed as reactive objects that respond to environmental events through learned or genetically pre-disposed ways. The hypothetical-deductive experimental method is argued to be the principal means by which these causal relationships are identified and established. These relationships can in turn be predictable and observable, replicable and generalisable. It has been said that the main work of contemporary science is to establish and justify connections between the surface representations and the underlying entities. Adopting this epistemological position was seen as useful and relevant for clinical psychology, as research findings are easily transferable to clinical practice (Barker et al, 1994; Gerbode, 1995; Williams and May, 1996; Woolgar, 1996).
In fact, although the term scientist-practitioner has become a defining feature of the identity of counselling psychology, there is a body of literature which has argued that borrowing the term scientist practitioner from clinical psychology is inappropriate. Primarily, this debate rests upon the uneasy relationship between the realist epistemological underpinnings of the received view of the scientist practitioner model, and the phenomenological philosophy of counselling psychology (Elton-Wilson, 1995). Since the aims of traditional science seem to centre on the positivistic epistemology of prediction and control, the use of an externally referenced knowledge basis obtained within a logical empiricist framework to inform an internally referenced phenomenological system is argued as problematic (McLeod, 1994). Williams and Irving (1991) for example, argued that it is a 'logical absurdity' to use a search for object facts as a knowledge base for counselling psychology.

Furthermore, Van Deurzen-Smith (1990) argued that the objectives and ideologies of counselling psychology are to be found in the realms of philosophy rather than science. In addition, she argued that the approach and insights of philosophy are more relevant to psychotherapeutic practice than the search for objective facts which characterises experimental research. Moreover, on a cautionary note, she argued that a concern with 'fitting into the established routines with the rest of psychology' might inhibit counselling psychology's ability to develop appropriate paradigms. Indeed, the debate on this identification with science as a factor in the legitimisation and professionalisation of counselling and psychotherapy has generated a literature of its own. In particular, it has been argued that a link between science and practice is crucial in characterising the identity and future of counselling psychology as it provides credibility for the profession (see for example, O'Brien, 1996; House, 1997).

As well as being problematical for phenomenological understanding, there are further implications of the received view of science that counselling
psychology might need to consider. The privileging of positivism within science and scientific method is argued as furthering social goals, such as the advancement of culturally based moral codes or forms of social or political organisation. Consequently, science is not conducted in a cultural and political vacuum and is performed by scientists who work within a particular scientific community at a particular time in history (Williams and May, 1996). The dominance of positivism within traditional psychology may be seen as a reflection of our society's power structure, where for example the reduction of everything to numbers replicates a 'balance sheet mentality'. Indeed this line of thinking is relevant in the current atmosphere of the National Health Service, where the move toward evidence based practice and the rigours of the purchaser provider split prevail. In a climate of welfare cuts, all treatments are subject to cost benefit analysis. In balancing the need to protect our employment status, a scientific approach is often required by counselling psychologists in justifying their work (House, 1997).

Social and political factors can thus be seen as having an effect on determining not just the subject matter of science but how science is done. Indeed, such claims are foregrounded within much of feminist theorising which argues that as scientific knowledge is a social product, and given that society is patriarchal, then scientific practice will inevitably be 'androcentric'. Therefore any claim to scientific objectivity and neutrality simply reflect the limitations of societal belief systems at a particular time in history (Harding, 1986). It might then be more useful to think of science and scientific method as an evaluative repertoire than as a universal procedure (Woolgar, 1996).

Given the evidence presented above, the most pertinent epistemological position for counselling psychology would perhaps be a commitment to move away from traditional realist approaches and engage with idealist epistemologies. An alternative epistemological position to realism would be expressed by an emphasis on the process, description and meaning of events
rather than a causal explanation. Qualitative methods with their roots in idealism are often preferred as they are argued to focus on the representation of reality through the eyes of the participant in context (see for example, Henwood and Pidgeon, 1992; Banister et al., 1994; Smith et al., 1997). However, this epistemology is not also without its' problems. The rejection of realism entirely may result in a sort of formless relativism where we could end up in a solipsistic position, where it is impossible to say anything about the world beyond the subjective (House, 1997).

In response to the criticisms levelled at both realism and idealism, Bhaskar (1989) has proposed an epistemological position of critical realism. This position affirms physical reality, both environmental and biological as legitimate fields of enquiry, but recognises that its representations are mediated and characterised by culture, history and language. Critical realism can therefore be seen as holding an epistemological middle ground in between realism and idealism. What this seems to suggest is as counselling psychologists, we could give greater attention to acknowledging the diversity of paradigms that are to be found within psychology. Indeed, as Henwood (1996) proposed, framing the distinction between qualitative and quantitative research (taking into account the strengths and weaknesses of each) in terms of the two epistemological poles of realism and idealism is important in alerting us to the fact that there are competing claims regarding what constitutes warrantable knowledge. It may therefore be useful to consider that the concept of science could have varying meanings.

This line of thinking suggests that a version of a scientist practitioner approach could be relevant and useful in counselling psychology research and practice. Wilkinson (1997) for example proposed that scientific principles importantly inform counselling psychology practice. She argued that even though a scientist practitioner model may be controversial for counselling psychology, every encounter with a client can be seen as a form of scientific research. She
further suggested that even though it is important for counselling psychologists to be aware of the varying epistemological issues (combining concepts with differing philosophical underpinnings runs the risk of confusion and contradiction (McLeod, 1994), it is possible to take a scientific approach to their work.

Wilkinson (1997) further argued that the way in which the counselling psychologist collects information about the client's difficulties, formulates explanatory hypothesis (about the cause of the difficulties) and predicts hypotheses about the possible outcome of differing therapeutic approaches should be guided by scientific principles. Each intervention is therefore designed specifically for each individual client and is implemented on the basis of the hypotheses. The validity of the intervention is subsequently tested by treatment outcome. This process of adapting the scientist practitioner approach demonstrates how scientific principles could be utilised as a way of integrating theory research and practice without drawing on any particular epistemological assumptions. By taking this approach it would seem that the received view of science and the scientist practitioner approach could indeed be challenged.

With a solid training in pluralistic research methods and counselling skills, counselling psychologists are perhaps in a good position to fill the gap left open by traditional psychological method. Developing a reflective and open approach to method and epistemology, and producing high quality research (which challenges the power of the received view of science) may surely be a potential strength of counselling psychology. However, this may not need to be at the expense of dispensing with the scientist practitioner approach.

Although some may argue that counselling psychology positions itself primarily within an idealist epistemology, acknowledging the different positions of realism, critical realism and idealism as co-existing within the research
repertoire of counselling psychology would allow for these ideas to be realised. This would in turn allow for flexibility in answering a wide range of research questions that are of interest to counselling psychologists. Choice of method would not then necessarily depend on the extent to which the method is more or less valid, but the extent to which the methods are more or less useful to the research questions. The epistemology of these questions may therefore be better suited to employing either qualitative or quantitative methods (see for example Glachen, 1996, for discussion of method and epistemology in counselling psychology). However, it must also be acknowledged that even though there is ample evidence to suggest the suitability of alternative idealistic epistemological lines of enquiry, many of the academic psychological journals are still reticent to include qualitative research. This may, in part be explained by the traditional scientific view that the use of quantitative methods is associated with aspirations to be scientific. These aspirations are still strongly viewed within the social sciences as legitimate and credible, whereas qualitative research is often criticised for failing to meet with these conventional standards (Smith, 1996).

Perhaps the main issue that this paper has highlighted is that when a problematising approach to the construction of science is adopted, the literature which critiques the scientist practitioner approach (i.e., van Deurzen-Smith, 1990; Williams and Irving, 1991) might be seen as resting upon taken for granted assumptions about the positivist epistemology of the scientist practitioner approach. In agreement with Woolgar (1996), I would suggest that science could be re-defined not only as a single method seeking ‘truth’, but as a social process which takes place within a language community and is hence responsive to the prevailing values beliefs and expectations of that community. What counts therefore is that science varies over time (philosophically, historically and sociologically) and is elusive and fluid (Woolgar, 1996). If science could be viewed as a multifaceted activity with differing approaches and many truths, then, instead of rejecting a scientist
practitioner model (and at the same time rejecting its value), counselling psychology could perhaps challenge the received view of the scientist practitioner model. On a final note, given that counselling psychologists mostly take an integrative approach to their work (Woolfe, 1996), the future of counselling psychology may lay in re-constructing an epistemologically sensitive model of the scientist practitioner (see for example, Clarkson, 1995, seven level model of knowledge) that can embrace the philosophical foundations of counselling psychology.

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The Contribution of Supervision to Treatment Efficacy in the Therapeutic Practice of Counselling Psychology Trainees

Introduction

Supervision is widely regarded as an essential element in the training of counselling psychologists. As well as a means of training it is proposed that it should carry on throughout the professional career of the counselling psychologist (Farrell, 1996). The guidelines for the professional practice of counselling psychology (1998) states that:

The relationship between the supervisor and supervisee will be characterised by mutual respect for competence and differing values, non-exploitation and good modelling. The supervisor's role and responsibilities to the supervisee will be clearly negotiated and defined, particularly in respect of monitoring and extending levels of effectiveness. (p. 6)

Given the emphasis on supervision as a mode of learning, this report will examine the extent to which supervision contributes to the overall efficacy of therapist training, client treatment and outcome of therapy. In a review of the literature, Holloway and Neudfeldt (1995) suggested that there might be several factors that might increase the efficacy of the trainees' therapeutic practice. This in turn may impact on the outcome of the therapy for the client. For example, the trainees' performance in the therapist's role may be influenced by particular factors in the supervisory relationship. Trainees may acquire particular attitudes, beliefs and skills within the supervisory relationship that may be relevant to treatment efficacy. In addition, it has been suggested that interactional and process events in supervision may be related to the process events in the trainees' therapeutic practice. The implications for counselling psychology training will be discussed.

The nature and purpose of the supervisory relationship

The supervision relationship could be described as a process where the trainee is able to explore their therapeutic technique. According to Aveline (1990) the
general objectives of training are to make progress towards the optimal use of natural ability and acquired skills. During the training period, the supervisor is responsible for ensuring that the trainee has both breadth and depth of experience within a client group that exhibits a wide range of problems and character structure. A focus of the supervisory relationship may be an examination of problematic countertransference and personal limitations, which, may be addressed within supervision or personal therapy. Breadth may allow flexibility to develop, the depth of experience refers to the development by the trainee to contain the intense feelings of the client. This in turn enables the trainee to develop a secure working alliance thereby allowing interventions to take place (Shohet and Wilmot, 1991).

Although supervision is ongoing process, supervision sessions primarily focus on the trainee's more recent therapy sessions with clients. By being in this advantageous position, the supervisor helps the trainee to work out their experiences with the client. This may include the meaning and significance of the client's internal and external communications, the nature of the client's conflicts, and in some cases the actual dynamics of the client-therapist relationship (Mollon, 1997). There has been much written about the concept of supervision (see for example Dryden and Thorne, 1991) and in addition various models of supervision have been proposed and argued within the literature. There is however, a paucity of research concerning the contribution of supervision on the efficacy of trainees' therapeutic practice.

**The efficacy of supervision in relation to training - Identification of prominent variables that occur in the supervisory relationship**

In an attempt to explore the relationship between supervision and trainee efficacy, Holloway and Neufeldt (1995) recently reviewed some of the existing studies that investigated the characteristics of supervision that are related to therapist and client factors. The authors concluded that there were four main areas examined, namely: i) Trainees acquisition in supervision of attitudes beliefs and skills that have been identified as relevant to treatment efficacy. ii) Trainees performance in the therapist's role as related to supervision factors. iii)
Interactional process events in supervision and psychotherapy as related to supervision process events, and iv) Client change as related to supervision.

i) Trainees acquisition in supervision of attitudes beliefs and skills that have been identified as relevant to treatment efficacy

Shohet and Wilmot (1991) proposed that the approach taken to supervision might depend on various factors including; the style of supervision, the stage of development of the trainee, the orientation of both supervisee and trainee, and finally the context of therapy. The authors argued that blocks in this relationship may reflect similar blocks to other relationships characterised by issues such as, sex and power, race, boundaries, confidentiality and conflict with and within ideologies. Indeed, Holloway and Neufeldt's (1995) review of the literature concluded that it is easier to teach trainees the technical delivery of skills rather than the timing and delivery of skills and interventions such as; interpretations, combining empathy and gentle confrontation and using the relationship therapeutically.

This suggests that the actual timing and delivery of skills must be exposed to expert feedback until the trainee is capable of assimilating the larger principles that govern timing, judgement, and appropriateness of delivering therapeutic treatment within the context of an ambiguous and changing social interactional medium (Holloway & Neufeldt 1995 p. 211)

ii) Trainee's performance in the therapist's role as related to supervision factors

In a review of these studies, Holloway and Neufeldt (1995) found that irrespective of the trainees orientation, trainees tend to adopt the orientation of the supervisor. It was also found that trainees who rated their supervisor to be interpersonally attractive were rated as more effective by their supervisors. However, trustworthiness of the supervisory relationship was rated as being more important for trainee effectiveness than supervisor's expertness and attractiveness. Furthermore, the acquisition during training of developing a good working relationship, advanced skills of timing and application of appropriate interventions, the implementation of treatment plans (which were theoretically
consistent) were suggested to be critical factors in the effectiveness of training. It was thus proposed that for supervision to be potentially effective, developing these skills within the trainee might be advantageous (Holloway and Neufeldt, 1995).

Central then to the success of this relationship is the need to prioritise an exploration of the process of the working relationship. There are of course factors that may ease or create problems within this relationship. Given that in most cases the supervision of trainees adopts a more evaluative role than supervision of qualified therapists, being in supervision can be an anxiety provoking situation for the trainee, one's whole identity may feel like it is being called into question (Holloway and Neufeldt, 1995). It has been suggested that for trainees to learn from their supervision they need to feel comfortable in the relationship. They need to feel relaxed with their supervisor if they are to make sense of their therapeutic work (i.e. being able to recall and engage with their reactions to the client) (Ogden, 1995). Indeed, at the onset of training the trainee is extremely dependent on their supervision, trainees do not yet have criteria in which to assess their performance, consequently, anxiety may be provoked due to dependence on the supervisor's assessment of their work. This anxiety may be further increased by the fact that the nature of the supervisory relationship that they are entering into is new, perhaps unusual and may thus be unclear. Indeed, discussion of these problems of relationship, including previous experiences of supervision (especially if negative) are essential (Holloway & Neufeldt, 1995). Indeed, Friedlander et al (1988) found that anxiety and conflict within supervision was strongly related to trainees' level of anxiety and perceived efficacy within client work.

iii) Interactional and process events in supervision and psychotherapy as related to supervision process events

The supervisory relationship has been described by Hawkins and Shohet (1989) as being a process similar to that described by Winnicott; "Supervision thus provides a container that holds the helping relationship within the therapeutic triad" (Hawkins and Shohet, 1989 p.100). From this idea the authors
constructed a model, which involves, purely looking at the client, looking at the interventions with the client, the client-therapist relationship and the supervisor-therapist relationship. According to Mearns (1991) the process of supervision involves creating a relationship which will foster the trainees' professional growth. The process of supervision can thus be likened to that of the therapeutic relationship and suggests that there are four basic conditions for this; Commitment to the relationship, congruence as a supervisor, the facilitation of insight and trust, valuing the supervisee, and empathy. Indeed, the supervisory relationship is argued to reflect many aspects of the therapeutic relationship. As a parallel process, being able to comment on what is happening between the supervisor and client may also reflect what is happening between the trainee and the client (Shohet & Wilmot, 1991).

iv) Client factors and Outcome
There have been some studies that have examined the relationship between client outcome measures and supervision. Using client outcome measures as a way of measuring effectiveness has produced varying results. Most have found a discrepancy between therapist, client and supervisors perceptions of outcome and treatment success. Steinhelber et al (1984) examined the relationship of supervision on client outcome and concluded that there was no relationship between the amount of supervision and client outcome. However, using such measures for efficacy studies within psychotherapy are known to be problematical, due to the difficulties in controlling client-therapist variables. In addition, there are many arguments for the problems with the methodological strategies involved in the transition of efficacy research findings into effectiveness trials in clinical settings, such as the disparity in application of theoretical interventions. Similar problems may also be found when attempting to measure the effectiveness of supervision with client outcome (Clarke, 1995; Holloway and Neufeldt, 1995). However, Holloway and Neufeldt (1995) found that the concept of trainee effectiveness seemed to more influenced by the trainees ability within the supervisory relationship as opposed the their actual effectiveness with the client.
Conclusions and recommendations for future research

What the aforementioned seems to suggest is that there are many factors that contribute to the supervisory relationship. These in turn may impact either positively or negatively upon the efficacy of trainees' therapeutic practice. However, previous studies seemed to have relied on the perceptions of trainees and supervisors to assess the extent to which the supervisory role contributes to trainee efficacy. In a similar way to psychotherapy outcome research, the receiver of the treatment (in this instance the trainee) has been used to judge the effectiveness of the supervision relationship. Using the trainee as a measure for supervision effectiveness may have limitations. In particular, it may be problematical for a trainee to conceptualise what they need to learn. The more experienced trainee would hopefully be able to recognise their own professional deficits and perhaps be able to conceptualise what is missing in their supervision. The new trainee however, may be relying on the skill and training of the supervisor to enhance their practice (Holloway and Neufeldt, 1995). Indeed, it has been suggested that many of the valuable aspects of the supervision process may be diminished or overlooked in favour of the supervisor promoting a particular model of practice. This may occur irrespective of the trainees level of training, needs, preferences of theoretical orientation (Edwards, 1997).

Fear and anxiety as experienced by the trainee seemed to feature strongly in the literature (Holloway and Neufeldt, 1995). Beginning to form therapeutic relationships is an anxiety provoking business. However, a disproportionate amount of trainee anxiety may be focused on the unusual or strange nature of the supervisory relationship. As has been suggested this may be compensated in part by experience. Given that client experience forms a substantial part of most therapeutic training, what seems to be absent from the research and within training texts is knowing as a trainee how to make effective use of the supervisory relationship. Although there have been suggestions put forward concerning the training of supervisors (see for example Dryden and Feltham, 1994) at the onset of their training, trainees may benefit from learning how to be a supervisee. Although the aforementioned research is useful in identifying the variables within supervision that relate to effectiveness in trainees. The next step...
could perhaps be to transfer these variables into a model of supervision for trainees to conceptualise prior to beginning training based placements.

As has been discussed, supervision is argued to be a vital component of training as a counselling psychologist (Farrell, 1996). The academic component of training is constantly under scrutiny to ensure that there are consistent and rigorous levels of performance from the trainees. In the same way as the academic and placement supervisor requires a high level of performance from the trainee, the supervisors should perhaps be expected to deliver a consistent systematic level of training for the trainee. Even though it has been noted that supervised practice appears to be more important than theoretical understanding in therapist performance, there seems to be little research interest in comparing the relationship between the performance of the therapist and change in the client to the effects of supervision. In addition, it has been said that there has been little or no focus on comparing the efficacy of supervision with other training methods (Holloway and Neufeldt, 1995).

In view of some of the proposals outlined in this report, especially those by Holloway and Neufeldt (1995), research into training methods for supervisors for the delivery of and effectiveness of supervision would be an asset to the development of counselling psychology practice. On a final note when thinking about the factors that comprise effective supervision Hunt (1986) quite simply states:

It seems that whatever approach or method is used, in the end it is the quality of the relationship between supervisor and trainee therapist or counsellor that determines whether supervision is effective or not (Hunt, 1986, p. 20).
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Stress in Counselling Psychology Trainees: The Impact and Implications of Role and Role Conflict Theory on Stress Appraisal

Introduction

It has been proposed that the work of counselling psychologists involves two quite distinct roles. These two roles enable the counselling psychologist to develop skills in direct work with clients, whilst engaging in a more structured examination of counselling psychology practice issues through formal research methods (O'Brien, 1996; Woolfe, 1996). However, it has been argued that acquiring expertise in both of these roles involves different roles and learning opportunities (Berry and Woolfe, 1997) and that it is not commonplace for an individual to possess high quality skills in both these domains (O'Brien, 1996). In relation to this, research into the relationship of work roles has suggested that the demands of holding two roles in the workplace can create conflict and ambiguity (Gahagan, 1984; Quick and Quick, 1984; Fried et al., 1998). This in turn has been found to be a significant factor in incidences of stress within the workplace (Kahn and Byosiere, 1992). Given that there is some literature that suggested that clinical trainees experience high levels of stress (Cushway, 1992; Cushway and Tyler, 1994), this report will consider the impact of role conflict and role ambiguity on addressing the perceived stress in counselling psychology training.

The ethical responsibility of counselling psychology practitioners

Like many professional practices, the division of counselling psychology has produced a set of guidelines for the professional practice of counselling psychology (British Psychological Society, 1998). These guidelines contain a specific section pertaining to the fitness to practice of the counselling psychologist. Practitioners are expected to monitor their own personal functioning and to seek help and or withdraw from practice either in the short or long term if they feel that they are unable to work effectively. According to Shillito-Clarke (1996) self-awareness to the psychological, emotional and
physical state of the counselling psychologist are important. At times of personal chaos it may feel important to attempt to maintain order and control through one’s work, even when there is an apparent struggle with conflicting demands and commitments and at times illness. The ethical requirement in such situations is for the counselling psychologist to seek help and support for their difficulties.

Current literature on stress and burnout within trainees

There has been a growing body of literature that has investigated factors that may interfere with the productivity of practitioners in the health and caring professions. Most commonly these consider the nature and impact of stress and burnout within the profession (Quick and Quick, 1984; Rabin et al, 1999). Although, there have been many proposed theories to explain the nature of stress, most theories have placed a focus on the cognitive and affective aspects of an individual's interactions with their environment, and the coping styles that they adopt or lack. The phenomenon of stress could therefore be seen to result:

When a person/environment transaction lead the individual to perceive a discrepancy – whether real or not – between the demands of a situation and the resources of the person’s biological or social systems (Sarafino, 1990, p. 77).

Indeed, it has been suggested that mental health practitioners may have a particular vulnerability to stress, which if not managed may lead to burnout (Cushway et al., 1999). Burnout is often described as a debilitating psychological state that may be associated with chronic stress. Symptoms commonly take the form of emotional exhaustion and depersonalisation (Maslach and Jackson, 1981). The reported consequence and sometimes causes of burnout can be identified as including, low levels of job satisfaction, high levels of absenteeism, job turnover and alcohol and drug abuse (Baron, 1986; Wallis, 1986; West and Rushton 1989). Although looking primarily at the experience of medical trainees, current research has suggested that trainees
within the health profession experience professional related stress. This includes factors such as, the difficulties and lack of support associated with dealing with the suffering of patients, relationships with staff, especially inadequate supervision; and competition from staff and peers. Relationships with senior members of staff were seen to be particularly stressful when trainees perceived the relationship with them as lacking in support, feedback and where there was a clash in theoretical ideas, creating a fear of disapproval. Moreover, these studies suggested that stress in the workplace was compounded by the stress induced by academically related factors, such as examinations, time pressures and work overload (Firth, 1986; Margison and Germany, 1987; Rabin et al., 1999).

Although there has been some literature which has examined the effect of stress on clinical psychologists (Cormack, 1994), there has been little research which has focused on clinical trainees experience of stress and perceived coping strategies. In one such study of clinical psychology trainees, Cushway (1992), found that three quarters of the population studied were moderately stressed as a result of training. The study also attempted to identify levels and types of stress among clinical trainees and to identify the coping strategies employed. The results of the study showed that the main stress factors were; poor supervision, travelling, deadlines, lack of finance, moving house, separation from a partner, amount of academic work, uncertainty about own capabilities, too much to do and changing placements. The most frequent stresses were reported to be poor supervision. Many of the trainees indicated that they would have preferred more positive feedback and encouragement and less negative criticism from their supervisor. The primary coping strategy was talking with others, especially with supervisors who were considered to be helpful. This perhaps indicates the effect and power of the

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1 As Counselling Psychology is relatively new profession, research pertaining to stress in trainees is sparse. For the purposes of this paper the general impact of stress for clinical trainees will be taken as suggestive of the perceived experience faced by counselling psychology trainees. Furthermore, because of the limited data currently available on the specific issues faced by counselling psychology trainees, the terms, clinical and counselling will be used interchangeably. However, no assumptions are made as to the differences and overlapping similarities of these fields.
supervisor who held both the powers to punish and to reward (for a more
detailed discussion of the role of supervision, see, for example, Hawkins and
Shohet, 1989).

Role and role conflict theory - implications for stress appraisal
There is a body of literature that has suggested that perceived conflict and
ambiguity in work roles may contribute to incidences of stress within the
workplace (Kahn and Byosiere, 1992). Recent research into this area
suggested that role conflict and role ambiguity were jointly significant in
adversely affecting work performance (Fried et al., 1998). Given that trainees
are mostly required to hold both the role of clinician and that of an academic
student, an exploration of the psychological literature on roles and role conflict
is useful here. Gahagan (1984) argued that roles play a major part in the
individual's self-image. These roles are seen to exist independently of the
individual who may occupy them. Associated with each role are expectations
about how the occupant within the role should behave. In addition, these roles
may contain messages and expectations about how one should feel think and
act. Role expectations can be seen as beliefs that the role senders (i.e.
supervisors and employers) have about what is and what is not appropriate for
the individual in order for him or her to perform the role effectively.

Most roles are seen to be interdependent, in that they do not exist in isolation
but constitute social systems or role sets. Those that adopted particular role
sets tend to rely on each other for information on how to behave in an
appropriate way. However, roles may easily come into conflict. Two major
categories of conflict are proposed; intra role conflict and inter role conflict.
Firstly, intra role conflict may occur where differing demands are made within
the same role. Difficulties may arise when an individual is uncertain about
what behaviours are appropriate for fulfilling the role successfully. Secondly,
inter role conflict may occur when a person holds more than one position (or
role). Conflict may occur if each position makes incompatible demands on the
individual at the same time, and or an individual holds more than one position
that makes incompatible demands. If an individual experiences lack of clarity
in a situation which demands inter role conflict, there may be a detrimental effect on an individual's stress appraisal, which in turn may reduce coping methods. When roles are not sufficiently clear to guide the occupant's behaviour and interactions with others, a person may feel at a loss not knowing how to act (Gahagan, 1984; Quick and Quick, 1984).

Further strain may occur if an individual might perceive themselves to be, or may indeed be unable to meet the expectations of their assigned role, or when they may be unsuitable to the role. Firstly, if the individual is unsure of role expectations it is unlikely that they will do the right or expected thing, leading to poor role performance. Secondly, an individual may experience tension or stress when recognising that he or she is supposed to do something and do it well but due to the ambiguous nature of the role that thing is unknown. Tension may be increased when the person knows that a high value is placed on their performance. No two individuals can be seen to play out their roles in identical ways. To some degree roles may be re-created by their occupants. Role behaviour can therefore be seen to reflect something about the role itself and the personality of the role holder (Gahagan, 1984; Quick and Quick, 1984).

What the aforementioned literature on roles seems to suggest is that those who enter a situation where there is a mis-match between the individual and their role are more likely to experience fewer confirmations of what they anticipated (Louis, 1980). Consequently, not only do the demands of and evaluation of work tasks produce stress; the existence of conflict, uncertainty and ambiguity within roles can have a detrimental effect on individuals coping strategy. This in turn may lead to poor stress appraisals, and will eventually give rise to negative emotional effects, such as lowered self-esteem and stress, and will eventually result in decreased performance in the work place. This line of thinking is particularly pertinent to counselling psychology whose training is a combination of two distinct roles - a psychotherapeutic training and rigorous academic achievement.
The impact of role conflict on the experience of training as a counsellor in a university setting

Although not specifically referring to counselling psychology training itself, there is some relevant literature that explores the impact of training as a counsellor in an academic setting (Berry and Woolfe, 1997). The combination of the role of counselling training together with the role of university education has recently been seen to have an uneasy relationship (Berry and Woolfe, 1997). Gaining a university based training is seen as a popular training method because there is a belief that there exists a direct link between training and competence, which (although not specific to counselling psychology) is criticised by House (1997) as 'naively positivistic'.

As the profession of counselling and psychotherapy in general grows and develops, there is an expectation that practitioners should possess certificates and diplomas which contain some form of academic component (House, 1997). Indeed, the issue of accreditation and professionalism in the psychotherapeutic field has created some debate (see, for example House and Totton (eds), 1997). A focus of this debate on accreditation is the position of graduate based training and although there has been extensive research into the perceived efficacy of graduate based training in psychotherapy (Stein and Lambert, 1995), the literature on the relationship between competent practice and training is mixed and at times controversial. One such argument suggested that even though many counsellors may experience themselves as better practitioners as a result of their particular training, this does not necessarily relate to better outcome for their clients. Practitioner competence may not necessarily be directly related to prestigious training programmes, but may satisfy a need in the practitioner to feel professional and secure an identity in a field, which is uncertain (House, 1997; Mowbray, 1997).

In relation to this Berry and Woolfe (1997) argued that although counselling training has become assimilated into a university education, there is an essential mismatch between the roles of the culture of the university and that
of counselling. The concept of systematically evaluating students is an intrinsic aspect of university based teaching, and is seen as being balanced and fair. Conversely, the authors suggested that concepts such as success and failure are inimical to the culture of counselling, which emphasises a non-judgemental attitude.

Universities can be seen to operate according to a rational and bureaucratic set of procedures. In order to receive a university accreditation, students need to demonstrate a narrow range of cognitive skills in their written assignments. Within academia it is generally assumed that the higher the mark the greater the intellectual strength. The term assessment can therefore be seen as having academic connotations and is argued as replacing evaluation or appraisal, which suggests that people's beings can be quantified. At the same time as being assessed academically, there is a need for counsellors to demonstrate skills in helping their clients, measuring this in the same way as academic performance maybe problematic. The competence of individual trainees could be compromised and conveyed in terms of prescribed learning experiences which may result in students becoming unable to focus on areas of development (Berry and Woolfe, 1997; Eales et al, 1997).

Indeed, this line of thinking has been taken up in some of the counselling psychology literature, where it is argued that acquiring skills in both the academic research component and therapeutic practice are both equally as important but qualitatively different. Acquiring both these skills at the same time during training may be problematic for some (O'Brien, 1996), even though these two skills are argued as integral to the work of the counselling psychologist (Woolfe, 1996).

Although analysis of theoretical ideas is central to counselling training, therapeutic training is more subtle and involves personal development and practice domains that are argued as being difficult to assess. Moreover, the evaluation of the actual therapeutic performance of the trainee is carried out within the supervision process where the contractual relationship is primarily
with the student. Accordingly, it is not easy to reconcile the notion of a student having the human potential to self-actualise with university assessment systems, which emphasise clear pass/fail boundaries based on objective criteria. The ethos of the academic institution may result in the practice of empowering others as being replaced by the need to please the power holders. Consequently, there is a danger of this negotiated assessment being paralleled in the relationship trainees develop with their clients (Berry and Woolfe, 1997; Eales et al, 1997).

The identity of counselling psychologists – role confusion

As has been suggested, investigations into role and role expectation proposed that role conflict occurs when differing and conflicting role expectations are expressed within an individual. Given the discussion proposed by Berry and Woolfe (1997) and Eales et al (1997) university based settings may be creating a role conflict for trainees which in turn, as the research suggests (Gahagan, 1984; Quick and Quick, 1984) may have a deleterious effect on the stress appraisals of trainees. It must however be noted that an added factor to perceived role conflict may be that psychology as a profession has historically faced difficulty in the health care field in defining its identity. Indeed, it has been suggested that in the existing literature on stress in clinical psychologists that practitioners consider themselves members of an insecure profession who continually strive to prove themselves (see for example Jones, 1998 regarding clinical psychology).

Paradoxically, in order to provide themselves and others of their profession with a sense of self worth, many may betray their own self development and psychological values and revere the virtues of over-working, coping well with high stresses, denying vulnerabilities and not needing support (Walsh et al., 1991). This may be particularly relevant to counselling psychology which as a relatively new profession is striving to define its identity within the field of psychology (see, for example, James and Palmer (eds), 1996). The above discussion perhaps highlights the effect of roles and role conflict upon the subjective experience of the stress experienced by trainees within the
relatively new field of counselling psychology. Although combining the academic and psychotherapeutic components of counselling psychology may be problematic, it must be said that the university setting may be entirely appropriate for many of the aims of counselling psychology. As Berry and Woolfe (1997) have suggested, the move away from theory driven practice to a more integrative approach is consistent with a post-modern approach to the practice of knowledge construction. This has allowed for greater accessibility to innovative qualitative research paradigms, which are argued to be integral to the ethos of counselling psychology (Woolfe, 1996).

Role conflict/confusion – implications for trainees perceived appraisal of stress and suggested coping strategies

The implications of this discussion for counselling psychology trainees may be for them to pay attention to the two quite distinct roles offered by this training, and view them both as interrelated rather than conflictual. Indeed, it could be argued that the level of academic excellence required by post graduate training courses may not sit easily with development of the ‘use of the self within the therapeutic relationship’ (Clarkson, 1995). Indeed, the debate is perhaps ongoing as to the extent to which counselling psychologists can hold both roles of scientist and practitioner (see for example Williams and Irving, 1991). However, given that the development of practitioner, academic and research skills is an integral component of counselling psychology (Woolfe, 1996), what may be of relevance to counselling psychology trainees is perhaps a process of adaptation to any perceived conflict in their roles and any subsequent stress reaction. Coping strategies are offered by the research into role conflict and it is suggested that a process of adaptation to new roles can indeed take place. Coping with the perceived stress as a result of role conflict would involve a process by which the individual, or in this case trainee, attempts to manage the perceived discrepancy between the demands of both roles (i.e., managing both academic and practitioner roles).

Coping efforts may be various and may not necessarily lead to a solution to the problem. Although coping efforts can and may be aimed at mastering the
situation, they may purely help the trainee alter his or her perception of the discrepancy (Lazerous and Folkman, 1984). This may primarily be achieved by the adaptation of the person to the demands of the environment. Personal adjustment requires the trainee to consider changes in their personal frame of reference, values and or other identity related attributes (Nicholson, 1984). In a review of the literature on stress and mental health workers, Rabin et al (1999) proposed several intervention strategies that may impact on stress levels. Firstly, it was suggested that mental health administrators should formulate an ongoing action plan to identify sources of stress and develop strategies for personal and collective responsibility. Peer and personal supervision, and groups run by outside professionals were found to improve the effectiveness of therapists. Mentoring systems were found to be helpful and changing the systems of staff meetings into a more supportive and caring mode (with the emphasis on encouraging the achievements of staff) were also suggested.

Concluding comments
Training within academic institutions has been suggested as enabling the trainee to develop skills as both a researcher and a practitioner. However, having to manage the demands of these two roles during training may result in the trainee experiencing role conflict. This in turn may contribute to perceived stress and possible burnout. It has been said that in jobs where both job demands and job control are high, the individual experiences well being, high production, increased learning and personal growth (Karasek and Theorell, 1990). In order to maximise the learning potential of trainees, it may be beneficial for trainees and training courses to be mindful of some of the stress management techniques outlined by Rabin et al (1999). In particular, given that Cushway (1992) found that talking with others seemed to be a primary method for managing stress during training, some form of regular group supervision may be helpful in managing stress. Discussing the demands and possible stress factors involved with training in peer groups of counselling psychology trainees may be one area where stress could be reduced and the positive aspects of job control and job demand could be encouraged.
References
British Psychological Society (1998) Division of Counselling Psychology: Guidelines for the Professional Practice of Counselling Psychology


THERAPEUTIC PRACTICE
DOSSIER
Therapeutic Practice Dossier

The contents of this dossier are concerned with issues relating to the practice of counselling psychology as it has developed over the three-year period of training. The nature and type of experiences on each of the three placements will be discussed, and my developing role as a counselling psychologist will be addressed, particularly in relationship to the various work settings that have been experienced. This will be followed by an account of integrating theory research and practice. This paper will aim to demonstrate how my training has contributed to my current understanding of integrating theory and research into my practice.
First year Placement: Student counselling

September 1996 – August 1997

The clients that I saw within this placement were students in part and full time higher education. The clients all self referred and were seen for varying lengths of time (6 – 20 weeks). The theoretical orientation was broadly humanist. A person centred approach pre-dominated but was informed by a psychodynamic perspective. In some cases, if necessary, a cognitive behavioural approach was incorporated into the therapy to help with specific skills or personal effectiveness within a student.

The presenting concerns were problems such as, anxiety, depression, anorexia, bereavement and sexual abuse. The average age of the clients was 18 – 25, often their concerns centred on issues of leaving home and becoming independent. Managing work pressure and examination stress was also prevalent with this group. Supervision in this placement was provided with a BAC accredited counsellor.
Second year placement: A NHS Psychoanalytic Psychotherapy Department and Acute Psychiatric Unit

September 1997 – August 1998

This placement provided me with experience in long term psychoanalytic psychotherapy. For the most part my clients within the psychotherapy department were seen weekly for the duration of the placement. However, there were opportunities to engage in brief 12-week psychoanalytic psychotherapy. I also provided 12 week couples psychotherapy. In addition to the work within the psychotherapy department, I provided psychological input to an inpatient adult mental health ward team that met on a weekly basis.

The primary presenting problems of the clients in this department included sexual abuse, anorexia and depression.

The supervision for this placement was provided by a psychoanalytical psychotherapist who is also trained as a clinical psychologist. Supervision consisted of individual weekly supervision; in addition there was weekly joint supervision with another trainee. During these supervision sessions, process notes from one client were discussed from a psychoanalytic perspective. The supervision for the couples' psychotherapy was provided by a Tavistock Institute of Marital Studies trained psychotherapist.
Third Year Placement: An NHS Adult Mental Health Service

September 1998 - August 1999

During this placement I contributed to three of the services within the Trust: Primary care, psychology outpatients and a drug and alcohol service. The primary care setting involved direct referrals from general practitioners. The remit of this service was to provide brief problem focused six-week therapy. The main focus of this work was cognitive behaviour therapy. In some cases the clients were referred to another of the services within the trust for long term therapy. The presenting problems of the clients included specific and generalised anxiety, social phobia, depression, phobias, obsessive compulsive disorders and eating disorders. In addition to this service, I provided long term (up to 20 weeks) psychological therapy in an outpatients department of the same trust. The therapeutic orientation was integrative. The presenting problems included sexual dysfunction, tics, sexual and physical abuse and chronic depression.

In the drug and alcohol team, I worked with both drug and alcohol patients, some of whom were on a reducing methadone programme. Although there was a focus on harm minimisation and drug and alcohol reduction, my primary role in this service was to provide psychological therapy. The duration of therapy depended on the individual needs of the clients and the type of therapy offered was integrative.

Two different supervisors provided supervision. My overall supervisor was a chartered counselling psychologist. Within the drug and alcohol team, a counselling psychologist provided my supervision. The overarching mode of formulating and working with clients' problems was cognitive behavioural, psychodynamic approaches were integrated where appropriate.
An Account of Integrating Theory and Research into Therapeutic Practice

Introduction
This essay will explore how my training has contributed to my understanding of integrating theory and research into my therapeutic practice. With examples from my current and previous client work, I will attempt to demonstrate how factors such as psychotherapeutic theory, psychological research, the context of therapy, the clients' implicit theories, my previous therapeutic experiences, supervision, and personal therapy, may be relevant to developing a holistic model of therapy for the idiosyncratic needs of each client. Furthermore, this paper will also explore how the development of reflective thinking has assisted in my ability to grow as an integrative practitioner. It must be said, however, that the aim of this paper is to reflect upon how my experiences have impacted on my current style of practice. It is not suggested that my style of practice is fixed and thus not open to future development. My practice is and will continue to be constantly under review and is an ongoing lifelong learning process.

According to Woolfe (1996), counselling psychology takes a humanistic perspective to practice. In part, this implies that no matter what therapeutic model is used there is a rejection of a medical model of practice and a focus on 'an interactive alternative'. The therapist aims to secure a collaborative relationship with the client and there is accordingly a focus on the subjective experience of the clients inner world and their idiosyncratic meaning making process. There is thus a move away from the medical model idea of illness and a move toward a way of being with the client in such a way so as to facilitate the clients personal growth and development (Woolfe, 1996). Most of the existing literature on integrative therapy seems to place a focus on the integration of psychotherapeutic models (Dryden, 1992; Norcross and Goldfried, 1992). More recently it has been suggested that the knowledge generated by psychological
research may contribute to a broader understanding of human behaviour. This in turn would allow for the counselling psychologist to draw upon a wide body of knowledge and perspectives to inform their therapeutic practice (Wilkinson, 1997).

The structure of my training has been one where I have acquired a solid grounding in person centred therapy, psychodynamic therapy and cognitive behaviour therapy. Although a phenomenological approach formed the basis of my training, the psychodynamic input has enabled me to begin to acquire more insight into the nature of the therapeutic relationship, especially the dynamics of unconscious communication (Smith, 1991). During my training I have become interested in the literature that has argued that each of the therapies has common factors that are instrumental in facilitating therapeutic change. It has been suggested that a meaning making process (i.e. absence of meaning or presence of painful meaning) are central to most psychotherapeutic approaches and that the transformation of meaning is the central agent of therapy (Brewin and Power, 1999). Others have argued that the therapeutic relationship is the most significant element in effective therapy outcome rather than therapeutic orientation (Bergin and Lambert, 1978; Norcross and Goldfried, 1992; Clarkson, 1995).

Having a grounding in working with what unites rather than divides therapy and the opportunity to draw upon wide body of psychotherapeutic and psychological literature to draw on has, I think, enabled me to begin to develop a foundation for practice which is based on a non-biased, non-dogmatic, open and reflective stance to therapeutic practice. This in turn will continue to facilitate the process of developing an individual coherent model of therapy for the idiosyncratic needs of each client. My understanding of integrating theory and research is perhaps best described by Clarkson (1996) who suggested that:

No one approach is believed to contain an exclusive claim to the ‘truth’, but that between these different views, a more complete and fully rounded appreciation of
the human being can be construed. Integration can then be conceived as open and creative communications between these apparently conflicting and contradictory explanations of human beings...Theories are understood as stories or metaphors which are used to make sense of ourselves, others and the world not representing facts or truth in and of themselves (Clarkson, 1996: p. 263).

**Scientist - Practitioner**

As well as focusing on developing therapeutic practice, an integral aspect of the role of the counselling psychologist is to engage in an ongoing process of critically researching their work (Woolfe, 1996). Even though combining the roles of scientist and practitioner has created some debate within the counselling psychology literature (i.e., that the two roles have an incompatible value system, Williams and Irving, 1991; O'Brien, 1996), counselling psychology continues to develop an epistemological framework for research which strives toward being consistent with the value system of counselling psychology (Woolfe, 1996). The recently published British Psychological Society (1998) Guidelines for the Professional Practice of Counselling Psychology specified that its members:

Continues to develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling/psychotherapeutic relationship (Guidelines for the Professional Practice of Counselling Psychology, 1998: p. 3)

This research involves investigating therapeutic process and outcome variables as well as ensuring that the models of practice empower rather than control, with an emphasis on striving toward anti-discriminatory practice. As a counselling psychologist, my growing ability to integrate research and theory in practice will involve an ongoing critical evaluation of my practice, as well as continuing to pursue research projects.
Reflective practice

The development of a growing ability to think about and reflect on the practice of integrating theory and research in practice has been a key factor in my training. As described by McLeod (1996), my understanding of reflective practice has been influenced by the reflexivity component of Maddi's (1989) fulfilment model. In this model the concept of reflexivity refers to the human capacity to 'monitor reactions to situations, actions and inner feelings'. Having the ability to reflect on one's potential responses implies that an individual does not respond automatically to life events, is aware of alternatives and responds intentionally. Having this choice of responses carries with it the responsibility of examining the value systems that may be underpinning an individual's responses (McLeod, 1996). Taking a reflective stance in my therapeutic practice has therefore depended on my growing ability to monitor my reactions within the therapeutic relationship. During my training so far, the experience of supervision has provided me with the opportunity to not only develop the basics of therapeutic skills but also has facilitated a process of learning on how to reflect and evaluate my practice.

The experience of having supervision has created a growing ability to reflect whilst with the client in therapy sessions. Developing what perhaps Casement (1985) describes as 'internal supervision', in the same way that I would reflect on my practice during supervision, I have begun to develop the capacity to spontaneously reflect on my practice during the therapy sessions. When with the client, I am gradually developing the skill of observing my own feelings and responses as well as my clients. However, acknowledging this process of reflection or reflexivity means a constant examination of my own self-awareness. Ongoing personal therapy has helped me to explore and begin to identify how my own personal issues and value systems may impinge on the process of therapy. Acknowledging the significance of reflective practice in facilitating the process of therapy, and my choices of integration have been one of the most valuable
components of my training so far. However, it must be said that reflective practice is not an end state in itself. It is a way of being that I aspire to and is a lifetime's work. In agreement with Strawbridge (1996), I think that my training so far (which includes both the research and practice components) has provided me with a framework for critically reflecting on both my own therapeutic practice, as well as developing an enquiring and questioning stance to the theories and research methodologies available to our profession.

What follows are examples of my therapeutic practice. The main focus of this section will be an attempt to demonstrate my current understanding of integrating theory and research in practice. A client that I have been working with recently will form the basis of the discussion. As well as discussing my current work, this section will also explore how reflections on my past therapeutic work (i.e., by including examples previous client work) have contributed to my growing awareness of integrative practice.

**Context of the therapy**

A primary consideration in my understanding of integration is the context of therapy; each context may have specific boundaries, advantages and limitations that may impact on the type and duration of therapy. I am currently working in a large mental health trust, contributing to two of its services: Primary care and a drug and alcohol service. In primary care, I provide brief therapy (six sessions), which is problem focussed. In the drug and alcohol team, I work with both drug and alcohol clients and the nature of the work varies. Some of the clients I work with are on a reducing methadone programme. Work with these clients involves stabilising their drug use with the aim of reducing the methadone strength to an eventual detoxification programme. Some of the clients may have alcohol problems and may be at varying stages of abstinence. Although there is a focus on harm minimisation and stabilising the addictive behaviours, my main role in this service is providing psychological therapy. The type and duration of therapy
depends on the assessment of need. The work is thus extremely diverse and
challenging. Having a model of practice which draws upon a wide body of
psychological research and theoretical models enables me to address the needs
of this work context, and provides me with valuable experience for my growing
development as a practitioner. In terms of evaluation, pre and post counselling
questionnaires are used.

Assessment
The general aim of the assessment is to identify the needs of the client so that an
appropriate intervention can be formulated. The information gathered during the
assessment process informs the formulation of the client's problem and is
instrumental in choosing the type of therapeutic intervention. It gives the client an
opportunity to clarify how and what they feel and to develop some understanding
of their distress (Lemma Wright, 1995). As well as a consideration of the context
of therapy and psychological factors, the client's implicit theories (i.e., the client's
understanding of the how and what of their concerns, Wilkinson and Campbell,
1997) may need to be taken into account. Indeed, research into this area
suggests that client's preferences for styles of therapy is related to better
outcome, (Brewin and Bradley, 1989; Wanigaratne and Barker, 1995). Although
an initial assessment and formulation is conducted in both of the settings where I
work, any formulation is tentative and subjected to continual revision during the
process of therapy.

The client that I will be focussing on in this discussion is a client (Mrs D.) I have
recently been working with in the drug and alcohol team. The referral had been
made by the client's general practitioner. The assessment and formulation
process for Mrs D. began once I had received the referral letter. The letter stated
that Mrs D. was a thirty-five year old married lady with two young children. It was
reported that she had a chronic problem with alcohol since age twenty-three and
was also complaining of anxiety and panic attacks. On meeting the client this
information was confirmed and other information was elicited. This then provided a more detailed picture of the client. Mrs D. said that she had not been drinking on the day she attended her assessment and reported that she only drank after 5.00 p.m. She said that she had periods of abstinence (no longer than four months at a time) and described a current drinking routine of one to two bottles of wine every day. She said that she had come for help now as her husband had threatened to leave her if she did not address her alcohol problem. Apart from her drinking she described their marriage as stable. However, she did report having some difficulty asserting herself with her husband and would avoid conflict by pleasing him rather than herself. In light of her early experiences, she reported that she had an unhappy childhood, where she was always trying to ‘please’ her mother. Her mother had been ill for many years during her childhood and had died suddenly when Mrs D. was twenty-three. Mrs D. was away at the time and unable to see her mother prior to her death. Initially she appeared upset when talking about her mother and quickly changed the subject. She reported that her regular pattern of drinking occurred shortly after her mother’s death. She said that she had now realised that she had no control over her drinking and that she wanted to learn how to remain abstinent.

Reflections on the assessment session

After the session I reflected on the feelings that I had with the client. Whilst telling me her story, she appeared to show minimal emotional expression even though some aspects of her story seemed quite distressing. However, I noticed that I had felt a great deal of anxiety during the assessment. Although I often feel some anxiety with new clients, the anxiety I had felt was at times overwhelming and I had to work quite hard to contain these feelings. Developing a process of ‘internal supervision’ has helped me to endeavour to distinguish between the feelings that are mine, and those that might possibly be induced in me by the client. This is a difficult and challenging process; sometimes I am unable to make sense of my feelings other times I have found that they can be a useful guide to interventions.
These feelings may take the shape of an 'interpersonal pull' where I may feel compelled to react to the patient in a particular way and may be indicative of clients' interpersonal patterns of relating. Often these feelings are referred to in the psychodynamic literature as transference and countertransference (Bateman & Holmes, 1995). I recalled similar feelings to those that I felt during the assessment with Mrs D. to those that I had experienced with clients in a previous placement. In my second year psychodynamic placement, there was a focus on making sense of the 'meaning' of my feelings in the therapy. Based on these experiences (from a psychodynamic perspective), having this type of interpersonal pull between myself and the client could potentially be quite meaningful in terms of understanding the client, even though it can often be extremely difficult to 'sit' with these feelings during the session.

As with previous experiences, I related my feelings with Mrs D. in the assessment session to Melanie Klein's concept of projective identification (Klein, 1935). This suggested that primitive bad feelings (often regarding mother) are unable to be contained within the infantile self and are unconsciously split off from the self and projected into another. This initial experience alerted me to the possibility that attending to any unconscious communication that I may experience with Mrs D. might perhaps be a significant aspect of the therapy. I therefore decided to 'hold' onto those feelings I had experienced with Mrs D. and waited until I gathered more information from her during the therapy process.

**Integrating research**

As well as integrating my reflections on the interpersonal dynamics of therapy, my choice of integrating theory and research was based on the following information; Mrs D. described a drinking history that was marked by symptoms of withdrawal. The research on addiction (Edwards et al., 1997; Hussein Rassool, 1998) suggested that there is no one factor that is implicated in alcohol addiction. As well as having difficulty with alcohol Mrs. D. reported that she had suffered
with anxiety and the drinking helped her to manage her anxiety. The literature on disorders associated with alcohol proposed that although alcohol is commonly used for the relief of anxiety, after long term use, withdrawal may cause increased anxiety (Kaplan and Sadock, 1996). Attending to anxiety management techniques (Hawton et al., 1989) was explored as a possibility for helping this client. Mrs D. also described feelings associated with the death of her mother; therefore, the research on bereavement and loss was explored. (Bowlby, 1998; Parkes, 1985; Stroebe et al., 1993)

**Integrating theory**

In a review of the literature on treatment for alcohol problems, Roth and Fonagay (1996) found that psychodynamic therapy, cognitive therapy and stress management were inadequate first line treatments for those presenting with alcohol dependency. However, Roth and Fonagay (1996) further suggested that these therapies could be helpful in helping with any residual comorbid psychiatric disturbance after the alcohol dependency had been addressed. Given that Mrs D. had said that she was still drinking, motivational interviewing (Miller and Rollnick, 1991) was explored as an initial treatment of choice. This method has been found as particularly beneficial for working with the motivation of active drinkers. However, Mrs D. had reported that she had managed to abstain from alcohol previously. Therefore, alongside motivational interviewing, relapse prevention was considered. Studies on relapse prevention (Wanigaratne et al., 1990) suggested that techniques such as relaxation technique, assertiveness training, stress management, decision making and problem solving and identifying high risk situations can be employed in maintaining abstinence. It was thus hypothesised that the relapse prevention model could have been beneficial in addressing the issues that confronted Mrs D. while she is trying to deal with the challenge of life without alcohol. Once a period of abstinence had been achieved and given that Mrs. D. acknowledged that her drinking seemed to be related to the way that she was ‘thinking’ about life (i.e., her implicit theory), the more recent
contributions from cognitive therapy by Liese and Franz (1996) were thought of as potentially useful for work with this client.

The research and theory on recovering from addictive behaviours suggested that accurate therapeutic empathy is a key factor in motivation for change (Valle, 1981; Luborsky et al., 1985). Here it was useful to draw upon my early training experiences in person centred therapy where there was a focus on developing empathic skills. A significant component of this therapy may be Mrs. D.'s belief that she has within her, the resources for development and change. To create a climate for this to occur I was reminded of the core conditions; to be genuine or congruent, to offer unconditional positive self regard and total acceptance, to feel and communicate a deep empathic understanding (Rogers, 1965; Mearns and Thorne, 1988). Indeed, these core conditions are particularly relevant with this client group. In many cases they have lost not only their self respect, but in some cases have lost families and livelihoods. Therefore, coming forward for therapy required a great deal of courage by Mrs D.

**Formulation**

Because of the context of therapy, it was possible to work with Mrs. D. over a long period of time. The following approach was decided upon as it was based on the knowledge I had gathered. However, the initial formulation was tentative and open to change and modification during the course of the therapy. In consideration of the information I had gathered from Mrs D., motivational interviewing and relapse prevention was hypothesised as the basis for the initial stages of this therapy. Motivational interviewing and relapse prevention may help her to a certain point (i.e. to achieve and maintain abstinence), afterwards, because the assessment suggested that she was psychologically minded, cognitive behaviour therapy was proposed. Emphasis would be placed on increasing Miss D.'s self-efficacy, especially the belief that she may be able to control her own life. There would be a focus on helping her to identify the
underlying issues that may have contributed to her drinking behaviour. This in turn would facilitate the adoption of adaptive coping resources for the issues that in the past had triggered her alcohol use.

However, I was also mindful of the feelings that had been evoked in me during the assessment session and further hypothesised that attending to the interpersonal dynamic between Mrs. D. and myself may have been a significant component of this therapy. I thus considered the contributions from the cognitive literature that proposed that the transference and countertransference dynamics of the therapeutic relationship aid case conceptualisation and can be used to help identify, modify negative beliefs and assumptions (Safran, 1990; Wills and Sanders 1997). I was also mindful that the literature on loss suggested that breaks and the ending of therapy itself may reawaken early feelings in Mrs D. that she may have repressed as too painful to bear (i.e. the loss of her mother) (Jacobs, 1998).

Integrating cognitive theory within my practice is a relatively new experience as I was only introduced to its concepts in the third year of my training. Whilst considering integrating interpersonal dynamics and cognitive therapy for Mrs D. I recalled a previous client study (at the beginning of my third year placement) where interpersonal issues had impacted on the process of therapy that took a cognitive focus.

The process of therapy
The following client was seen in primary care (brief therapy). He was a thirty-year-old man who presented with depressed mood, and possessiveness toward his girlfriend who he feared was going to leave him. It emerged that he had an early insecure attachment to mother who was described as unavailable. To receive attention he recalled being a ‘good boy’. My original hypothesis was that he had developed dysfunctional beliefs about the self as unlovable, worthless
and a failure. In order to maintain relationships he needed to deny his own needs and put others needs first. Mistrust of others sincerity seemed to be the underlying problem that has rendered him vulnerable to his current difficulties. The outcome literature on depression was investigated (Roth and Fonagay, 1996) and cognitive therapy seemed to be an effective treatment. However, it was also found that therapy might not reduce the likelihood of future episodes. It was thus agreed with Mr A. that a six-week therapy regimen would explore his negative automatic thoughts (regarding his possessive behaviour) with a view to developing tools to draw on at a later date (i.e., if he found that his depressed mood returned in the future). Given that this was one of my first experiences with cognitive therapy, I closely followed the principles of the paradigm as outlined by Hawton et al (1989).

During the fourth session, I noticed that he had been coming to the sessions every week with stories of how he was working hard at challenging and changing his beliefs and assumptions. However, during this session I noticed that I felt a sense of ‘unreality’ as he was talking. At this point I realised that due to my inexperience with cognitive therapy, I had been focusing on the ‘actual’ cognitive work and had not reflected on my feelings or on the process of therapy. Supervision enabled me to reflect on this and when thinking about my original hypothesis (i.e. concerning interpersonal and attachment issues), I hypothesised that my feelings in the previous session may be reflecting aspects of his interpersonal relationships (i.e., he may be repeating his early interpersonal style of pleasing). I began to suspect that my sense of unreality and dis-engagement from the relationship may in part be explained by the fact that I was colluding with his need to maintain a safe distance from intimacy by withholding his own needs and instead pleasing me (by completing his homework – perfectly).

In the following session I gently explored with him how he might be feeling about the therapy process. He became quite upset (for the first time), stating that even
though he was working very hard at changing, he was ‘feeling stressed’ and had increased his ‘vigilant’ behaviour with his girlfriend. He said that he was failing at the therapy and that he was sure that his girlfriend would leave him because nothing had really changed. In an attempt to more fully understand the elements of his interpersonal style, I decided to draw on the idea of ‘trial identification’ (Casement, 1985). Here I attempted to engage with or ‘feel myself into’ his experiences. I gently pointed out to him a possible relationship between his experience in therapy with me and his assumptions and beliefs about relationships. He expressed relief at my intervention saying that he had not realised the extent to which he tried to please others at the expense of meeting his own needs. This seemed to be a watershed in the relationship, he acknowledged the strain of always trying to please others to avoid rejection and had never been able to rely on anyone for support. If he did he would become vulnerable and get rejected. He felt that he always had to stay vigilant in order to prevent the inevitable betrayal and this vigilance extended to me as well. Consequently, he expressed a difficulty with trusting me and hence the process of therapy.

Although this was an extremely difficult session for Mr A. he expressed relief at being able to have the opportunity to safely explore the way in which his interpersonal patterns of trust versus rejection were being reproduced with me. Using the therapeutic relationship as part of this therapy helped Mr A. gain more insight into the construction of his core beliefs and the impact that these beliefs were having on his perceptions of current relationships (i.e., that his fears of rejection were contributing to his possessive thoughts and behaviours). These types of therapeutic experiences, although personally and emotionally challenging, are integral to my current integrative practice. In particular, they have helped me to develop skills in reflecting on the interpersonal dynamics of the therapeutic relationship.
From this and other similar experiences, I began to appreciate the extent to which (irrespective of which model of therapy is primarily used) individuals psychological make up may impact upon (and in some cases mirror) the process of the therapy. Informed by the work of Wills and Sanders (1997) I realised that with Mr A., his behaviour and reaction to me was seemingly driven by his underlying dysfunctional belief system, and was similar to behaviours with others. His need to please me (by doing his homework well) seemed to reflect his interpersonal beliefs about relationships. Addressing these relationship difficulties within the therapeutic relationship seemed central to the process of change for him. From these early third year experiences (and subsequent reading) I realised the importance and value of integrating my second year psychodynamic training into my current cognitive practice. In my therapeutic work with Mrs D. I attempted to stay attentive to and reflect on the ongoing dynamics of the therapeutic relationship.

**Progress of therapy with Mrs D.**

Mrs D. worked hard at maintaining abstinence and managed for short periods of time. However, the relapse prevention work and the cognitive therapy seemed to enable Mrs D. to explore the relapses and learn about her ‘triggers’ for relapse. Although she expressed regret about the relapses, she seemed to use them as a learning experience. Even though Mrs D. had begun to develop new coping mechanisms for stress and personal difficulties (other than drinking) she disliked expressing emotions within the session. Nearing the end of the therapy there was an incident in one session where she began to discuss her childhood; she became quite distressed and left the session early. During this session I experienced powerful feeling of hopelessness and inadequacy. I began to reflect on the possible meaning of these feelings. I tentatively hypothesised that my own feelings may have represented a deep need that Mrs D. had for her mother (who had died suddenly) and that she may fear the ending of therapy as a similar loss. My understanding of loss and therapy (Wolff 1977) was that early losses need to
be worked through and given up in the therapy in order to prepare for new beginnings. However, this hypothesis was tentative and I therefore decided to 'hold' onto the feelings until our next meeting to see if similar issues came up. She returned the following week but refused to discuss her previous week's difficulties. It was not until the ending of the therapy that these powerful feelings returned.

**Ending of therapy**

Due to the ending of my placement, I had to set the date for the termination of the therapy with Mrs D. (a time-limited contract had been set at the onset of the therapy). My reading on attachment and bereavement suggested that endings may be particularly difficult for this client and that it may be a significant therapeutic intervention to use the ending of therapy as a way to work through painful losses such as Mrs. D.'s (Jacobs, 1988; Holmes, 1996). However, when I reminded her about the imminent ending, she expressed no emotion about the ending stating that she was fine about it. During the following few sessions she began to talk about her concerns over her job. She was particularly concerned about how she would manage in the future as she and her husband had a large mortgage and other financial problems. She reported that her anxiety had returned and she had been tempted to drink as she feared that she would lose her job and that 'everything would go wrong'. During these sessions I noticed that I felt quite helpless and inadequate, unsure of how to intervene. I reflected on those feelings during supervision. Indeed, there had been many instances throughout the therapy with Mrs D. where I had experienced quite powerful feelings of anxiety and helplessness. At times I felt almost compelled 'to do something'. I was reminded of similar feelings during the ending with a client (Mrs S.) last year during my second year psychodynamic placement.

The following extract forms part of a session that was near the end of the therapy with Mrs S. As I was ending my work placement, the end date for the therapy was
set by myself, not by Mrs S. Indeed, it has been suggested that termination of the therapy by the therapist and not the client may create 'tremendous unconscious distress' (Smith, 1991). As I was working psychodynamically, near to the ending I was attentive to the possibility that within Mrs S's narratives she may unconsciously communicate some feelings about the end of the therapy. This in turn may be a transference of her early losses. During one of the sessions during the last three months of a yearlong contract. Mrs S. had been talking about some 'important' future plans and was expressing concerns about whether she would have time to 'sort everything out'. Whilst listening to her narratives it was hypothesised that she may have been unconsciously expressing her fears of the ending of therapy within a narrative about her life outside of the therapy.

Client: I've got so much to do, you know to get everything organised, my mum's going to help me, but she's upset at the moment because of the divorce, and I'm not sure if she's up to it. Three months is not long to get everything sorted out, I'm worried that I won't get it all done.

Therapist: We will be working together too until the end of July, August is a significant time for you to be starting a new life, perhaps in the same way as your hope of getting your future plans sorted out, you hope that in the three months we have left together I will help you to feel sorted out too, but at the same time there is perhaps a slight anxiety that this may not happen, and that I may let you down in the same way that you felt that your mother did when she wasn't able to help you when you were abused.

The intervention that I had made in the above extract could be seen as an attempt at a full transference interpretation (according to Casement, 1985, this links dynamics of the client's past, the therapeutic relationship and the client's present life). While reflecting on my feelings during the session with this client, and the manifest content of the client's narratives, I hypothesised that Mrs S. was perhaps unconsciously needing to address her deeply painful early experiences.
At the same time, was concerned at my ability, like her mother's to help her. This may be because of the time constraints of the therapy, and that I am the one who has set the end date, not her. It could be suggested that the ending of this therapy was particularly significant for this client in exploring her past losses.

From my experiences in the psychodynamic placement I gained some insight into how the ending of therapy (regardless of model of therapy) is important. As my work with Mrs D. was approaching the end I considered integrating this type of full transference interpretation (i.e. her narratives about work suggested that loss and endings may be an issue for Mrs D.). However, as my third year of training had progressed I had become aware of additional issues to consider when interpreting unconscious communication. Here I was reminded of the literature on unconscious communication. For example, Smith (1991) argued that, unconscious communications from the client are not purely concerned with their past, unconscious communication from the client may be concerned with their feelings about the therapy, more specifically about the failings of the therapist. (i.e. that Mrs D. may have anger about ending therapy and the way that I was managing the ending that may not necessarily be dependent on transference from the past). In addition, I was reminded of my own research on gender theory in psychotherapy. A theme that emerged from the participants' accounts were concerned with the use of transference, some were concerned at the extent to which a focus on transference in therapy may exclude the current reality of women's lives (see pages 185-187 of this portfolio). Indeed, although my hypotheses had suggested that a full transference interpretation may be a useful intervention for Mrs D. at this point, it was important to be mindful that financial issues and marital difficulties were an ongoing 'real' problem for Mrs D.

With the above issues in mind, and that there was often an incongruence with Mrs D.'s narratives and emotional expressiveness, a full transference interpretation was tentatively suggested. This seemed to enable her to talk about
her 'real' anger at having to terminate the therapy as well as sharing some painful feelings of grief about the loss of her mother. However, being mindful of the integrative focus of this therapy, (i.e. relapse prevention) as well as acknowledging the unresolved feelings of loss, there was also some collaborative discussion about the relationship of her feelings of loss to some of her drinking 'triggers'. This focus enabled Mrs D. to leave therapy with the hope that she could begin to manage her feelings in a more constructive way rather than her previous maladaptive coping strategy of drinking alcohol.

Concluding comments
What the above discussion has attempted to demonstrate is how my training so far has contributed to integrating theory and research into my current practice. During my training as a counselling psychologist, I have begun to understand the principles of taking a critical reflective stance to integrating theory and research into my therapeutic practice. Having the opportunity to train in an environment that facilitates an open and reflective stance to theory and research will hopefully provide me with the foundations on which to develop as a counselling psychologist. As my confidence is growing I am developing skills in integrating from a wider range of theories and research than at earlier stages of my training. However, since I am still in the early stages of clinical practice, each encounter with a client has and will continue to be a new learning experience, which will continue to inform my future practice. Therefore my mode of practice is constantly under review and development. Practising integratively is a model of therapeutic work that I aspire to rather than claim to possess. Learning and developing as a counselling psychologist is a lifetimes work.
References


British Psychological Society (1998) Guidelines for the Professional Practice of Counselling Psychology: Division of Counselling Psychology


Research Dossier

Three research reports are included within this dossier, one from each year of the PsychD course. Together they constitute a single research programme which explored the role of feminism and gender in psychoanalytic psychotherapy. The first paper reviewed the literature in the area, a feminist theoretical framework was used to explore the contribution of feminist psychoanalytic psychotherapy to psychological therapy. The theme of feminism and therapeutic discourses was pursued in the second year research project. In this project psychoanalytic psychotherapists constructions of feminism in therapy were explored. The final research project was concerned more directly with theory practice links. This project investigated how psychoanalytic psychotherapists conceptualised psychoanalytic theories of gender development in their therapeutic practice.
Feminism and Psychoanalysis: A Review of the Literature

Counselling psychology as a discipline is concerned with developing a therapeutic practice that has a humanistic value base. In addition to evaluating and developing therapeutic practice, counselling psychology is committed to developing anti-discriminatory practice. Therefore, practitioners are expected to evaluate not only their own attitudes and value systems but also those of the theories that inform their practice. As concepts of psychoanalysis and feminism may inform counselling psychology practice, a review of the literature in this area was explored. It is suggested that even though it is claimed that the sexist components of psychoanalysis have been re-worked, a masculine preference pre-dominates. It is further suggested that counselling psychologists need to engage in a practice that continually examines the theories and discourses that underpin their practice, especially the concepts of psychoanalytic psychotherapy. This may minimise the possibility of engaging with therapeutic discourses that draw upon prevailing hegemonic discourses that subjugate women in society.
Feminism and Psychoanalysis: A Review of the Literature

There has been a growing body of literature that has been specifically concerned with taking a feminist approach in psychology (Nicolson, 1995; Wilkinson, 1997). Some of this literature has investigated how psychological and psychotherapeutic theory does not provide an adequate account of the nature of women's experiences (Bohan, 1993; Waterhouse, 1993) and aims to develop a therapy that is based on feminist values (Enns, 1992; McLeod, 1994). As a discipline, counselling psychology has an interest in and a commitment to change at both an individual and social level and is therefore interested in the feminist debate (Strawbridge and Woolfe, 1996; Taylor, 1996). Within therapeutic practice, it has been said that counselling psychology practitioners may be interested in integrating a wide range of theoretical models into their therapeutic practice (Woolfe, 1996). At the same time, counselling psychologists are interested in examining the therapeutic models that inform practice. The aim of this is to explore the extent to which these theories question or uphold the existence of ideals that may be oppressive to subordinate groups. What this suggested is that theories of psychology could be seen as reinforcing the preservation of inequalities of race, sex, social class and gender (Strawbridge and Woolfe, 1996; Taylor, 1996).

Since a key-defining feature of counselling psychology is to develop anti-discriminatory practice, as part of evaluating their practice it is necessary that counselling psychologists consider the nature of the theories that inform their work (Strawbridge and Woolfe, 1996). One such body of theories and concepts that are of interest to some counselling psychologists are those that are psychoanalytically based (Robbins, 1989; Woolfe, 1996). Indeed, during the last decade, psychoanalysis has received a great deal of interest from feminist scholars. As these theories (feminism and psychoanalysis) are relevant to some counselling psychology practice, a review of the literature would be useful, particularly in terms of practice.
**Feminism**

Although most of the literature on feminist therapy presents feminism as a generic concept, it is suggested that feminist philosophy is represented by complex, overlapping and fluid perspectives that seek to explain the nature, causes and consequences of women's oppression, as well as strategies for women's liberation (Parvin and Biaggio, 1991; Enns 1993). Four main forms of feminism seem to have been discerned (i.e., Liberal, Cultural, Radical and Socialist). There is a growing body of literature that proposed that feminism and feminist therapies are either implicitly or explicitly informed by a wide range of feminist philosophies and political theories. This in turn, influenced attitudes toward the use of psychotherapy in reforming women's position in society (Enns, 1992, 1993).

Cultural and liberal feminists (Eichenbaum and Orbach, 1983) have focused on reformulating mainstream therapies in a woman centred framework. Their aim was to re-evaluate women's strengths through the discovery of internal truths which have been repressed. Like radical feminists (Kitzinger and Perkins, 1993), socialist feminism (Segal, 1987) viewed combining therapy and feminism as problematic, as therapy was seen as not going far enough in providing a socio-political analysis of women's experience (see for example Enns, 1992: for an overview of feminist philosophy and feminist therapy).

During the 1970's, consciousness-raising groups helped women politicise their personal lives. As a direct result of the need for women to understand the difficulties in changing their position, liberal and cultural feminists in particular looked to psychotherapeutic methods as a way forward (see for example, Enns, 1993: for a history of feminist therapy). The attraction of psychoanalysis in particular for these groups of feminists was an acknowledgement of the inextricable connection between internal psychological representations and external sociological factors (Eichenbaum and Orbach, 1983).
It has been argued that psychoanalysis offered feminism an explanation of how the subordination of women could be seen to arise as a product of the relationship by which sex and gender are organised and produced within the family. The development of the gendered self was considered to be profoundly affected by and constituted through unconscious fantasies and conscious perceptions that began in infancy. Sexual inequality and the social organisation of gender were seen to be reproduced, not only through the institutions of social life, but via transformations in consciousness. The theories of Freud were seen to offer an explanation of female development which suggested that although gender development and associated personality characteristics were determined, they were not biologically determinist (Mitchell, 1974; Chodorow, 1989).

Even though Freud's work was argued to be descriptive rather than prescriptive, his theories of women were widely criticised as being particularly sexist. The American Psychological Association's (1975) task force on sex bias - found that the only blatantly sexist theoretical orientation was psychoanalysis. However, such criticisms were often justified by an acknowledgement of the idea that what Freud had to offer was in actual fact a prime example of a distorted ideology about women and women's inferiority.

Some supporters of psychoanalytic therapy have suggested that there are some difficulties within psychoanalytic theory (Segal, 1987; Flax, 1990). In an attempt to account for issues of power within gender relations, feminist psychoanalysts have argued that they have revised and re-worked theories of female development. This in turn is said to overcome some of the sex biases within psychoanalysis. It has been proposed that there has been a shift in attention from Freud's focus on the relative power of the father, to a mother dominated psychoanalysis (Klein, 1975). More recently, theorists have attempted to develop theories that balance and equalise the psychological relationship between both sexes (Maguire, 1995).
The development of feminist psychoanalytic psychotherapy
The power of the father: Freudian concepts

Freud's theory of penis envy and its significance for women was proposed as the primary focus for the debate by feminists on female gender identity. Freud's theory centred around the little girl's relationship to her father and her struggle to come to terms with the authority of patriarchy. The relative power of the father was further reinforced by minimising the mother's involvement in this process. Freud claimed that passivity in women was a relatively simple issue. At first (pre-Oedipal) both sexes are identical in the sense that their drives have both active and passive aims.

Resolution of the Oedipal conflict marks the recognition for infants of sex differences. For females this means the realisation that she will never have a penis and envy marks this deprivation, how she manages this will determine her future sexuality. If the envy is too great she will attempt to gain a penis in fantasy or by developing masculine qualities that will substitute for a penis. Women who have not resolved this drama will harbour the notion that men have something they lack. It was argued that adult mental health for women is determined by resolution of this drama. Resolution involved submission to the idea that she will never have a penis and that she can only ever possess masculinity by proxy, through heterosexual sex and by producing boy babies (see for example, Mitchell, 1974 on Freud's theories of sexuality).

Karen Horney (1924) was one of the first in a long line of Freudian dissidents who argued against the importance of penis envy as a developmental task. She contended that although penis envy existed, it was a brief transient developmental phase. In an attempt to find an alternative developmental task to explain female anxiety, she proposed that male womb envy was far more intense than female penis envy and that female anxiety was related to damage of her internal organs rather than to lack of a penis. Male womb envy was thus
proposed as the core motivating force in excluding women from political and economic power.

At the same time as theorists such as Horney (1924) were questioning patriarchal constructions, the social structure of patriarchy experienced itself to be under attack. It has been suggested that one defense against this was to label women who were campaigning for change as mentally disturbed. Some radical women who challenged the norms of feminine conduct were in some cases committed to lunatic asylums. Rebellion was thus seen as a mental pathology (Chesler, 1979). Rebellion also took the form of physical illness, the symptoms of which were conceptualised by Freud and his followers as hysteria. The word hysteria is derived from the ancient Greek word hysteron (a hysteron was believed to be a wild animal that craved to produce children).

The underlying medical explanation for hysteria was that the womb has an independent need to produce babies. If this need is unsatisfied, the womb wanders around the body causing complex and distressing physical and mental illness. Pregnancy was the prescribed cure. Normal heterosexuality was thus believed to cure mental disorders. The predominant cultural stereotyping of women held that normal women should embrace the role of wife mother and nurturer of children. Fulfilment of this role was the road to mature development. Early feminists fiercely argued against this notion and proposed that the belief that women should desire and accept prescribed roles is a cause not a cure of neurosis. (Chesler, 1979; Showalter, 1987).

The psychoanalytic concept of penis envy (and its concomitant conceptualisation of normal outcomes for women) became deeply entrenched within the formulations of women's distress. Subsequent treatment methods would involve the analysis and reworking of early unresolved issues, the focus of which would be on the unconscious experience of penis envy.
A focus on passivity as the core of female development was thus a problematic concept for feminists. Father-dominated psychoanalysis has, to a great extent, influenced the way in which female development is viewed. It has set an agenda for a normal development of female sexuality and identity. However, even though penis envy has been given a feminist appropriation by Horney (1924) and her followers, this may influence the way in which clients' symptoms are formulated and diagnosed.

The power of the mother - Object relations theory
Unable to reconcile the complexity and endurance of father dominated theories, groups of feminist psychoanalysts (Eichenbaum and Orbach, 1983) turned to object relation's theory (Klein 1975) as it was argued to provide a more satisfactory theory of female development. Whereas father-dominated theories did not place much significance on the mother, object relations theory placed greater importance on the subjective experience of the mother, especially the mother's own experience of gender development. Object relations theory argued that Oedipal feelings arose earlier than Freud realised and are experienced only as part of the mother. Consequently, the roots of gender expectations are claimed to lay in the division of parenting and that women's subordination is in part explained by this arrangement (Eichenbaum and Orbach, 1983).

Object relations theory (see for example, Chodorow, 1989) proposed that all children are dependent upon and intimately attached to their mothers. As gender identity occurs during the Oedipal period, boys needs to identify with masculinity. Since father's are argued to be mostly absent and mother is the primary caretaker, the boy, often comes to define his masculinity largely in negative terms, as that which is not feminine or involved with women. To identify with masculinity the boy needs to reject any feminine identifications he has internalised through the dependent relationship with mother. He represses whatever aspects of his self that he considers feminine and denigrates and degrades anything feminine in the outside world. Girls, conversely, do not need to detach themselves from mothers in order to become women, therefore
gender identity for women, does not involve rejection of early identification (Chodorow, 1989; Eichenbaum and Orbach, 1983).

Object relations theory suggested that the self develops through a process of unconscious internalisation of aspects of the relationships with significant objects (mother and father). The self is thus a representation of object relationships. In viewing the mother-child dyad as central to female development, object relations theorists were able to focus on the powerful effects of the mother's subjective self in the unconscious lives of women. It was claimed that female subordination was a cultural phenomenon transmitted through an unconscious process within the mother-daughter relationship. The daughter's sense of inadequacy originates in (unconsciously) identifying with the mother's sense of being a second class citizen in a male dominated world. Women internalise an object relationship with a mother who has been oppressed. An expectation of an oppressive life thus becomes part of the daughter's self. Uncovering the dynamics of the mother-daughter relationship, through the transference, is said to be the key factor in feminist object relations therapy. The therapy relationship would, through the transference offer, a different type of relationship for women. This relationship - it was contended - would empower and value her (Eichenbaum and Orbach 1983; Chodorow, 1989).

McLeod (1994) disagreed with the notion that young girls unconsciously take on roles and that it is almost patronising to assume this. She argued that if women did take on roles purely through the mechanism of the unconscious, they would surely not need to question them. She examined clients' responses to feminist therapy and found that child and adult constructions of women cannot be characterised by a self-denying passivity. She found that many women had retained the capacity for self-expression and assertiveness throughout childhood. Even though they may have kept these thoughts to themselves they had fierce feelings of injustice at having to keep those feelings hidden and in some cases they vowed to take action at some point in their lives to change their situation. The inhibiting factors seemed not to have been located in their own
psyche, where such rebellious thoughts did not arise because the potential for them had been liquidated from the start. This adult dominance was reinforced by threatened or actual physical abuse (McLeod, 1994).

It has been further argued that psychological oppression of women is not just dependent on their mistreatment but on their belief in the justifications offered for being oppressed. Furthermore, it would appear that what may be more damaging for women is the acceptance of the idea that the way in which they are treated is in fact a natural consequence of their gender. It may be more important for women to recognise the mechanisms that may operate in the unconscious that maintain the lies women tell themselves (New, 1993). Moreover, New (1993) further argued that psychoanalysis, as a model of therapy is unable to distinguish between the lies that women tell themselves and the lies that are institutionally told. Indeed, as has been suggested by Chodorow (1994) a focus within therapy on the unconscious appropriation of an individual's family psychodynamics could be seen as the main reason responsible for missing out on the choices and meanings that an individual may make and give to their experience (Chodorow, 1994).

The object relations school thus claimed to relocate the balance of power in gender development from the father to the mother. However, it has been argued that the definition of gender identity in terms of the mother-daughter relationship attributes immense responsibility to mothers for what might go wrong during gender development, perpetuating the concept of mother condemnation (Okun, 1992). Although there is consideration to the subjectivity of mother and the effect of her socialisation of the child, there has been limited attention to the socio-cultural factors that will inevitably influence parenting. The gendered nature of social relations on women's emotional wellbeing in childhood, may not necessarily be an entirely unconscious process. Indeed, as McLeod (1994) pointed out, gender identity, in particular submission, emerged as having been mediated by children's comparative powerlessness, therefore:
What Eichenbaum and Orbach do not consider in such a process is how work toward equalising the power differential between adults and children may also need to be undertaken to secure more equitable conditions for women's development (McLeod, 1994: p 39).

What McLeod (1994) seemed to suggest is that the main difficulty with object relations theory then is that it seemed to place a focus on the extent to which women are seen as having no other choice but to become *victims* of particular family constellations. Indeed, some of the literature which takes an object relations perspective has acknowledged some of the difficulties with these aspects of psychoanalysis. Chodorow (1994) for example, argued that the principles of psychoanalysis meant that during analysis there is a focus on the reconstruction of a sense of self that is derived primarily from the individual's early family life. During analysis, all aspects of the psychological make up are excavated, including patterns of defences, introjective constructions of self and object relations. Focusing through the transference relationship on the way in which the mother and father were experienced does not necessarily allow for how a particular parental relationship was typical of a particular subculture - culture is assumed (Chodorow, 1994).

Theory-driven interpretations of the transference and countertransference components of psychoanalysis may not then be an accurate representation of the women's actual experience. This may part be due to the way in which psychoanalytic theory is generated. Theoretical assumptions are formulated during analysis from reconstruction's of early development, It is these recollections of early experiences which are then used to construct normative childhood phases of development (Chodorow, 1994). Therefore, the objectivity and rigour of developmental theories derived from such clinical work could be questioned (Chodorow, 1994). Since the therapist is primarily attending to the power relation - both fantasised and real - operating between the therapist and client and the significance of that to family dynamics, all sight may be lost of the real inequalities of power, by sex, race, and class. This might affect the therapeutic relationship from without (Chodorow, 1994). It could therefore be
argued that the way in which object relations theory influences the practice of feminist therapy and the way in which the client perceives it may not necessarily be accurate (McLeod, 1994).

In relation to this it has been argued that this type of focus on an individual’s internalisation of family dynamics may not allow for the meanings that the individual makes of their experiences, or, for additional oppressive variables, such as racism and homophobia (McLeod, 1994). Although recent writings within psychoanalysis are attempting to tackle this (Mohamed and Smith, 1997; Ryan, 1997), it is argued that psychoanalytic writers have been disappointingly slow in recognising the cultural specificity of their theories. Indeed, Maguire (1995) a psychoanalytic feminist writer argued that:

Ideas of normal/abnormal development are still offered as universal truths, despite evidence that such norms are culturally weighted. This is particularly true of theories of sexual orientation, where homosexuality continues to be pathologised despite greater respect accorded to lesbian and gay men in the culture at large (Maguire, 1995: p. 226)

Furthermore, it is said that there is a notable absence of material that provides an 'affirmative' consideration to the particular experiences of ethnic, lesbian and disabled groups (Kitzinger, 1987). Kitzinger (1987), although not referring specifically to psychoanalysis, argued that even among those who do attend to minority populations, there is an uncritical adoption of liberal humanistic concepts that depolitisise these groups. This is said to occur even among feminist therapists who belong to minority groups, resulting in legitimisation and perpetuation of oppression within these groups. Furthermore, Kitzinger (1987) criticised feminist attempts to de-pathologise lesbianism by accepting liberal constructions of lesbianism as an alternative life style or a sexual orientation, as opposed to a conceptualisation of lesbianism as a revolt against men and patriarchy.
Contemporary psychoanalytic thinking - addressing the power imbalance

The more recent literature on contemporary psychoanalytic theory (Maguire, 1995) claimed to be addressing the particular experiences that minority groups face. In addition, such theorising claimed to integrate the internal experience of women with external socio-cultural variables. Maguire (1995), argued that the main difficulty within traditional psychoanalytic theorising lay with its emphasis on one side of the parental couple as being more powerful than the other is. Consequently, there is a difficulty coming to terms with issues of power within gender relations. Theory and clinical practice subsequently replicates the cultural idealisation of men and the denigration of women and these practices further endorse a split between men and women. Maguire (1995) claimed that to understand how maternal and paternal power impact on the psyche, a more balanced psychological relationship between the sexes needs to be encouraged. These issues of power dynamics may be achieved by the parental couple being theoretically integrated.

In discussing the implications of pre-existing theoretical ideas in gender identity, Maguire (1995) proposed that that women draw on prevailing gender stereotypes. Denying the importance of their need and aggression, women are expected to live vicariously through idealising men to whom they submit. Men, in contrast are claimed to assume a stance of pseudo-independence. They transform their emotional needs into the domination of those on whom they depend. Woman is still seemingly associated with passivity, and man with activity. However, what is perhaps central to Maguire's (1995) thesis is the belief that the capacity for these functions (i.e., passivity and masculinity) exists in both parents. Each individual will simultaneously resist and conform to prevailing gender stereotypes. This occurs as a result of early identification with the masculine and feminine traits of both parents and with the maternal and paternal functions of each.

What this perhaps implies is that gender identity is taken on unconsciously. Maguire (1995) further argued that even though parents may believe in equality,
they may transmit the ideal that women are happier in traditional roles. By not being given positive signals from both parents that autonomy and desire are acceptable, the female infant may develop in an environment where she is led to believe that to feel her own desire is unacceptable. Furthermore, Maguire (1995) proposed that the consequence of this is that young women may develop an internalised concept in which the only way to express masculine aggression and ruthlessness is vicariously, through being dominated (Maguire, 1995).

In accordance with traditional psychoanalytic theory, Maguire's (1995) thinking seemed to included the significance of the triangular relationship. The successful negotiation of the Oedipal conflict involves moving from a two-person to a three-person relationship and is central to psychoanalytic theory. Following traditional psychoanalytic thinking, she seemed to place a focus on the importance of the role of masculinity in differentiation and autonomy. However, at the same time she raised questions about the psychic significance of the anatomical sex of the parental figures and stated:

In psychoanalytic theorising about Oedipal issues there is often great confusion about the psychic significance of the anatomical sex of the parental figures, and it is often unclear whether it is the actual behaviour or their symbolic function which is under discussion. Many unanswered questions emerge. For instance is it desirable to have two parents to fulfil different functions? Or is it possible for the biological mother to fulfil the paternal role of facilitating psychic separation? Can a grandmother, aunt or lesbian lover play the part of a father, or then should we assume that the child has two mothers? (p. 51).

Given her hypothesis that masculine and feminine qualities are available to both sexes, she seemed to suggest that a single parent could be more effective in enabling her child to separate (due to her balance of masculinity and femininity) than a heterosexual couple who have conflict with their gender representations (i.e. a mother and father who are predominately masculine or feminine) (Maguire, 1995).
Indeed, some have voiced concern over the way in which psychoanalysis has been re-worked and revised. Schoenewolf (1997), for example, acknowledged that his views on this matter had been criticised by female psychoanalysts as 'misogynistic'. This may indeed be so. However, he argued that even though most female psychoanalysts reject Freud's theories about women, they are unclear about how to replace them. He claimed that:

A sizeable majority of female psychoanalysts has insisted that women psychoanalysts and not Freud or his followers - should decide which theories about women are acceptable and which are not. However, they have repudiated Freud's theories not primarily by offering new research or debating the issues he raised, but by ad homonym criticism. Meanwhile, they have suggested theories of female development that do not adequately explain female psychopathology or sexual development (p. 1).

Schoenewolf (1997), proposed that to maintain a viable theory of development, the female castration and Oedipus complex need to be retained, along with the theory concerning the contrasting superego development of males and females. Given the discussion thus far, what seems to be of the greatest importance within psychoanalytic theory, is that the concept of masculinity (and its associated construction of autonomy and power), albeit it symbolic or represented by the actual father, is seemingly privileged. It could therefore be argued that even though Maguire (1995) has offered a new way of looking at gender construction within rather than between the sexes, it still seems problematic to consider these ideas within a theory that has powerful discursive effects concerning masculinity and femininity.

*Psychoanalysis, science and the 'power' structure of hegemonic discourse.*

Within the aforementioned discussion, it has been argued that, even though feminist writers have attempted to restructure the sexist components of psychoanalytic theory, all of the assumptions underpinning psychoanalytic theory are seemingly linked to a masculine-feminine opposition, of which,
stereotypical masculine attributes are given precedence. Psychoanalytic
constructions of masculinity (strong) and femininity (weak) prevail (Frosh, 1994).
Throughout the feminist psychoanalytic literature a masculine discourse and its
concomitant power is preferred. Frosh (1994) has explored masculine
hegemony within the psychoanalytic literature and argued that it is difficult to
begin to re-conceptualise a theory that has a masculine orientation, stating that:

many masculine assumptions are endemic to psychoanalytic theory itself,
thus vitiating any claim it may have to give a gender-free account of sexual
difference (p 13).

The way in which hegemonic assumptions prevail within the literature may limit
the extent to which prevailing theories of psychoanalytic development could
possibly be re-conceptualised so as to produce a differing account of gender
based phenomena. Feminist psychoanalysts continue to demonstrate a
collective desire to develop a feminist theory that can redress the balance of
power between the sexes. But, as has been suggested by Frosh (1994), the
power of psychoanalytic discourse and the way in which theory is
conceptualised is deeply embedded. Not only within psychoanalysis, but within
our society. Masculinity and femininity have become subjective positions that
are central to the conceptualisation of the self. In the main, this is due to the fact
that we have been living in a world divided along gendered lines, but in principle
they are purely positions, ways in which we talk about what we see
(Frosh, 1994).

Within the principles of psychoanalysis these positions have seemingly become
sedimented and fixed, no longer just a construct but an absolute. Constructions
of gender shore-up prevailing positions of power and attempts to re-work or re-
examine constructions of femininity and masculinity may be strongly resisted,
resulting in a reticence to explore and embrace new theoretical ideas. The
dominant group will not relinquish their power very easily.
Foucault (1980) has written extensively about the relationship between truth, knowledge and power. Based on these ideas, the creation of gender difference could be seen as a mechanism of power where subjects are divided between the *good* and the *bad*. These dividing practices and the effects of power may be undertaken by large numbers of the *dominant* population to achieve a subjective identity through a process of negating the threat of the *other*. A discourse of gender could be seen as depicting a discursive position in which certain members of the dominant group could locate themselves and more importantly locate *others* (Davies and Harre, 1990). It has been suggested that in our culture, power is exercised through the production of truth. Discourses of truth are argued to reflect the facts of human nature and are revealed by the biological and human sciences. These discourses tell us what it is to be human. They normalise the individual, who is constituted and named by these discourses (Parker et al., 1995; Parker, 1992). These discourses of truth and the way in which they are constructed have far-reaching implications for women (Hare-Mustin and Marecek, 1990).

It could be argued that the discourses in feminist psychoanalysis might be carrying implicit and explicit statements about gender. These statements may in turn enable individuals to define and speak about issues of power within gender relationships. Acceptance of the use of these discourses (which reflect the differential experiences of men and women), or challenging the truth of the categories as systems of knowledge, is likely to depend upon and be a reflection of the pre-occupations of culture at a particular point in time. The way in which truths about women have been generated may therefore bear a strong relationship and is influenced by prevailing cultural norms (Parker et al., 1995; Parker, 1992).

*Implication for feminism*

A radical feminist approach fiercely contends the way in which the scientific nature of psychological method is implicated in colluding with and reinforcing the dominance of patriarchal discourse. Wilkinson (1997) argued that historically
there is a clash between mainstream psychology and feminism. There has been a growing body of literature and theories, which has contributed to the psychology of women. However, although much of this literature, purports to have feminist intentions, it is suggested that it challenges neither the institutions and practices of psychology nor the dominant conceptions of women.

Historically, psychology has been concerned with ideas that have arisen from scientific research. Traditional science can be seen as employing a reductionist method, whereby context stripping is a function of its preferred methodology. Consequently, science fails to take account of the implications of this individualistic approach on the construction of knowledge about women. Positivist science is not value-free, but exhibits a significant bias toward the pathologisation of women, particularly in relation to mental health (Nicolson 1995). It has been argued that science thus says more about those with the power to define than those that are defined. Those who define others as pathological, are at the same time securing a position of normality, wherein grounds are provided to question the legitimacy of the other’s views. In any analysis of psychotherapeutic practice it is therefore necessary to account for the way in which representations of pathology are called upon to fulfil certain political interests. Indeed, psychoanalysis has been argued to be seen as one of a network of institutions that has served to further the forces of patriarchy (Parker et al., 1995).

The implication of psychoanalysis for counselling psychology practice
The aforementioned discussion has had major implications for integrating a feminist philosophy within the practice of psychoanalysis and feminism. In particular, it has raised issues concerning the way in which the forces of patriarchy can be seen to operate within the nature of psychoanalysis. One of the criticisms made of Freud was that he did not value women's autonomy or their right to self-determination (Webster, 1995). In order to account for this, writers in psychoanalytic psychotherapy have compensated for many of the misogynist criticisms of psychoanalysis by incorporating feminist values
within their clinical practice. The main focus of this was argued to be an identification and re-evaluation of the values and goals that provided meaning and direction of the therapy. By integrating values of strength and courage, feminist psychoanalysis was suggested to be valuing women as individuals, Prozan, (1992) said:

Women need to be strong in order to be independent and to achieve something in their own right. For men this is a given from childhood. For women it must be learned (Prozan, 1992: p 314).

Feminist psychoanalysts began to examine how their own values may influence the way in which the client’s thoughts, feelings and behaviours are formulated and subsequently interpreted. This was based on the idea that defining a piece of behaviour as a symptom may be an expression of a value held by the therapist. For example, issues of poverty, race, class and gender may bring up the individual values of the therapist. This might affect not only the way in which the therapist feels about these matters personally, but how these external conditions may affect the patients’ functioning. Moreover, during countertransference the therapist may become aware that their reactions to the client might be determined by values that the client may not necessarily share, ie., class, race, religion, and sexual orientation. The way in which the therapist conceptualises these values might influence how the behaviours, thoughts and feelings of the client might be viewed by the therapist as symptoms of a pathology that needs to be addressed (Prozan, 1992).

Even though it may be possible to introduce values via the therapeutic process, it has been argued that the core component of psychoanalysis is that abnormality is experienced as something that is internal to the person and must be released and assuaged, facilitation for this process is suggested to be provided by the expert therapist. The depth of interpretation that is demanded by psychoanalysis means that the therapist may be put into a position of power in which meanings might be imposed, instead of being co-operatively reached
(Parker et al., 1995). Although blatant misuse of power may not be intended within feminist psychoanalytic therapy, power dynamics may be apparent with the use of stigmatising labels such as, denial, defensive and resistive (Mowbray, 1995). Indeed, one of the most powerful rhetorical devices of psychoanalysis might be that it explains all criticisms of it as a product of resistance (Webster 1995).

Empowering women to improve their sense of self-agency, especially in respect of their personal relationships has been argued to be the primary goals of psychoanalytic therapy. It has been argued that there is little value in creating such changes when structural conditions remain static. Women who are unable to change their external conditions may not only feel that they have failed in their lives as women, but may additionally feel that they have failed within their therapy (Kitzinger and Perkins, 1993; Waterhouse, 1993). This might further reinforce the problem with the individualistic nature of some psychotherapeutic theory such as psychoanalysis, where responsibility for women's experience and behaviour is located within the client. This perhaps borders on victim blaming as women's experience, including their marginalisation and oppression, may become the result of qualities within themselves, rather than a reflection of the social systems that shape their lives (Bohan, 1993).

An emphasis within feminist psychoanalysis on inner feelings as the crucial component in shaping identity might be at the expense of rather than in conjunction with, other external forces of subordination for women such as race, class, disability, and sexuality. As Stuart (1990) has pointed out, an absence of attention to these issues may be due to the fact that many of the women who dominated feminism were and still are located in a particular privileged class namely white middle class and heterosexual, wherein, the exploration of the personal became an end in itself. As Stuart (1990) said:

Encounter groups and consciousness raising seemed most pertinent to a privileged few who were lucky enough to be able to put to one side issues of
race and class and who, by extension, had access through income and education to the somewhat esoteric discourses of psychotherapy and psychology. The result was a movement side-tracked by a peculiarly narcissistic dimension of the 'personal is political' (Stuart, 1990 p 37).

Concluding remarks

To integrate a feminist philosophy within psychoanalysis, feminist psychoanalytic theorists have taken up the issue of power within gender relations and attempted to relocate its position from father to mother for a theory where power is balanced equally between them both. However, it has been argued that the focus of investigation is on the internal life of the individual, which may exclude the particular experiences of women. In agreement with Kitzinger and Perkins (1993) and Wilkinson (1997), a focus by female psychoanalysts on changing the conceptual nature of psychoanalysis may not alter its discursive effects. Constructing differing theories about women within a feminist psychoanalytic framework which positions women in particular ways may not necessarily mean that their approach is feminist; it just means that they are writing about women. Moreover, by concentrating an analysis on people as individuals, it has been argued that psychotherapy in general often locates responsibility and pathology within the individual, to the total neglect of social and political oppression. Instead of women's oppression being understood as a political issue that requires social change, oppression has become a private issue requiring individual adjustment. Individualising and privatising the distressing experiences of women in this way deprives women of their strength and the support of each other, consequently, the political is removed from the personal.

Counselling psychologists in particular have a unique opportunity to develop their beliefs and practice within an open and reflective framework (Woolfe, 1996). Instead of uncritically adopting the theories and practice of psychoanalysis, those of us who are interested in feminist ideology may need to question the power of psychoanalytic discourse, and the extent to which some
aspects of psychoanalysis can automatically be embraced as part of developing our identity as practitioners.

References


Feminism and Psychotherapy: A Discursive Analysis of Psychoanalytic Psychotherapists’ Constructions of Feminism

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Feminism and Psychotherapy: A Discursive Analysis of Psychoanalytic Psychotherapists' Constructions of Feminism

The discursive constructions of feminism within psychoanalytic psychotherapy were explored through in-depth interviews with fourteen psychoanalytic psychotherapists. A composite approach was employed to analyse the data, derived from a version of content analysis and discourse analysis. Two main categories were identified from the participants' accounts of their interactions with feminism. These were constructions of feminism, and the impact of these constructions on psychoanalytic psychotherapy. A discursive deconstruction of the participants' accounts suggested that psychoanalytic language might have contributed to constructions about feminism. Moreover, these discourses may collude with rather than challenge the contemporary constructions of feminism. The implications of this for counselling psychology practice are discussed.
During the last twenty-five years there has been a growing body of research that has taken a feminist perspective on the psychology of women (see, for example Hollway, 1989; Burman, 1990; Gergen and Davies, 1997). This research has primarily explored the ways in which science has generated theories and treatments for and about women. It has been argued that these theories often pathologise women, especially concerning their mental health (Ussher, 1992; Nicolson 1995). Central to a feminist approach to psychology is a critical deconstruction of how the scientific nature of psychology is implicated in colluding with, and reinforcing patriarchal dominance (Wilkinson, 1997). The work of psychology and counselling psychology as a discipline may be seen as assisting in either maintaining or challenging the fabric of this structure. Therefore, counselling psychology is concerned not only with therapeutic relationships, but also with more general questions regarding the social and cultural milieu in which the therapy takes place. Counselling psychology is interested in examining the extent to which the therapeutic models that inform practice question developmental ideals that may be oppressive. This line of enquiry may also include an examination of the attitudes and values of its practitioners (Strawbridge, 1996; Strawbridge and Woolfe, 1996). As Strawbridge and Woolfe (1996) said:

This involves perceiving counselling psychology not just as the formal application of psychological knowledge to the practice of counselling, but locating it within the social, economic and political structure in which it takes place and of which it is part. This involves asking questions such as how counselling psychology relates to society and what part does it play in reproducing society (Strawbridge and Woolfe 1996, p. 608)

The theories and practices of psychoanalytic psychotherapy have become of interest to some in counselling psychology (Woolfe, 1996). Indeed, many of
the concepts and ideas that have been generated within the institution of psychoanalysis have in recent years been subjected to feminist debate (Taylor, 1991). Central to this argument is the idea that psychoanalysis is one of a network of institutions that has served to promote patriarchal domination (Parker et al., 1995).

However, over the past few decades, it has been argued that psychoanalysis has been re-worked with the intention of producing a version that can be used to enhance women’s well being instead of constituting a tool for their oppression. Proponents of psychoanalysis have argued that engaging in psychoanalytic therapy will move women beyond the concept of oppressor-victim ideology. (see for example Eichenbaum and Orbach, 1987; Benjamin, 1988; Chodorow, 1989; Flax, 1990; Maguire, 1995). Even though feminist psychoanalysts have produced an account of psychoanalysis that claimed to restructure the sexist components of psychoanalytic theory, it is argued by some that many of the assumptions that underpin psychoanalytic theory are linked to a masculine-feminine opposition, of which, stereotypical masculine attributes are given precedence. Psychoanalytic constructions of masculinity (strong) and femininity (weak) prevail (Frosh, 1994). Frosh (1994) further proposed that these constructions of masculinity and femininity have become subjective positions that are central to the conceptualisation of the self. In the main this may be due to the fact that we have been living in a world divided along gendered lines, but in principle they are purely positions, ways in which we talk about what we see.

Following this line of thinking, it has been suggested that the way in which language is used to construct experiences may have implications for our notions of selfhood and personal identity (Foucault, 1981; Burr, 1995). Furthermore, it is proposed that language may be structured within a number of different discourses. In this instance, discourses may be described as a set of meanings, metaphors, representations, images and stories that in some way produce a particular version of events. There may be a number of
different discourses available to an individual at any one time, each
discourse may thus have a different story to tell about the phenomenon in
question (Edwards and Potter, 1992; Potter and Wetherell, 1987). The
adoption of particular discourses (such as gendered discourses) will depend
upon and be a reflection of the pre-occupations of our culture at a particular
point in time. Hence, the way in which truths about women have been
generated bears a strong relationship and is influenced by prevailing cultural
norms (Parker, 1992; Parker et al., 1995).

Therapeutic practice has been described as a context that has the possibility
of being open to a wide range of discourses. However, as an incidence of a
socio-cultural context it is accordingly no exception to the effects of gendered
discourses. It has been suggested that in practice, the therapist may not
necessarily pay enough attention to the discourses that are being drawn upon
by both the therapist and the client. The risk of this is that the therapeutic
experience may mirror a limited and narrow range of discourses (Hare-Mustin,
1997), and that:

When the range of discourses within the therapy room is too limited and
ignores the points of view of those subordinated by race, gender, class, age,
sexual preference ability, and the like, the therapy becomes the pursuit of self-
replicating images. These images provide the illusory glitter of truth in the
mirrored room (Hare-Mustin, 1997, p.570).

It is therefore suggested that the therapeutic situation may be especially
susceptible to the effect of dominant patriarchal discourses. Engaging with
these discourses within the therapeutic setting may influence how women
think and behave and might serve an important function in disguising
inequality.

More recently psychotherapy has been a site of both feminist activism and
scrutiny and there has been a growing body of literature that has been
concerned with the evolving role of feminism in challenging prevailing
hegemonic discourses (see for example Lawrence and Maguire, 1997; Gergen and Davies, 1997). As well as exploring the impact of therapeutic discourse, some of this literature has explored the meaning of feminism for contemporary women and how feminist ideology has been integrated and represented in therapeutic practice (see for example Bruna Seu and Heenan, 1998). In some cases this interest in feminism has taken the form of researching practitioners' attitudes and constructions of feminism, for example Maracek and Kravetz (1998) recently investigated therapists' (of varying therapeutic orientations) accounts of feminism and its influence on their work. It was found that even though the therapists described themselves as feminist therapists, they were reluctant to use the term feminist in public settings, fearing that being seen as feminists might discourage potential clients. The authors suggested that their findings reflect the anti-feminist climate of the 1990's where many of the respondents deliberately concealed their feminism from their clients and were careful to distinguish themselves from anti-feminist stereotypes.

Since psychoanalysis has often been a site of debate for feminism, some insights into the construction of gender and feminism have been provided by Nancy Chodorow (1989, 1996) who interviewed women who had been involved in psychoanalysis as practitioners in its early years. It was found that some of the women were critical of feminists, whom they represented as denying basic differences and disparaging women's maternality and a child's need for its mother. Having constructed the denial of gender difference as a feature of feminism, they attributed this to a deep fear by feminists that women are in fact inferior and that feminists may have not moved past the stage of penis envy. However, Chodorow (1989, 1996) concluded that the accounts provided by the women were the result of the social and cultural environment in which they trained and may not be indicative of contemporary views on representations of feminism and gender.
The findings in the aforementioned research might be particularly useful in contributing to current understandings of constructions of feminism. Indeed, it could be suggested that the discourses of feminism that may be available to therapists and clients alike may bear some relationship to the subjective meaning making process of women's experiences in therapy. Given that counselling psychology is interested in examining the value systems of therapeutic practice, it is particularly important for counselling psychologists to be sensitive to the different meanings that they themselves and their clients may ascribe to women's issues, such as feminism.

Given the aforementioned discussion, this paper reports a qualitative study of the ways in which feminism is constructed by psychoanalytic psychotherapists. Moreover, it will attempt to explore their views on the relationship of feminism to their therapeutic practice. With the aim of exploring contemporary discourses of feminism, the study aimed to generate qualitative data that would elucidate discursive constructions of practitioners' experiences of feminism, as it applied to them both personally and professionally.

METHOD
Participants
Participants were selected from a population of practitioners who practised primarily within a psychoanalytic framework. The principal training of the sample population was therefore in psychoanalytic psychotherapy, and accredited through the United Kingdom Council of Psychotherapy (UKCP) (1997) and the British Confederation of Psychoanalysts (BCP) (1997). A random sampling procedure was undertaken, wherein every eighth name (within the London and Surrey areas) was selected to give a total of 100 potential participants. A letter was sent to the participants (see Appendix 1) describing the research, the purpose of the interview and inviting their participation. Fourteen (14.0%) agreed to take part.
Procedure

Participants were interviewed in their home or at their place of work. All signed a consent form that outlined details of confidentiality (see Appendix 2). The names of participants have been changed to ensure confidentiality. Participants completed a demographic information sheet (see Appendix 3), after which a semi-structured interview schedule was administered (see Appendix 4). This consisted of open-ended questions supplemented by reflections of the content of the responses, and requests for clarifications and probes (e.g., what makes you say that?).

The interview schedule consisted of three sections (of which two are analysed for this paper). The first section investigated how participants developed constructions of feminism. This involved exploring their professional and personal interactions, both current and historical, within feminism. The second section was aimed at exploring the interviewees' understanding of feminism within therapy, and included responses to a feminist critique of the techniques of psychoanalytic psychotherapy. The interview content was derived from the literature outlined in the introduction. The statements that the participants were asked to comment on at the end of the interview, were an encapsulation of some of the core themes that were identified in feminist analysis of psychoanalysis (see, for example, Brown, 1994). Although the interview was aimed at covering these areas, there was additional scope for the participants to depart from the direction of the interview. The interviews lasted approximately one hour and were audiotaped.

Method of analysis

The interviews were transcribed and analysed using a composite approach (Henwood, 1993). This method was derived from a version of content analysis as described by Krueger, (1994) and discourse analysis (Potter, 1996). Discourse analysis was selected as an appropriate analytic approach because of its social constructionist epistemology. This paradigm argued that knowledge is historically and culturally specific and is created and sustained
through and by the linguistic components of human interaction (Burr, 1995). This paradigm allowed for an investigation of the discursive construction of experiences as products and reflections of social, economic and political forces, which might sustain some patterns of social action and exclude others (Parker, 1992). Because discourse analysis sees language not as simply reflecting psychological and social life but as constructing it (Coyle, 1995), it has considerable potential for the aims of this research, as it offers an analysis that is both psychological and socio-political.

Even though the paradigm of discourse analysis allows for the coding of discursive patterns (Coyle, 1995), a composite approach was selected to capture an account of psychoanalytic practice which is potentially grounded in participants' experiences (Krueger, 1994). With a sensitivity to discursive forms, a thematic content analysis was used to generate low level categories within the transcripts, with the aim of keeping close to the participants' accounts of their experiences. In this way, themes were generated which encapsulated a sense of meaning emanating from the participants' own frame of reference (Krueger, 1994). The interviews were read line by line, noting aspects of the data that were apparent. Any identified themes were documented to capture the thematic quality and meaning of the data. After repeated readings and notation, extracts from the data were collated within two primary low-level categories. Further sub-themes were identified within the two major categories. However, whilst seeking to elucidate individual meaning, the researcher was mindful that there could not be a reflection of the reality of the participants' experiences, because the analysis is mediated and influenced by the conceptual lens of the researcher (Feyerabend, 1975; Conrad, 1987).

The analytic process followed the guidelines for discourse analysis outlined by Potter (1996). This involved reading and re-reading the extracts several times, searching for coherent sets of statements or phrases which appeared to talk about or represent events in similar ways. Metaphors were also identified
when they portrayed vivid images of the events being described. There was a specific interest in the rhetorical devices being employed within the construction of accounts, and what possible effects these may bring about for the speaker (Potter and Wetherell, 1987).

From these readings, particular patterns of language use were identified in the construction of each category. These formed the basis of a tentative hypothesis concerning the construction of feminism and any possible implications of this on therapeutic practice. Although the transcripts were approached with a particular analytic focus, the various themes and analysis of discourse arose from examination of the transcripts. Having created tentative hypotheses, the extracts were further examined for evidence that supported, modified or countered them.

**Evaluating the analysis**

The analysis that evolved from this process was the result of interpretations formulated by the researcher and her research supervisor. The choice of material to be analysed was based on what was deemed to be a useful contribution to the topic under investigation. Discourse analysts can never be seen as independent of the material they are analysing, and so no claims are made that the analysis is objective. There is always the possibility of closing the text to alternative readings other than that of the researcher, especially when concerning a social and political investigation (Parker and Burman, 1993). The ideologies and values that the researcher brings will have undoubtedly influenced the content of the interview data and the analysis that follows. I, as the researcher, am a heterosexual woman who is influenced by critical feminist thinking. I am also a trainee-counselling psychologist, with psychoanalytic theory and practice having formed a substantial part of my training. At the same time I am informed by the ethos of counselling psychology which is committed to developing research and theory that place a focus on individual and social change (Strawbridge and Woolfe, 1996; Taylor, 1996). My research supervisor is a gay man who has a particular interest in
critical feminist thought. His role as a supervisor was to test out the persuasiveness of my interpretations, to amend and revise them and to offer new interpretations where appropriate. All of these factors will have influenced the framework of the analysis, which Burman (1994) refers to as the 'speaking position'. However, with this in mind and by drawing on available and acknowledged linguistic resources, it is possible as Gill (1995) proposed to adopt a principled way of choosing one version of events over another by fashioning a type of 'passionately interested inquiry'.

The above factors make it difficult to assess the analysis in terms of traditional criteria such as reliability, which is primarily based on an assumption of objective disengagement between the researcher and the research material. However, the interpretations made by the researcher are linked to quotations provided throughout the analysis, allowing the reader to assess the persuasiveness of the analysis (Smith, 1996). However, the researcher is aware that the reader only has access to the extracts provided in the analysis section. In the quotations that appear in the analysis, empty brackets indicate the omission of material. Information that appears within the square brackets has been added for clarificatory purposes. Two ellipsis points (...) indicate a pause in the flow of participants’ speech; three (...) indicate a longer pause.

ANALYSIS
Demographic information
All of the fourteen participants were qualified psychoanalytic psychotherapists. Eight were women and six were men. Seven of the participants were UKCP registered (five women and two men) Seven were BCP registered (three women and four men). The mean age of the participants was 52.5 years (range 38-66; SD = 7.78). The mean length of time practising as a psychoanalytic psychotherapist was 12.86 years (range 2-22; SD 7.99). Two participants identified themselves as contemporary Freudians, four as independent/Kleinian and four as primarily Kleinian. Three practised primarily
within the object relations school. Most of the participants combined part-time work within the NHS with private practice. Five also hold lecturing posts (two at a senior level). All of the participants live within London and Surrey areas of Great Britain.

**Constructions of feminism**

All of the participants discussed the political and social implications of feminism in their lives, both as women and men. However, the construction of feminism was foregrounded by the participants and constituted the first thematic category. This category comprised the different meanings that were identified in the data concerning the way in which feminism had impacted upon their lives as women and men.

**Feminism as an ideology**

Overall, the sub-theme of feminism as an ideology consisted of narratives in which the participants talked about the effects that feminism had had on their lives. There was an emphasis on choice, freedom and autonomy, having rights within the law and education. Feminism as an ideology was mostly couched in personalising and value laden terminology, i.e. "It's [feminism] been such a positive thing for me" (Julie), "I value feminism very much" (Mary), "To me it's [feminism] incredibly important" (Alice). This theme was not explored in detail as it reiterates previous literature on feminism (see, for example, Rowbotham, 1997).

**Contemporary feminism**

When talking about their experiences with feminism, many of the female participants in particular described ways in which they currently interpreted how feminism had impacted upon their identity as women. Here Lisa seems to be describing how she perceives her female identity:

> It's not about being a pseudo man, it's about being who I think myself to be with all my Oedipal problems and father identifications, (..) in other words
being seen as quite a strong woman, but also very dependent and involved in what men think of me [ ] it's not being a kind of aberration or a sort of forced masculinity, but something than can actually exist (Lisa).

In the opening sentence Lisa seemed to reject identifying with an identity that might construct her as a "pseudo man". Being strong for Lisa relies upon seeing "all my Oedipal problems and father identifications" as a way for her to be "seen as quite a strong woman". It could be hypothesised that identification with a male, in this instance her father, is seemingly a source of her strength. However, being strong seems to be related to a masculine construction that would have probably been internalised within women from the actual father or father type object (according to psychoanalytic thinking this would perhaps have occurred during the Oedipal identificatory process, Burgner, 1985). It could also be suggested that engaging with these constructions of gender may suggest that women could not possess an intrinsic strength of their own (i.e., that it comes from a male identification).

It does appear that strength is indeed a problematic concept for Lisa. She seems to allude to the idea that strength is constructed in terms of masculinity, and this is perhaps indicated by her acknowledgement of strength in women being potentially a "forced masculinity". Given her "dependence and involvement in what men think of me", identification with being a man is perhaps problematic and likely to risk alienation from men (indeed, a study by Griffin (1989) noted how many women reject the identity of the 'feminist' because of its lack of appeal to men). Note how her use of constructions of the feminist as mannish is couched in highly negative terms, i.e., "not being a kind of aberration of forced masculinity". It could be further hypothesised that this construction portrays any identification with 'masculine types' as potentially problematic. Indeed, Kitzinger (1996) argued that the association of mannish behaviours and lesbianism with feminist activities has been consistently used as a strategy to discredit the feminist movement.
The anti-men feminist

Indeed, a pervasive theme throughout the participants' narratives was a description of the type of people who were feminists, especially those who appeared to be anti-men. When talking about these types of feminists, many of the participants seemed to offer a description of them as: "butch, man hating, politically verbal" (Lisa) and as "lorry drivers" (Jane). Drawing on these observations, constructions of the anti-men feminist can be seen to operate within a social constructionist framework for understanding. This specifies an identity for women who had a strong allegiance with the second-wave feminist movement. Central to this construction is the idea that feminists not only reject their own desirability as women, but that they want to destroy the female image, thereby withdrawing any potential pleasure away from men (Delmar, 1986). It could be suggested that these accounts embody a similar denial of gender difference and women's maternality that Chodorow (1989, 1996) found in her study.

In addition to these types of images of the feminist, some participants seemed to suggest that these feminists were restrictive and dogmatic in prescribing an identity for women. As John said; "I became very suspicious of the sort of attitude that was defining women in terms of men, as a sort of negative or a challenge to, or anti". Not conforming to this identity or "liking men" (Julie) meant "you were out" (Julie). These constructions of the feminist appeared rigid, as Julie continued to say:

Because the early feminists, although I think it was absolutely necessary what they [feminists] did, they were completely uncompromising

In the above extract, the word "they" could be viewed as positioning the "early feminists" as other to the speaker. Note the word "completely" which could be seen as strengthening the construction of militancy, conveyed by the term "uncompromising". This rhetorical construction could potentially portray an image of the speaker as dissociated from the feminist as a person.
An 'internal' explanation of the anti-men feminist

Although valuing feminism as an ideology, some of the participants seemed to construct a version of the feminist as a person that was inflexible. However, even though some of the participants acknowledged that it was important for the feminist movement to be "politically verbal" (Mary) and for there to have been a "big fuss" (John). Of particular interest was that many of the participants grounded their views of the feminist as 'anti-men' in individualistic, psychoanalytic terms. Here the anti-men aspect of the feminist as a person is portrayed as a phenomenon of the internal psychic life of the individual, as Sue said:

Now I would look at feminism more in terms of internal world, internal objects and if someone is a feminist and violently against men, I would approach it quite differently and would say; 'why do they have to be so much against men?' (Sue).

This extract was part of Sue's description of the ways in which her training as a psychoanalyst has changed her views about women's oppression. Her narrative perhaps implies that she is questioning the client's motives of being "violently against men". By viewing these feelings as "internal objects", it could be hypothesised that she may be questioning the validity of these feelings (i.e., that some women may have a justifiable reason to have strong feelings against men) as existing in their own right. The implications of this view is that she might may be restricting alternative accounts of the experiences of women who present with views that appear to be 'anti-men'.

When talking about the more active and aggressive feminists, some of the participants seemed to draw on psychoanalytic theories of Klein (1957) as a way to explain what they described as 'feminist activists'. The following narrative demonstrates how calling on a particular linguistic repertoire (i.e., the psychoanalytic language of Klein), can both construct and transform the
meaning of 'the anti men feminist' as something internal. Carol had previously been talking about aspects of the feminist movement which she finds unhelpful, in particular the concept of the feminists who were described as 'anti-men':

Anything that appears to be sort of anti men, I kind of give it in psychoanalytic terms, anything which sort of took up a stance that you can see as paranoid schizoid, in Kleinian terms as black or white, good or bad, you have to have it in all revolutionary movements, you have to have it in all wars, it wouldn't mobilise people otherwise, but if you perpetuate it, it becomes terribly, terribly, unhealthy and dangerous and destructive like the Nazis (Carol).

The beginning of Carol's account took the form of a carefully worded statement with many qualifications. At the beginning of the account she said "anything that appears to be sort of anti men". "Anything" and "sort of" are non-specific terms allowing the unspecified arbiter of what is "anti-men" a wide interpretative range. She then seems to construct this oppositional stance in Kleinian terms (Klein, 1957). Associating oppositional stances (anti-men, good and bad) with aspects of the paranoid schizoid position of infantile development adds a possible pathologising rhetoric to this discourse. Although within Kleinian theory a paranoid schizoid position is one of normality during infant development, maintaining it in adulthood is viewed as psychologically unhealthy. Although not made explicit, integrating the good and bad together within the depressive position would signify healthy development. Psychological health would involve a capacity to see both the good and bad in men (Klein, 1957).

Carol does however pull back from this type of construction as she represents oppositional stances as a necessary component of "all revolutionary movements" in order to "mobilise people" (indeed, many of the participants' spoke of this form of oppositional stance as necessary for change in society). However, in the final part of this extract she reiterates and extends the representation of oppositional stances as unhealthy. Such stances are
represented as immature, in that, having been constructed as necessary, they are portrayed as unhealthy after the mobilisation stage. Note the use of the three part list (Atkinson, 1984) of negative outcomes "unhealthy, dangerous and destructive", which as a rhetorical device builds up an overwhelming sense of foreboding, further enhanced by a comparison revolutionary movements "like the Nazis". Here Carol constructs a developmental trajectory for revolutionary movements, in which oppositional stances are a necessary part of the initial stages, but become damaging thereafter.

**Positioning of psychoanalysis**

It could be suggested that the above example of psychoanalytic phenomena demonstrates how theoretical concepts are not used simply to explain aspects of an individual's psyche, but can be utilised as forms of discourse that position individual speakers in certain ways and construct the subjectivity of others (Parker, 1997). Following on from this, a further theme was identified. This demonstrated how when talking about understanding women's subordination, language could be used which enabled the speaker to position social learning theory as possibly inferior to psychoanalytic theory. When talking about their understanding of women's subordination, many of the participants described psychoanalysis as offering a preferable explanation. What the next extract demonstrates are some rhetorical devices that were used to convince the reader of their preferences. John had previously been talking about social learning theory, and said:

> One of the things that I found very uncomfortable with was this sort of idea that everything was down to conditioning (...) there was a sort of idea that if children were not socialised then they would grow up in a sort of equivalent way, that there wouldn't be a real difference, and I thought from my own experimenting - by then I was working with adolescents - that there really were differences between boys and girls and these are not to do with socialisation (John).
Here is appears that John has a stake in producing a convincing factual account of the truthfulness and universality of psychoanalysis. As Potter (1996) suggested, the author of an account will always have something to gain or lose when producing a narrative. Indeed, John has much at stake as a highly respected psychoanalytic lecturer and analyst. His use of the word "everything" perhaps indicates that all behaviour is down to conditioning, juxtaposed with references to social learning theory as being a "sort of idea", rather than a complete idea. This linguistic construction perhaps builds up a weak argument for social learning theory as a complete and valid theory of behaviour, thus strengthening the potential of an alternative account. John follows by engaging the reader with his own "experimenting" in the context of psychoanalysis. Referring to personal experience and constructing himself in the category of a scientist could be seen as a warranting device (Gergen, 1989; Potter, 1996). It could be hypothesised that the function of this narrative is to enable him to be seen as more knowledgeable. Indeed, Gergen (1989) argued that individuals or institutions that possess the ability to engage with a warrantable voice are likely to have greater power within society. It could therefore be suggested that the performative quality of John's discourse may present him as representing a powerful institution (i.e., psychoanalysis), which positions the social learning concepts as inferior.

It has been said that accounts are rhetorically organised to perform undermining and legitimising functions depending on the speakers' position. To step out of normal and acceptable subject positions could entail high costs to the speaker, such as criticism from others. The speaker may be seen as a dissident or may even be expelled from the institution with which they have an allegiance (Parker, 1997). Indeed, it could be suggested that it would be in the interest of the participants within this study to construct their descriptions in order to protect any attack on psychoanalysis. Indeed, there was only one participant who voiced a direct challenge to the theorising of the institution to which she belonged:
It [women's oppression] was confirmed by what you saw around you, so you did feel second class and then you get psychoanalytic theories which reinforce the difference rather than looking for a more culture free approach (Annie)

So far this discussion has concerned itself with the way in which the participants have constructed versions of feminism and the way that these constructions have impacted upon their lives. Furthermore, the aforementioned discussion has highlighted various discursive strategies that the participants seemed to have drawn upon in their constructions of feminists as 'anti men'. What follows is an analysis of the participants' constructions of feminism in psychoanalytic psychotherapy. In their descriptions of therapeutic practice, several themes emerged which were concerned with the relationship between the participants' therapeutic practice and how (if at all) feminism impacts on and or is relative to their practice.

**Constructions of feminism in therapy**

The second main thematic category that was identified within the data set was the participants' descriptions of their perceived relationship between feminism and psychoanalytic psychotherapy. In their accounts of practice, most of the participants seemed to describe therapy as "value free" (Paul) in which the therapist "does not bring in their own agenda" (Alice). These types of responses comply with the literature on neutrality in psychoanalytic psychotherapy, which suggested that therapists aim to remain neutral, and restrain from expressing their own views (Shafer, 1983). Indeed, some of the participants seemed quite explicit in their views on the place of feminism in therapy.

**Feminism as having no place in therapy**

When talking about the place of feminism in psychoanalytic psychotherapy many of the participants constructed feminism as not being a part of the therapeutic milieu. Feminism was viewed as a "personal or social view"
(Michael) that was not part of therapy. Taking a feminist standpoint in therapy was sometimes described as having:

Certain entrenched ideas, actual ideas about what women are like and how one should relate to them therapeutically in some sort of special way. If that's the case then I don't like the sound of it. If that's not the case then I don't know what it is. (Thomas)

Here, Thomas seems to be portraying feminism as value-laden. Thomas's account begins by representing feminism as comprising "entrenched ideas" This perhaps implies the existence of an underlying rigid and inflexible belief system. Thomas follows this with suggesting that feminist therapy has "actual ideas about what women are like and how one should relate to them in some sort of "special way". This may suggest that women may share a "special" identity, associated with a portrayal of feminists as being set apart. One is perhaps left with the impression that feminism is something that would intrude into the therapeutic encounter as a contaminating element. In the following account, Jane is quite explicit about the place of feminism within therapy:

Not once have I used any feminist concept, it's not relevant, that's not about therapy, therapy is about the relationship, the acceptance, therapeutic relationship in its purest form, without any other agenda from the therapist at all (Jane).

At the start of the extract Jane can be seen to be adopting a negative evaluative stance regarding feminism within therapy. Feminism is "not relevant" and "not about therapy". As a rhetorical strategy, the use of "not" at this point in her account could be seen as an extreme case formulation (Pomerantz, 1986). The frequent usage of "not" could be interpreted as maximising the purist aspect of therapy, minimising the potential role of feminism. This account may suggest that feminism is an intrusive "agenda" which is brought into the therapy "from the therapist".
**Feminism as part of the therapists identity**

Bringing feminist values explicitly into the therapeutic relationship was regarded as inappropriate by many of the participants. However, some of the participants expressed a view which suggested that because feminism was part of their identity as women it would inevitably enter the therapy in some way (although not explicitly). As Annie said:

> I can't split off bits of myself so I mean inevitably in my work my views and values are there; equality of opportunity women's rights, self esteem it's just so integral I couldn't ever separate it out, I think, I don't know. (...) I'm not a table-tapping feminist. I don't think there is many of them around anyway.

Not being able to "split bits of myself off" could perhaps be viewed as an indication of how feminism as an ideology has become integrated within the self. However, it could be suggested that the qualifications "I think" and "I don't know", display some uncertainty about this statement. This in turn may dilute any implication that Annie is introducing an agenda within her work and not maintaining a neutral stance. Note how after a short pause her description moves on to deny any affiliation to "table tapping feminists". This could be seen as a rhetorical strategy to disassociate herself from a particular type of feminist. Indeed, the studies by Griffin (1989) and Maracek and Kravetz (1998) found that although women may define their views as feminist, they were uncomfortable with identifying with prevailing negative images of feminists. It could be suggested that for Annie not being associated with this type of feminist may counter any potential criticism of her as bringing in an agenda to her work. In following that with "I don't think there's many of them around anyway", Annie further deflects the focus away from the possibility that she may be associated with such types.

**The incidental feminist therapist**

As well as expressing an inability to 'separate' out feminist values, some of the participants seemed to describe conscious attempts to resist the possibility
that they may bring their own views in the therapy session. Here Lisa seems to be suggesting that on one level she acknowledges that the ideologies of feminism have become part of who she is. However, on another level, she is perhaps unsure whether feminism is a value that does or does not belong within the purism of therapy.

I would not introduce any kind of specific ideology consciously and explicitly, but having said that, we are bound to infuse our work with some kind of ideology. I would try to resist that (Lisa).

This example would seem to suggest that Lisa's ideologies of feminism might enter into therapy by another route, through her unconscious. It could be suggested that calling on unconscious processes removes responsibility for her actions. Bringing in values by way of the unconscious could be interpreted as a disclaiming device (Potter, 1996), which would counter any potential criticism of her bringing feminist ideologies into the therapy room. Indeed, in the following extract Lisa seems to be adhering to a pure view of psychoanalysis, but at the same time is resisting adhering to this aspect the framework. She had been talking about working with women who were in abusive relationships with men:

When we talk about feminism in therapy, I don't like the term because I don't think that any sort of 'isms' should intrude into the sort of pure realm of psychotherapy but when issues like this [abuse] begin to come up, I begin to feel a little partisan and have to be careful to remain quite exploratory (Lisa).

In the above example, the suffix "isms" could have various meanings. In this instance it could perhaps be used in a derogatory way to construct feminism as doctrinaire. The tentativeness of "sort of" perhaps indicates uncertainty about the "pure realm" of psychotherapy. Lisa then states that when "issues" of abuse "come up" she begins to feel "a little partisan". This could be suggested as adding a militant flavour to her narrative. Her choice of the metaphor "partisan" may also suggests that complicity with feminism is
potentially disruptive of the neutral aims of therapy and so she represents herself as being "be careful to remain quite exploratory". Describing her actions metaphorically perhaps suggest that she may understand her actions in terms set by the wider social construction of the feminist as someone who is affiliated to a revolutionary movement. In this account, any association with these types of individuals is seemingly downplayed. She achieves this by minimising her allegiance with the 'militant' feminist movement by her self-description as "a little partisan".

The participants’ seemed to describe various strategies to ensure that their views on feminism did not explicitly enter the therapeutic relationship. However, some of the participants appeared to describe feminist values as existing already in the patient. The role of the therapist is to help the clients recognise this for themselves, as Lucy said:

[.] hope that psychoanalytic practice is less about a transfer of values more about making the patient think for herself, that you help the patient open their minds to something that I would maintain is going on already, but hasn't had the opportunity to flourish. [.] So if this is related to feminism then yes.

In the above extract, Lucy seems to be taking a more neutral stance with her description of therapy. Here she appears to be refraining from transferring her own beliefs, wishes and ideas onto the client. Moreover, her account is perhaps drawing on one of the central issues of psychoanalysis, that of the existence of a subjective self, which exists in relation to unconscious conflict (Winnicott, 1965). Here she may be positioning the client as having the potential to possess the values and ideas of feminism within her own unconscious world. Once the conflict is resolved, the patient will be able to be "open their minds to something that is going on already". It may be implied within this statement that the client has the potential for being a feminist but she just doesn't know it yet. The role of the therapist is to facilitate this process.
Within Lucy's account, she seems to manage neutrality by positioning feminism as justifiable in therapy as it resides in the unconscious self of the patient. She is thus able to disclaim any responsibility for bringing feminism into therapy by using the clients' unconscious as an externalising device (Woolgar, 1988). Feminism can thus be a legitimate aspect of the therapy because it resides within the patient, as opposed to being introduced by the therapist.

**OVERVIEW**

The sample chosen for this study was specific with the random sampling of the population aimed at being a representative sample of the two main bodies of psychoanalytic psychotherapy. There were more women than men within the sample, which was to be expected, as women form the majority of the population of psychoanalytic psychotherapists. However, only fourteen out of the 100 potential participants responded. This could suggest that the participants who did respond may have had a particular interest in (either for or against) the topic of the research, which, in turn, may have an effect on the type and quality of the data.

Unlike quantitative analysis, where validity depends on a large sample, within discourse analysis, the interview material is the source of data. Discourse analysis depends on a representative sample of texts, not participant numbers (Coyle, 1995). For discourse analysis to be representative of the research topic, the data under consideration needs to represent what Coyle (1995) referred to as "a variety of discursive forms" (p 247). Although the sample was small and those who replied may have had particular biases, there was an equal distribution of participants from both groups, whose voices were representative of a wide range of psychoanalytic approaches.
It could however be argued that the analysis was based on pre-determined ideas and upon an idiosyncratic framework. However, as Harper (1994) argued, unlike traditional quantitative research, the aim of a study such as this:

Is not as to reveal some hidden truth, but rather to see if the assertions of ideological critiques could be linked to discussions with real practitioners (Harper, 1994: p 151).

Being mindful of the fact that there are many possible versions of reality, no one version of an account of speech can be completely objective. However, this paper provided a version of accounts that aimed to bring a socially and politically useful dimension to the development of therapeutic practice.

A noticeable omission from the analysis was an investigation of the effects of the gender of the participants. Due to the limited breadth of this study, it would have been difficult to include these differences. Given the results of this research, as well as studying the effects of gender on practice, a further study could examine the way in which psychoanalytic theories of gender development are understood and used within psychoanalytic practice.

However, given the above factors, the research has produced some valuable and interesting results. The first section of the analysis was concerned with identifying how constructions of feminism (namely feminism as an ideology and the feminist as a person) varied, depending on the context in which the construction was being used. For example, when the participants examined feminism as an ideology, it was constructed in positive terms as an aspect of personal development. However, the contrasting construction of the feminist as a person was juxtaposed with the social construction of feminists as 'mannish' and 'anti-men'.

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Constructions of the feminist as 'anti-men' were then given meaning within a Kleinian (1957) perspective. Looking at this narrative from a Kleinian (1957) way of thinking, it could be hypothesised that these constructions position feminists who are 'anti men' as needing to be normalised, (i.e., to move from the paranoid schizoid stage of development to the more stable depressive stage). Indeed, it could be hypothesised that psychoanalytic language might contribute in some way to positioning speakers in certain ways and constructing the subjectivity of others (Parker et al., 1995). As Kitzinger (1996) suggested, negative, objectifying constructions of the feminist as a person are deeply ingrained within contemporary society. Indeed, it has been suggested that the everyday language of contemporary society is argued to be suffused with psychoanalytic ideas that maybe constructed rather than being natural and universal (Parker, 1997).

A further noticeable finding was that feminists who were anti men were constructed in negative terms. These findings would seem to concur with the findings of Maracek and Kravetz (1998) and Chodorow (1989, 1996). Indeed, others have noted that feminism has historically been represented negatively. For example, it has been noted that the forces of patriarchy have been implicated in media constructions of feminists, which, instead of portraying feminists as challenging and attempting to remove patriarchy from culture, have focused on the image of the feminist as grossly unattractive and unpopular (see, for example, Delmar, 1986; Davidson, 1988). Consequently, many women are distancing themselves from an overtly feminism agenda within contemporary society (Hollway, 1995: Maracek and Kravetz, 1998). Indeed, Griffins's (1989) ' I'm not a women's libber but.......' position was exemplified by the sub-theme of feminism as part of the therapists identity. Here Annie constructed an account of practice where she was seen to disassociate herself from the negative constructions of feminists.

Constructions of feminism were further explored within the second section of the analysis. The sub-themes of feminism having no place in therapy seemed
to demonstrate the extent to which the psychoanalytic psychotherapy aims toward presenting itself as a value free activity. It could be hypothesised that the sub-themes of 'feminism as part of the therapists' identity' and the 'incidental feminist' revealed a certain degree of conflict and tension about introducing feminism into practice. Although acknowledging that they would not explicitly introduce feminism into their practice, many of the female participants' accounts seemed to suggest a degree of ambivalence regarding their values and beliefs. However, it could be hypothesised that in the process of so doing, they were seen to sacrifice personal and political values.

It is important to note that counselling psychology in particular has a unique opportunity to develop reflexive practice, wherein practitioners have the opportunity to explore the assumptions within contemporary psychotherapeutic theories and practice (Woolfe, 1996). It is therefore important to be mindful that most clinical practitioners (psychoanalysts and counselling psychologists being no exception) may live:

so comfortably in the subject positions that are laid out for them....that even reflection on the consequences of these ways of speaking and writing will seem strange and pointless to them (Parker, 1997; p 124).

What this study has perhaps illustrated is how the nature of discourses varies depending on the context in which a phenomenon is being constructed. In this instance discourses of feminism varied depending on whether the participants were providing constructions of feminism and self, other, and within the context of psychotherapy. Given this observation it is perhaps necessary for counselling psychologists to examine the assumptions that may underpin the discourses that they engage with in the context of therapy. The discourses that are drawn upon in practice may sustain rather than challenge prevailing negative discourses about feminism as well as women, which, in turn is in danger of colluding with the prevailing masculine hegemonic nature of contemporary society. A further issue that this paper has perhaps raised is
that instead of uncritically adopting psychotherapeutic ideas as truth, practitioners within counselling psychology need to question all forms of psychotherapeutic discourse, including psychoanalytic discourse, and look beyond the dominant and available discourses.

References


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APPENDIX
APPENDIX I
(Letter to participants)

8th March 1998

Dear

I am currently undertaking a three year Doctoral training in Psychotherapeutic and Counselling Psychology. Because Counselling Psychology is primarily an integrative approach, our training calls on different therapeutic philosophies. However, the main component of the training takes a psychodynamic stance toward developmental issues and therapeutic technique.

During my training I have developed a particular interest in how feminist ideas have entered psychoanalytic thought and the ways in which these ideas have influenced theory and practice. As a psychoanalytic practitioner, you may have found yourself having to respond to criticisms that have been levelled at psychoanalytic theories of female development and having to consider the attempts by feminist psychoanalytic practitioners to rework these theories. In the research element of my training I have decided to explore psychoanalytic psychotherapists personal and professional responses to these issues. I feel that this is a valuable area for research and would therefore be most grateful if you would consider taking part in my study.

Participation would involve a single interview lasting approximately one hour. This would be conducted at a time and place convenient to you. During this interview I will be asking you a series of open-ended questions related to feminism and psychoanalysis. The interview will be audio taped and later transcribed by myself. In order to ensure confidentiality, your name and any identifying information will not appear on the transcript and the audio tape recording will be destroyed. Some of your responses may be reproduced in the final study but at no time will your name or organisation be identifiable.
If you are interested participating in my research could you please return the attached form before April 8th 1998 in the envelope provided. Please do not hesitate to contact me by telephone if you would like any further information.

Thanking you in anticipation

Yours sincerely

Kendra Gilbert
Counselling Psychologist in training
The aim of this research is to explore how psychoanalytic psychotherapists conceptualise the relationship of feminism and psychoanalysis. A particular focus of this interview study is to explore your personal and professional responses to the way in which feminist ideas have entered psychoanalytic thought and the extent to which these ideas have or have not become integrated within your clinical practice.

You will be asked to take part in an informal interview about your feelings on the above subject. The interview will be recorded on audio-tape to enable the author to directly quote your responses when writing the research paper. As some of your responses may be produced in the final study, at no time will your name or organisation be identifiable. In making the transcriptions your name will be replaced by a pseudonym and I will delete the names of other people and places that may arise in the interview. Once transcribed the audio-tape recording will be destroyed.

If you have any other questions so far or feel that you would like some more information about the research before we proceed, please do not hesitate to ask before reading on.

Please read the following paragraph, if you are in agreement, sign where indicated.

I agree that the purposes of this research and what my participation in it would entail have been dearly explained to me in a manner that I understand. I therefore consent to be interviewed about my views on feminism and psychoanalysis. I also consent to an audio-tape of this discussion being made and to all parts of the recording to be transcribed for the purposes of research.
Signed . Date

On behalf of all those involved in this research, I undertake that confidentiality will be ensured in respect of the audio tapes and any transcription of same made with the above participant. I also undertake that any use of the audio-tapes or transcribed material will be for the purposes of research only. The anonymity of the above participant will be protected throughout.

Signed Date
APPENDIX 3
(Demographic information)

Sex:

Age:

Professional qualifications:

Present employment title:

Length of time practising as a psychoanalytic psychotherapist:

Would you say you have a particular psychoanalytic orientation, if so what is it:
APPENDIX 4

(Interview Schedule)

Interview Schedule
(The comments in brackets and in italic font are guidelines for the therapist during the interview process)
(Introduce self and the basic outline of the study to the participants)

My research is concerned with the ways in which feminist ideology has concerned itself with psychoanalytic theory and practice. Some people have voiced a concern about the extent of their academic understandings of both psychoanalytic and feminist literature. I am necessarily concerned with the quantity of your knowledge. I am more interested on taking an experiential approach, giving you the opportunity to talk about feelings and experiences in response to psychoanalysis and feminism, especially in relationship to your practice.

The interview is comprised of three sections. The questions are designed in such a way so that you can answer the subject areas as freely as possible. Firstly, I will be exploring with you your experience and understandings of the concept of feminism. Secondly, I will be exploring with you, your feelings and experiences with psychoanalytic theories of gender development both as a therapist and in relationship to your own personal development.

Finally I will explore with you, your feelings about the concept of feminist psychotherapy. You may feel that some of the questions are not relevant to you, or your practitioner, if this is the case please feel free to say so.

If you have any questions at any time throughout the interview, please do not hesitate to ask. (Turn on tape)
Section 1. Representations Of feminism

The concept of feminism has received much publicity over the past twenty years. Firstly I would like to explore with you what your past experience and current conceptualisation of feminism may be.

(Explain to participants that this is an experiential exercise on what feminism may or may not mean to them personally)

- Given your life experience, how would you define the concept of feminism?
- "What aspects, if any, of feminism do you see as being as being most positive? Could you give me some examples?
- What aspects if any, of feminism do you see as being as negative? Could you give me some examples?
- Have you had any involvement with the feminist movement?

(At this give the participants some examples of perhaps what involvement may mean)

I'm thinking here of a wide spread spectrum of involvement perhaps ranging from involvement with a feminist group, reading feminist literature such as spare rib)

- If yes, could you tell me what this involved
- What effect, if any did that involvement have on your ideas about feminism?
- Are there any aspects of your training as a psychotherapist which stand out as being influential in your conceptualisation of feminism?

Section 2 - Therapeutic practice - Theory and Practice - Reflections on psychoanalytic theories of femininity

(Explain background to participants of the mode of questioning)

In this section I would like to explore with you your feelings on psychoanalytic theories of gender development- In particular female development, both within your therapeutic practice and as part of your own personal development I am not necessarily asking for academic knowledge. But what stands out in your mind on initial thought about the subject

(This section is aimed at eliciting information about the ways in which they utilise theory in practice. In particular, which parts of the theory they adhere to,
like dislike, think is important etc)

Theory

- Are there any aspects of psychoanalytic theories of gender development, particularly female development that you feel are important to you in your practice, if so what are they?
- What is it about those theories that are important?

(Try to encourage the participants to discuss actual examples of theories and what their feelings are about them. Need to be mindful that they may bring in therapeutic issues in this section. Therapeutic issues are for the next section try and keep the two areas separate if possible)

- Are there any aspects of these theories of female development that you feel are unimportant?
  If so what are these?
- What is it about these theories that makes you say that?
- Why are they unimportant?

Practice

when you are working with patients In what way, if at all are psychoanalytic theories of female development useful in understanding clients?
Could you give me an example of this in practice? i.e., how you would relate theory to practice?

Section 3-Integration of feminist values within practice therapeutic issues

As I mentioned in the letter to you, there has been a lot of criticism levelled at psychoanalysis from within the feminist movement. In this section I would like to explore with you how you feel this. I would also like to explore with you what your feelings are about integrating feminist philosophy within psychoanalytic practice. By this I mean integrating feminist ideology generally within psychoanalytic practice and for you personally within your practice

There has been much written on integrating feminist values into psychoanalytic psychotherapy, such as egalitarianism, empowerment, courage, strength Some psychoanalytic psychotherapists would not see it as appropriate, others would argue that it depends on the context of the client.
-What do you think about this?
-If appropriate could you tell me, the ways in which you might incorporate feminist values within your practice?
-Could you give mean example?
-What do you think about this?
-L would like you to imagine that you are working with a client who is presenting you with strong feminist viewpoints. In what ways do you think that your clients' views on feminism might be interpreted by you.
-Could you give mean example?
-What makes you say that?

Statements
(The participants were given two statements to read these were given to them on a post card, for them to reflect on before answering)
I would now like you to consider the following statements. These are not necessarily my views, however, some people have voiced strong feelings about some of the material we have just discussed; therefore I was wondering what you think

Statement one:
MANY FEMINISTS ARGUE~THAT THE INDIVIDUALISTIC NATURE OF PSYCHOTHERAPY NEGLECTS THE SOCIAL AND POLITICAL OPPRESSION THAT WOMEN EXPERIENCE

WHAT IS YOUR OPINION ON THIS?

Statement two:

MANY FEMINIST PSYCHOANALYTIC WRITERS HAVE RADICALLY REWORKED THEORIES OF FEMININITY TO COMPENSATE FOR ACCUSATIONS OF SEXIST DOGMA. IT COULD BE SAID, HOWEVER, THAT SUCH RE-STRUCTURING COULD RESULT IN
THE DEVELOPMENTAL ASPECTS OF THE THEORY BEING NO LONGER VIABLE HOW DO YOU FEEL ABOUT THIS SUGGESTION?

- What makes you say that
That is all the questions that I would like to ask.
- Is there anything else on the subject that you would like to talk about which I have not covered?
- How did you feel about being interviewed on this subject?
(Prompts to use throughout the interview to help encourage participants to explore their responses further)
Could you say more about that
Can you give me an example of that? What you mean? How do you feel about that?
Why do you think that
What makes you say that
How useful helpful do you find that
AIMS AND SCOPE

General policy: Feminism & Psychology aims to provide an international forum for debate at the interface between feminism and psychology. The principal aim of the journal is to foster the development of feminist theory and practice in — and beyond — psychology, and to represent the concerns of women in a wide range of contexts across the academic—applied divide. It publishes high-quality, original research and debates that acknowledge gender and other social inequalities and consider their psychological effects; studies of sex differences are published only when set in this critical context. Contributions should consider the implications of race, class, sexuality and other social inequalities where relevant. The journal seeks to maintain a balance of theoretical and empirical papers, and to integrate research, practice and broader social concerns.

Feminism & Psychology encourages contributions from members of groups which are generally under-represented in psychology journals, and individuals at all stages of their 'careers'. The journal has a policy of not publishing sexist, racist or heterosexist material. The journal encourages positive reviewing, which aims to provide supportive and constructive feedback to authors.

Feminism & Psychology publishes:

* Theoretical and empirical articles
* Research reviews
* Reports and reviews of issues relevant to practice
* Book reviews
* Observations and Commentaries
* An 'Open Forum' section
* A 'Spoken Word' section

Open Forum is designed to highlight the views of women who are the clients, students, survivors or general users of psychology, and to present debate on a wide range of contemporary issues surrounding feminism and psychology. The Spoken Word features topical contributions (discussions, interviews, profiles) which rely primarily on the spoken rather than the written word.

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NOTES FOR CONTRIBUTORS

1. All submissions will be peer reviewed. Papers written in English are invited for consideration, provided they have not been published, nor are currently under consideration, elsewhere. The journal also aims to include translated pieces which have been published previously elsewhere, in languages other than English.

2. Manuscripts should be typewritten, double-spaced throughout, on A4, or 8.5" × 11", paper with generous margins, and not right-justified. References should be Harvard system, and in the following style: e.g.


Calgary: Detselig Press.

All figures should be of a reproducible standard. Footnotes should be kept to a minimum, and presented as End Notes. Papers should normally be between 5000 and 8000 words, but exceptionally up to 10,000 words for theoretical and empirical articles, research reviews and reports of practice; and between 500 and 2000 words for observations and commentaries. Please provide a word count. A variety of formats will be welcomed.

3. An abstract of approximately 150 words should be included with each submission: but need not be supplied for observations or commentaries.

4. Authors' names, titles and affiliations, with complete mailing addresses and telephone numbers, should appear on a separate cover page. Authors are invited to provide any biographical information they would wish reviewers to take into account on a separate sheet. The aim of this information is to avoid discrimination against those without standard academic backgrounds or institutional support. All submitted articles will be reviewed anonymously.

5. Submissions are welcomed for Special Features. Open Forum and The Spoken Word. Those will normally be developed in conjunction with a member of the Editorial Group. In the first instance, suggestions should be sent to the Special Features Coordinator of the Editorial Group.

6. Authors should avoid the use of sexist, racist and heterosexist language. Manuscripts that do not conform to these specifications will not be considered. Authors are encouraged to use clear language which avoids unnecessary jargon.

7. Twenty-five offprints of the article, plus a copy of the journal, will be supplied to article authors on publication.

8. Book reviews will normally be commissioned by the Book Review Editor although unsolicited reviews will be considered, and the journal will also review other media and relevant fiction.

9. Four copies of all manuscript submissions, including the original, should be sent to the Editor, at the Department of Social Sciences, Loughborough University, Loughborough, Leicestershire LE11 3TU, UK. Further information may be sought from any member of the Editorial Group.
Psychoanalytic Psychotherapists’ Views of Psychoanalytic Theories of Gender Development: A Qualitative Study of Practitioners’ Accounts

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Psychoanalytic Psychotherapists’ Views of Psychoanalytic theories of Gender Development: A Qualitative Study of Practitioners’ Accounts

This study explored how psychoanalytic psychotherapists’ conceptualise psychoanalytic theories of gender development. In depth qualitative interviews were carried out on fourteen psychoanalysts. Information was gathered on their conceptualisations of gender theories, how these theories impacted on both their own personal development and within their therapeutic practice. Interpretative Phenomenological Analysis was used to analyse the data. The feminist psychoanalytic literature was found to have been an important factor in the participants’ accounts of theory and practice. It was suggested that the feminist psychoanalytic literature might be a useful contribution to counselling psychology trainees and practitioners. However, it was suggested that this literature might be continuing to engage with stereotypical masculine gender attributes.
Psychoanalytic Psychotherapists’ Views of Psychoanalytic Theories of Gender Development: A Qualitative Study of Practitioners’ Accounts.

INTRODUCTION
As a therapeutic discipline, it has been said that counselling psychology draws upon various philosophical influences and theoretical frameworks to inform therapeutic practice (Clarkson, 1998; Woolfe, 1996) including psychoanalysis (Robbins, 1989; Burton & Davey, 1996). Although there is little evidence to suggest a link between theoretical orientation and effectiveness of therapy (Clarkson, 1995), it is suggested that theory is one of the critical determinants of clinical practice (Hanson and Freimuth 1997). For example, it is proposed that theory enables therapists to categorise information from clients and helps to clarify and guide interventions (Freimuth, 1992).

Even though counselling psychology may draw upon a wide range of theoretical concepts, there is recognition that counselling psychology is not simply the formal application of theory to practice (Woolfe, 1996). The Guidelines for the Professional Practice of Counselling Psychology (British Psychological Society 1998) has proposed minimum standards for practice. Most importantly it stated that counselling psychologists need to focus on developing models of practice that have a phenomenological value base. A key feature of this value base is for the practitioner to:

Recognise social contexts and discrimination and to work always in ways which empower rather than control and towards high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today (p. 3)

This would suggest that in order to ensure efficacious and ethical practice, counselling psychologists are expected to engage not only in an ongoing critical
evaluation of their practice (Woolfe, 1996) but to examine the explicit and implicit assumptions that may be contained in available psychological and psychotherapeutic theories. As counselling psychology is concerned with both individual and social change, the danger apparent in adopting theory without question is that the theories may contain underlying implicit assumptions. These assumptions may serve to reinforce inequalities of race, social class, sexuality and gender that reside in the structures of social life. Therefore, the work of a counselling psychologist is not purely a therapeutic activity, but can also be seen as assisting in, maintaining and or challenging the foundations of social life (O'Brien, 1996; Strawbridge and Woolfe, 1996; Taylor, 1996).

This argument is particularly relevant where established psychology has been historically seen as obscuring the social and structural operation of patriarchal society (Wilkinson, 1997). Psychological theorising is often argued as upholding and assisting in the preservation of the inequalities in gender, not only as they exist within methods of knowledge construction (i.e. science) but within the attitudes and values of practitioners (Nicolson, 1992; Strawbridge & Woolfe, 1996; Unger, 1998; Wilkinson, 1997).

In relation to this, it is argued that the dominant models of therapy remain rooted in ideologies of autonomy that have been described as evolving out of western, individualistic and bourgeois ideas (O'Brien, 1996) which may be problematic for subordinated groups such as women (Waterhouse, 1993). As a consequence of this, women's experience, including their marginalisation and oppression may be viewed as being a result of internal psychological factors rather than as a reflection of the social systems that shape their lives (Bohan, 1993; Kitzinger and Perkins, 1993). It is further argued that it may be of little value in emphasising the individualistic aims of self actualisation when the reality of women's life conditions remain static (Waterhouse, 1993) The underlying assumptions (albeit implicit) of
these theories may reflect a value system that fails to tackle the disadvantages in women's lives (Nicolson, 1992; Taylor, 1991, 1996).

It has therefore been argued that anti-discriminatory practice depends on the capacity of psychotherapeutic models that inform counselling psychology practice to question developmental ideals that may be oppressive to women. This may be particularly relevant to those theories that may implicitly define some ways of being as inferior or immature (O'Brien, 1996). Much of the research that has explored issues of gender has been concerned with minimising or stressing gender differences (Hare-Mustin and Maracek, 1990). Furthermore, it has been said that the ongoing debate about sex and gender are in fact controversies over whether gender related behaviours are biologically or environmentally determined (Unger, 1998). Essentialist views have mostly construed gender as residing in the individual (such as personality cognitive processes and moral judgement). These qualities are conceived of as persistent and for the most part existing independently of society. The social construction of gender can be understood as a set of particular behaviours that are historically, socially and culturally contrived and understood to be appropriate to one's gender (see for example Bohan, 1993; 1997).

In relation to this, it is argued that psychoanalytic theory, particularly the more feminist derivatives, assume that gender is determined by psychobiological mechanisms (Unger, 1998). Some feminists have said that psychoanalysis can offer an explanation of how the subordination of women arises out of early experiences within family life. This literature arose from the early critiques of Freud and has aimed to address accusations of sexism that have been levelled at his theories of women (see for example, Benjamin, 1988; Chasseguet-Smirgel 1964; Chodorow, 1989, 1996; Dinnerstein, 1978; Maguire, 1995; Mitchell, 1974).

In general, this literature offered a version of Freudian theory of gender development which instead of viewing passivity (for women) as a healthy
developmental outcome for women, explained women's gender role as a cultural phenomenon transmitted 'unconsciously' during the mother-daughter relationship. The daughter's sense of inadequacy would originate in identifying with the mother's sense of being a second class citizen in a male dominated world. It proposed a theory of gender that would better address power relations between men and women. Most importantly this literature proposed that uncovering the dynamics of the mother-daughter relationship, through the transference component of therapy, was the key factor in contemporary psychoanalytic psychotherapy with women (Eichenbaum and Orbach 1983; Ernst, 1997; Orbach, 1997).

Since sex and gender theorising seem to be central components of psychoanalytic thinking, there are potential implications for practice. However, there has been little research into this area. One exception was explicitly concerned with the gender salience of women psychoanalysts who had trained in the early part of this century (Chodorow, 1989,1996). In this study, female analysts were interviewed about their gender consciousness. Chodorow (1989, 1996) (from her own standpoint as a feminist) was surprised to find that the female analysts were relatively gender-blind, or unattuned to gender. However, she concluded that rather than being gender blind, the second-generation women analysts had a different form of gender consciousness than women of her own generation. Consequently, the responses of the analysts to questions of gender salience needed to be seen as representing the cultural and historic context in which the women were trained.

In a climate of increasing demand for the equality for women, a re-appraisal of gender theorising has been foregrounded in much of the feminist and feminist psychoanalytic literature (Bruna Seu and Heenan, 1998; Ernst and Gowling, 1994; Lawrence and Maguire, 1995). Given that the primary aim of counselling psychology rests upon its dedication to anti-discriminatory practice, there would
accordingly be an awareness of gender issues in practice (O'Brien, 1996; Taylor, 1996). Counselling psychologists might call upon a number of different psychotherapeutic approaches in order to assist them in developing an understanding of the client's concerns. When working with women in therapy, the theories that inform counselling psychology practice may result in particular assumptions (positive or negative) being made about the client especially in respect of women's issues. This in turn may subsequently impact on the clients experience (either negative or positive) of the therapy (i.e. how their issues are conceptualised and presented by the therapist). Therefore, as suggested by Strawbridge and Woolfe (1996), when working therapeutically with women, attention needs to be given to how psychotherapeutic theories may be conceptualising gender and gender development, and the way in which practitioners currently interpret these theories.

In view of these proposals, this paper reports a qualitative study of psychoanalytic psychotherapists' experience of working with psychoanalytic theories of gender development. It will aim to explore how psychoanalytic theories of gender development are conceptualised by psychoanalytic psychotherapists' in their practice. Furthermore, this study aimed to explore practitioners' accounts of how (if at all) they integrated these concepts within their therapeutic practice.

**METHOD**

*Participants*

The participants were selected from a population of psychotherapists whose principal training was in psychoanalytic psychotherapy. They were accredited through the United Kingdom Council for Psychotherapy (UKCP) (1997) and the British Confederation of Psychotherapists (BCP) (1997). All located their practice primarily within a psychoanalytic framework. A random sampling procedure was followed to identify 100 participants (50 from each register). This involved
selecting the name of every eighth practitioner within the London and Surrey areas (locations which were geographically accessible to the researcher). These individuals received a letter (appendix 1.) inviting them to participate in the research. Each participant was advised that their responses may be reproduced within the final study but at no time would their name or organisation be identifiable.

Procedure
Participants were interviewed in their own home or place of work. The interviews lasted approximately one hour and were audiotaped. Each participant was asked initially to sign a consent form (appendix 2), which provided details of anonymity. A semi-structured interview schedule was then administered (appendix 4). An open-ended questioning method was adopted, supplemented by requests for clarification and probes. A face to face interview method was preferred, as it would offer a way of eliciting the diversity and complexities of participants' responses. This type of data may not necessarily be available through a postal questionnaire. The additional use of open-ended questions enabled the exploration of areas where the participants introduced new relevant material (Banister et al, 1994). The interview schedule consisted of three relevant sections (two of which were analysed in a previous research study: Gilbert, 1998), beginning with demographic and other relevant background information (appendix 3). The third section of questions pertains to this study and was primarily informed by the literature outlined in the introduction to this paper. Although this study was not set up to ask the same questions as Chodorow's (1989, 1996) study, the main content of the interview schedule was aimed at elucidating the participants' conceptualisations of gender theorising and how this thinking impacted on their practice.

Analytic strategy
The Interviews were transcribed and were subjected to Interpretative Phenomenological Analysis (IPA) (Smith, 1996; Smith et al, 1997, 1999). Because
the primary aim of this study was to capture accounts of how psychoanalytic practitioners utilise theory within their practice, IPA was chosen as a suitable analytic approach as it assumes that the accounts provided by the participants bear some relation to the way that they think and behave (Flowers et al, 1997). By adopting an 'insider's' perspective (Conrad 1987), IPA is concerned with the participants' personal accounts as opposed to objective statements. Being strongly influenced by symbolic interactionism (Denzin, 1995), the meanings the individuals ascribe to events are the primary concern of the researcher and can only be arrived at through a process of interpretation. The analytic process will therefore be influenced by and dependent on the interaction between the participants' accounts and the interpretative framework of the researcher.

IPA does not assume that the participants' thoughts and beliefs are immediately transparent to the researcher. However, the analysis is carried out under the assumption that through the interpretative process, something meaningful can be said about the participants' thinking and experiences. Although there is assumed relationship between the participants' accounts of their experience and their actual experience, no assumptions can be made about the precise nature of that relationship, therefore an epistemological position of critical realism (Bhaskar, 1989) is thus well suited to this study. Critical realism acknowledges the existence of physical reality but at the same time argues that the effects of culture, language and politics mediate physical reality.

Analytic process
After the transcription procedure was completed each transcript was read and reread during which any recurrent themes were noted. These notations were coded with a key word or phrase that captured the essence of the content. This process was then repeated with each transcript. After each transcript had been analysed, the initial themes that had emerged from each transcript were listed on a separate piece of paper and then examined for any possible thematic
connections. At this stage key words or phrases were used to represent the primary themes that were identified in each transcript. During this process attention was paid to ensuring that the themes could be clearly illustrated by the data. After this had been completed, the initial themes that had emerged from each transcript were then further examined to establish any recurrent patterns across the transcripts. These thematic patterns were then consolidated resulting in a final set of super-ordinate themes. At this stage the links between the themes and the data were re-confirmed. Although there was an emphasis on shared themes, any variability in responses was noted. This provided insights into the complexity and diversity of representations of the participants’ experiences. Finally, extracts from the transcripts that represented the final themes were grouped under each heading. A further analysis of the final themes was then conducted to examine further connections and or variability in the data (Smith et al., 1997; 1999).

Evaluating the analysis

In this type of analysis it is inevitable that the data analysis will have been shaped to some degree by the researcher’s interpretative framework. The researcher is currently training as a counselling psychologist where psychoanalytic theory and practice have formed a substantial part of the training. In addition, the researcher has an interest in critical feminist thought. These factors will have undoubtedly influenced and shaped the analysis in some way (i.e. during the analysis there may have been a tendency toward the selection of some themes over others). For example, the researcher’s previous and current experiences may have resulted in a tendency to attend more closely to the emergence of themes that may have alluded to negative representations of women. Conversely, there may have been some attention placed on emerging themes that may have been specifically concerned with the social and political aspects of women’s issues. Different researchers may have highlighted different aspects of the data set. However, although the interpretative framework of the researcher impacted on
the analysis, the analytic process was closely observed during research supervision. Although it could be argued that the process of supervision might have created a shared subjectivity, the aim of this collaboration during the analytic process helped guard against idiosyncratic interpretations being made by the researcher.

This level of subjectivity means that it is difficult to assess the analysis in terms of traditional criteria such as reliability, and is primarily based on an assumption of objective disengagement between the researcher and the research material. (Henwood and Pidgeon, 1992). An alternative method for assessing the reliability of qualitative research is persuasiveness. The interpretations made by the researcher will be linked to quotations provided throughout the analysis, making the analytic process as transparent as possible, enabling the reader to assess the persuasiveness and coherence of the analysis for themselves (Smith, 1996). However, the researcher is aware that the reader only has access to one transcript and the extracts provided in the analysis section. In the quotations that appear in the analysis, empty brackets indicate the omission of material. Information that appears within the square brackets [ ] has been added for clarificatory purposes.

ANALYSIS
Demographic information
All of the fourteen participants were qualified psychoanalytic psychotherapists. Eight were women and six were men. Seven of the participants were UKCP registered (five women and two men) Seven were BCP registered (three women and four men). The mean age of the participants was 52.5 years (range 38-66; SD = 7.78). The mean length of time practising as a psychoanalytic psychotherapist was 12.86 years (range 2-22; SD 7.99). Two participants identified themselves as contemporary Freidians, four as independent/Kleinian and four as primarily Kleinian. Three practised primarily within the object relations
school, one as a Jungian. Most of the participants combined part-time work within the NHS with private practice. Five also held lecturing posts (two at a senior level). All of the participants lived within the London and Surrey areas of Great Britain.

**Impact of criticism on gender theory**

There was a general consensus that the critical literature on psychoanalysis had influenced their thinking in some way. When asked about this critical literature, the participants referred to two forms of critical literature, this included literature that was perceived to be generated by psychoanalytic thinkers and the critical literature that was more explicitly critical of psychoanalysis (and seemingly not generated by psychoanalytic thinkers, these themes will be explored more fully later on in this paper). This literature was viewed by many of the participants as informative, especially its views about women and female gender identity. Often it was described as "helping people to generate new ideas" and to "further our understanding" (Joanne). However, many seemed wary about some of the literature.

There is some really interesting stuff about female and male gender identity that has come out of the critical arena. I'm always open to new ideas, but I think that you have to be careful about what some of it is actually saying (Annie)

**Unacceptable criticism**

Some of the literature was described as unacceptable, especially the literature that was explicitly critical against psychoanalytic theories of gender development. More specifically, many of the participants described this type of literature as portraying Freud as "the patriarchal baddy" (Thomas). The literature that was described as ‘anti’ psychoanalysis was seen by many as “a complete misconception of Freud” (Kathy). When describing the literature that was ‘overtly’ critical of psychoanalysis, the participants’ often attributed this type of criticism to
misunderstandings on the part of the 'critic'. Furthermore, these criticisms seemed to be attributed to a lack of awareness of the breadth and scope of psychoanalytic thinking.

Psychoanalysis and gender is a very diverse area and contains a number of different doctrines. So I think that part of it is bad press and ignorance (Thomas)

Nearly all of the participants expressed quite strong views about those that criticise psychoanalysis. It could be hypothesised that the views that the participants seemed to hold about the critical literature may well be grounded in literature that is more explicit in its criticism of psychotherapy (Kitzinger and Perkins 1993; Taylor, 1996; Wilkinson, 1997). In most cases, this type of criticism was experienced as attacking and was attributed to the critic having a partial knowledge of psychoanalysis and psychotherapy.

[Feminist psychoanalysis] has something to say and doesn't attack the theory, I think people who attack the theory, I won't say who, they haven't read the literature [ ] many of the people who call themselves feminist psychotherapists have never had psychoanalytical training so they are not properly trained, so that is another thing that brings out anger because it is criticised by people who are claiming to do what we do and they haven't even been properly trained (Alison).

The above quote perhaps suggests that taking an attacking stance is the result of having no training in psychoanalysis. Given that there is such a large body of critical literature which seems to be explicitly against psychoanalysis, it could be hypothesised that in the participants' view, acceptable criticism of psychoanalysis can only be made by those that have had 'proper' training in psychoanalysis. 'Mis-understandings' and 'ignorance' may thus result in polemical views.
I think there is a temptation to, you know, if you come from a critical stance to take up an oppositional stance to them rather than really think about how ideas on gender are historically situated (Paul)

There was a sense that, in order for criticism to be constructive, the 'critic' would need to be knowledgeable about psychoanalysis. Being knowledgeable would enable an individual to 'think about' the diversity of concepts within psychoanalysis, especially the 'historical situation' in which the theories were written (i.e. the impact of the time in history when Freud wrote his theories about women). It is these views that follow.

**Acceptable criticism**

The critical literature that was seen as acceptable was described by many as being written by those who were 'knowledgeable' about psychoanalysis. This literature was described as being written by 'feminist psychoanalysts' (ie., this perhaps suggests that the acceptable literature has evolved from inside psychoanalysis). The work most commonly referred to by the participants was that of Mitchell (1974) and Chodorow (1986). In addition, many described being especially influenced by Klein; (1928), some were additionally influenced by Deutsch (1924) and Chasseguet-Smirgel (1964). This form of literature was described by many of the participants as helping them to develop their thinking about gender and sexuality.

Feminist theorising helped [me] to think about other ways of approaching the psychoanalytic view of sexuality. So as soon as I got hold of that, I wanted to know more about Klein and learnt that she had a different view of female sexual development and that began to free me up without feeling that I was outside the psychoanalytic poles as it were (John).

The views of the feminist psychoanalytic literature were described as having a 'liberating' influence on their conceptualisation of female sexual development.
However, what was seemingly important was that these ‘different views’ were in keeping with the culture and boundaries of psychoanalysis. Nearly all of the participants’ spoke highly of two feminist psychoanalytic writers, Juliet Mitchell and Nancy Chodorow:

I feel I have to go back to people like Nancy Chodorow. I do think that Juliet Mitchell is very good and I would certainly use her, certainly because she is an absolute Freud scholar, she does Freud like no one else can (Carol)

A consensus throughout was that this literature (i.e. Chodorow, 1989 and Mitchell, 1974) was written from an informed, knowledgeable and ‘scholarly’ perspective, which engendered the ‘value’ that was placed upon it by the participants. None of the participants’ voiced any disparaging comments about this literature. Many expressed the view that the usefulness of the literature from Mitchell and Chodorow was that it described the relevance of Freud’s ideas on women (i.e. that this literature had suggested that Freud’s ideas on female passivity were describing the socio-historic context in which he lived, as opposed to passivity being an inevitable developmental consequence for women, see for example, Chodorow, 1989). As Carol said:

[What] Freud gave us was a very good analysis of sexism in society and how it is internalised and this is the value of it, because until people started looking at psychoanalysis in relation to revolutionary movements they didn’t take into account how things got internalised. So that it is not just the boys saying to the girl ‘oh you know you are inadequate’, she is telling herself she is inadequate (Carol)

Here, Carol, as well as valuing the re-worked ideas of Freud, is describing the way in which these ideas have been represented as relevant to the feminist
movement (i.e., that patriarchy exists in society and that women take on their oppressed role through unconscious processes, usually through the primary relationship with mother - Chodorow, 1989). Indeed, many of the participants seemed to use this strategy to address Freud’s devaluation of women. Their accounts often portrayed Mitchell and Chodorow’s work as “enlightening”, and as providing “invaluable ideas on gender development” (Kathy) and “an asset to feminism” (Joanne). This could be seen as a way of legitimising the non-acceptance of some (i.e. more radical) criticism (which is regarded as non-legitimate because it is ill informed) and legitimising the acceptance of other criticism (i.e. that which does not threaten the whole psychoanalytic edifice and which is regarded as knowledgeable and informed). As has already been suggested, there was a consensus throughout the interviews regarding the overall impact of feminist psychoanalytic literature on conceptualisations of theories about women. Furthermore, the feminist contributions seemed to impact upon how the participants thought about the way in which an individual acquired their gender identity.

**The acquisition of gender identity**

*Participants’ impressions of gender theory*

Nearly all of the participants said that the feminist psychoanalytic literature had impacted on the way they thought about gender. There was a general consensus in believing that acquiring gender attributes is part of an intrapsychic development process, namely the Oedipal complex. The Oedipal complex seemed to be an integral part of many accounts of practice and was described as forming the foundations of their therapeutic work. Indeed, the Oedipus complex has often been referred to as the hallmark of psychoanalysis (Bateman and Holmes, 1995). As Sue said:

I think that the core of our theory is the Oedipus complex, and I think this for me is really a cornerstone of our theory in terms of there are two generations and two sexes and these are the facts of
life for me and what each person does with that varies (Sue)

A sense of unquestioning inevitability about the Oedipal complex as a developmental stage pervaded the interviews. In addition, there was a sense of inevitability of this being a crucial determinant of an individuals' identity. The participants seemed to emphasise a preference for a post-Freudian perspective on Oedipal thinking, especially the work of Melanie Klein (1928). Indeed, when discussing the relevance of the Oedipal period, many of the participants seemed to suggest that it was important for them to practice with a theoretical base that allowed for the idea that women have as much potential for power as males.

I think that the Oedipal idea is central in my thinking [ ] and I think that's where Klein and the others were so good, much more relevant, [ ] her ideas on womb envy, you know, so in the same way that boys know the power of their penis, girls have the knowledge of the power of their vagina (Alison)

And Annie:

The more recent ideas on Oedipal and post-Oedipal are really useful in my thinking

Even though many seemed to focus on the early stages of development as an important factor in gender development, a few of the participants appeared to question whether this intense focus on the mother infant dyad was relevant and helpful to practice. As Kathy said:

There is often an over-emphasis on regression to the mother/infant dyad rather than looking at other factors in how gender develops after the first two or three years (Kathy)
In the above account it could be suggested that the practitioners who held this line of thinking might be informed by some of the contemporary psychoanalytic literature. Indeed, Flax (1990, 1997) for example, questioned why mothers are still continuing to be the central agents in the constitution of women’s gender identity. When talking about their views and beliefs about gender development, some of the participants used material from their own personal development as a way of supporting their theoretical viewpoints.

**Personal and clinical experience**

When asked about the relevance of theories to their own experience most of the participants appeared to differentiate between theories that were applicable to their clients and or their own personal experience. It could be hypothesised that the participants’ own experience was a way of assessing the validity and relevance of integrating certain theoretical concepts in their practice. This is perhaps exemplified in the following extract where John seems to have had first hand experience of the ‘connection’ of theory to his own personal life events.

What I have done is learnt things about me and then found that there are theories that fit that experience [ ] I recognised that the Freudian bit didn't happen in me, that the Kleinian bit did, that came later, that the theory had connected (John)

And Lisa:

I think Oedipal theory, both Kleinian and Freudian has been extremely illuminating in terms of how I see myself as a professional as a daughter, as partner and as a mother

These views could be seen in comparison to those of Chodorow’s (1989, 1996) study. In her study, she found that the participants’ views on gender were not necessarily arrived at by comparing their own personal experience to
psychoanalytic theory. In this study, it seemed that personal experience was used as a way for the participants to find some meaning from psychoanalytic theory. References to clinical experience seemed to be a further way for the participants to conceptualise theory. John was talking about how his past clinical experiences were relevant to his current practice.

My work with these crazy horrible adolescents, it led me to Kleinian thinking, because projective identification is ubiquitous and explains to me why residential work is so awful (John)

Theory and gender differences
As previously noted, many of the participants described how the Oedipal complex was an important factor in their thinking. Reflecting on their own clinical and personal experience seemed to be another way for the participants' to conceptualise theory. When asked what it was about the Oedipal phase that was useful, most of the participants said that it helped them to understand how each sex came to realise how they were different. Overall, the participants' description seemed to correspond with the feminist psychoanalytic literature (i.e. that gender identity during the Oedipal phase is a composite result of biological forces, sex assignment, and parental labelling at birth, see for example, Chodorow, 1989). The participants described this as a socio-psychological process and seemed to portray it as inevitable.

You know of the existence of something because it is different to something else, you have a penis or you do not, then you have the psychological idea, not in the idea of superiority or inferiority, but in the idea of distinction, biological difference (Mark)

Many of the participants' seemed to experience theories of gender identity as inevitable. This in turn occurred during an early childhood phase of pre-
occupation with their own genitals and those of the opposite sex. In most cases, when talking about this topic the participants appeared to explore alternative ways of thinking about how gender identity could proceed. However, in most cases the participants' descriptions seemed to be based upon the inevitability of genital appreciation as a key-defining feature in gender identity.

Paul: How else do you symbolically manage the difference between the penis and vagina in terms of gender development? Is it conceivable? I mean given that there has to be some evaluation and admiration of what ones got

Interviewer: Has there?

Paul: I think so yes[ ] the discovery of the penis and vagina is a very seminal psychic experience, you have to go through a period of psychological processing [ ] in the belief of, and in the purpose of, and admiration for what one has got.

Genital appreciation was seemingly a significant factor in the participants' description of gender awareness. However, as has been mentioned previously, the participants did not seem to consider inferiority or superiority as being central to gender development.

*Penis envy*

It has been said by some that Freud's theories on women, especially penis envy have been mis-interpreted (see for example Mitchell 1974). Indeed, the concept of penis envy was raised by some of the participants. However, most of the participants referred to it as existing in a “metaphorical way” (Sue). Mostly, penis envy was described as a representation of women's reaction to patriarchal society as oppressed women lacking something that men have.

I think that things like penis envy are a malformation if you like because they are a reaction to power in society [ ] I don't think that penis envy exists; I don't think it's about penises, I think it is about
power, (Lisa)

When talking about the possibility of experiencing penis envy themselves, a few of the participants appeared to explicitly refute the idea that their early experiences could possibly be interpreted as penis envy.

I don't believe that I had those beliefs about being frustrated. I just don't accept that. There are so many other reasons why I felt insecure, because of the way I was treated because I was a woman, nothing to do with those theories. Envy is a normal emotion about a whole range of things and of course difference can create that. Women are envious because of the way they are treated as women (Alice)

Here envy seems to be portrayed as an emotion that is not necessarily attributed to gender. Indeed, emotions such as envy were often expressed as "normal emotions that everybody experiences" (Louise) regardless of gender. Even though psychological characteristics such as envy were described as gender free, when talking about women's identity in general, the participants' seemed to describe gender attributes as a socio-psychological phenomenon.

**Gender attributes**

Gender attributes were seemingly described as a socio-psychological phenomenon that was integral to the Oedipal phase of development. Even though there was a sense of the inevitability of the Oedipus complex process itself, the participants' seemed to portray the gender attributes of women as "fluid" and "constantly developing". The participants often portrayed psychoanalysis as conceptualising women differently than in the past, especially in respect of gender attributes. For these participants, representations of women had thus evolved. As Paul said:
Psychoanalysis doesn't think any longer about women just being there for the children, simply someone without a penis, but that there can be an introjection of penetrative qualities, assertive qualities [ ] part of female development is the capacity to have the idea of penile intercourse symbolically and metaphorically which allows inside oneself to have both aspects (Paul).

Even though there was a sense that psychoanalysis had evolved in its conceptualisations of women, there was still an engagement in many of the participants' accounts with stereotypical male characteristics. This perhaps is exemplified in the above extract. Paul is describing psychoanalysis as no longer thinking about women as 'being there for the children'. However, the future for women seems to be described in masculine terms. This perhaps suggests that to evolve, women may need to become like men.

When describing their views about women's role in contemporary society, many of the participants seemed to describe how younger women in particular were having a different social and cultural experience. This was the one experience that enabled them to display more confidence in the school playground.

In the last ten years it has changed, young girls [at school] have become much more assertive in their games and some of the boys are wanting to join in too. [ ] They [girls ] have actually started playing much more assertive and noisy games, and holding their own against boys (Lisa)

Some described young women as having a gender identity that was confident and existing independently of male expectation.

It is there in society, you see it especially with young girls. I think that women have a new confidence in what they say and do, as opposed to women reacting to or being defined by how men want
them to be.[ ] It's a sort of assertion, even though women still have to struggle with this, women are much more assertive in the workplace (Louise).

There was a sense that the participants described women (especially younger women) as beginning to forge an identity that differed from their own generation. At the same time, there was also a sense that even though women may feel more assertive to enter the workplace (which may have been previously male dominated) they are perhaps still struggling in such settings. This line of thinking might reflect the debate that is ongoing in some of the feminist literature. It has been argued that although women have gained a level of equality and have gained access to male dominated workplaces, the patriarchal nature of many institutions still prevails. Women may have finally gained access to these institutions that describe themselves as diverse, but often find themselves colluding in the denial of gendered structures of power, class, race and privilege (Fine & Addlestone, 1996).

The implications of theories of gender development on therapeutic practice

When asked about how their views may influence their practice, most of the participants seemed to suggest that theory might inform their practice in some way. However, the 'process' (i.e. the relationship) of therapy was described as being more important than a theoretical framework.

I suppose I use all the psychoanalytic concepts when I'm working, but not the ones, the theories about male/female differences [ ] My opinions are based more on experiential work really rather than a theoretical understanding (Annie)

In the above extract Annie appears to emphasise the process of therapy as more important than theory. Drawing on clinical experience seemed to provide some
of the participants with a slightly different type of account than the accounts that they gave about theory.

Sometimes it comes in useful as a guide [ ] no I wouldn't be looking for gender theories, I would be looking for pure straight down the line psychoanalytic technique and I would argue that is my job and my job is to analyse process (Carol)

When talking about their experiences of therapy, some of the participants seemed to reflect on aspects of psychoanalysis and described some possible limitations. When talking about their practice, although all of the participants talked about the usefulness of transference as a therapeutic tool, some of the participants questioned this focus on transference.

That is something that I find rather stifling about the psychoanalytic route that it cannot see current reality when it stares it in the face and is so obsessive with the transference that it actually neglects what women are living currently and internalising as they go along (Lisa)

In the above extract Lisa for example seemed to suggest that there are limitations to the concept of transference. In doing so she was perhaps alluding to a need to balance the internal and external factors of a woman’s experience. In relation to this, some participants seemed to acknowledge the difficulties that may be encountered by engaging in psychoanalytic psychotherapy, especially if the client has ongoing external life difficulties. Being able to make the necessary commitment to psychoanalysis may thus be experienced by some clients as problematic.

I am torn with this one [ ] I think, as you know psychotherapy takes a long time and of course if the external pressures are so great then it is almost
counterproductive to be in psychotherapy. Psychotherapy is best done in a relative calm of your life because in itself it is quite a stressful thing (Sue)

Other participants seemed to express views that appeared to be sceptical about the nature and relevance of theories of gender development. A few talked about the validity of psychoanalytic theory and that the theories may well be useful but they cannot be proved or disproved and thus need to be used in practice with caution. As Mark said:

There are interesting stories [about gender] Until we find some way of testing these things there is no way we can say it's good enough [ ] They haven't been validated, and it's for that reason that many of the arguments around it are sort of ultimately sort of empty, because when you get to a point where here is one position and here is another position and the question is how can we test them and then it's blank stares all round (Mark)

For these participants, while the theories appeared useful, there was no way of testing their validity, and it might seem that they were viewed as not necessarily valid in determining developmental outcome. Indeed, there is a growing body of literature from 'inside of psychoanalysis' which questions the extent to which psychoanalytic theory can be seen as valid and hence applicable in clinical practice (Stone, 1995). Moreover, a few of the participants questioned the validity of some of the published literature and spoke quite frankly about possible duplicities within the institution of psychoanalysis.

I think that psychoanalysts have to some extent set this up for themselves and I think [ ] a lot of the psychoanalytic writings on this [gender theory] and other matters are just stupid [ ] It is often as well that the psychoanalytic writers aren't forthcoming with their beliefs, that they tell lies. For instance Hanna Segal in an interview at one point she said 'I think that the theory of penis envy is a lot of bunkum', but I have never seen anything like that in her work (Thomas)
Overall there were few accounts that were critical of psychoanalysis. However, if the participants were critical, often these criticisms were quite tentative.

I think that most of them are difficult to get into. I think that Chasseguet-Smirgel, I find it impossible, that has the French disease, oh that sounds really awful

(Annie)

On the one hand Annie can be seen, as being quite critical of the feminist psychoanalytic theory. However at the same time she seemed almost apologetic for her critique. This is perhaps exemplified by Annie’s use of the tentative phrase ‘I think’. It could be hypothesised that Annie’s experience of psychoanalysis is one where criticism of the institution would be poorly received. By saying ‘oh that sounds awful’ Annie may be able to deflect any potential criticism from others. Indeed, when criticising psychoanalysis a few used phrases such as: “I s’pose I shouldn’t really say that” (Joanne).

Given the above it could be hypothesised that apologising for any criticisms that may ‘slip out’ could be attributed to the participants feeling that they have a responsibility to portray an accurate version of psychoanalysis. In this study, it seemed that even though some were more explicit about their views concerning the limitations of psychoanalysis, at times some of these limitations were expressed in a far more tentative manner. It could be hypothesised that some of the participants may have had concerns about speaking out against psychoanalysis. Louise perhaps exemplifies this sense of not being overtly critical.

I think that some people in psychoanalysis are sometimes afraid to stand up and say no this is rubbish. What I mean is, your not really supposed to do that are you

(Louise)
OVERVIEW

This study explored contemporary views of psychoanalytic theories of gender development. The initial sampling procedure was aimed at securing a representative sample of the population of psychoanalytic psychotherapists. There were more women than men in the sample; this was to be expected as women form the majority of the population of psychoanalytic psychotherapists. Only 14 out of the potential 100 participants responded. This could suggest that the participants who did respond might have had a particular interest in (either for or against) the topic of this research. The data set consisted of accounts of psychoanalytic psychotherapists, the youngest being 38 years old and the eldest being 66 years old. The length of time practising as a psychoanalytic psychotherapist ranged from 2 – 22 years. Since this study was aimed at eliciting accounts of practice (Chodorow, 1996) it could be suggested that the participants’ accounts may have been shaped by the length of time in clinical practice and by the historic and cultural context in which they trained.

Although the data has generated some useful findings there were some noticeable omissions from the analysis. Even though there was some evidence of thematic commonalties between the participants’ accounts, the meanings and process of construction of meanings were barely evident in the analysis. Indeed, the rationale for using Interpretative Phenomenological Analysis for this study was that this method assumes that what people say bears some relationship to what they think (about the phenomenon under investigation). Therefore, in order to access meanings it is important that the interview schedule allows for this data to be collected. Indeed, the interview schedule was designed to allow for this process to occur. However, the final data was lacking in the richness and diversity that was expected. This may have been due to insufficient use of probes and clarificatory techniques by the researcher during the interview process.
Given the limitations of this study, future studies in this area could perhaps take a more narrow focus and explore how gender impacts upon the process of psychoanalytic psychotherapy. Although there is some literature in this area (Crespi, 1995; Frosh, 1992), a further study could examine how practitioners perceive the gender of the therapist as it impacts on both client work and in clinical supervision (i.e. whether same or opposite sex dynamic impacts either negatively or positively on therapeutic/supervisory relationship).

In view of the aforementioned factors, there may be some difficulties in generalising from this study to a wider population. Nevertheless, the research provided some interesting findings on psychoanalysts' experience with and views on gender theorising. There was a general recognition by the participants that the critical literature (i.e., Chodorow, 1989, 1996) had contributed to their ideas on gender theorising. However, the literature that was viewed as explicitly 'against' psychoanalysis was rejected as misleading, whereas the literature that was generated by those who had psychoanalytic training was acceptable and held in high esteem.

Even though there were some tentative criticisms of psychoanalysis, when the participants were talking about their conceptualisations of theory, they all seemed to provide positive accounts. However, it was noted that when talking about the relevance of using theory in their clinical practice, some of the participants expressed that theories were not particularly relevant. On the basis of this, it could be hypothesised that this tendency to uphold psychoanalysis (i.e. their apparent reticence to explicitly criticise) may in part be due to a fear of exclusion from their institution (psychoanalysis has historically not been kind to its dissidents, see, for example Masson 1990). It could be further hypothesised that the perceived need by the participants to uphold the theories of psychoanalysis (i.e. to fiercely defend their institutions theories) could be explained as a collective defence against imaginary (or in this case perhaps real) outside
threats. The consequence of this form of action has been described as resulting in rigid views being adopted by the institution concerned (Habermas, 1971).

In respect of understanding how gender occurs, the Oedipus complex was described as a solid, constant mechanism through which gender identity begins to form. Conversely, gender attributes were portrayed as fluid and evolving, influenced by the prevailing socio-cultural milieu. Even though the participants could be seen as describing a theory of gender development that appeared to embrace equality for women, when describing how women are changing and developing, stereotypical male characteristics were seemingly used. This line of thinking has been noted by others (see for example, Frosh 1992, 1994). Indeed, it is argued that "masculine assumptions are endemic to psychoanalysis, thus vitiating any claim it may have on producing a gender free account of gender difference" (Frosh 1994 pp13). In this study the participants seemed to be suggesting that gender attributes are fluid and changing and that women's identity is changing. However, this change seems to be dependent on women adopting characteristics that are stereotypically male (i.e. to become like men). It could be hypothesised that even though the feminist psychoanalytic literature might be informing contemporary practice for women (i.e. by suggesting that psychoanalysis has evolved in its views on equal power for both men and women), there is still a privileging of stereotypical masculine ideals.

As was previously noted, counselling psychology has become interested in some of the concepts from psychoanalysis. Consequently, this study may have some bearing for clinical practice and training. On the basis of the findings, it would seem that although theories of gender development may be useful in informing practice, counselling psychologists may need to consider that the theories may be implying particular assumptions about gender (i.e., masculine and feminine assumptions). Indeed, as was mentioned earlier counselling psychology is committed to anti-discriminatory practice. If practitioners are considering aspects
of psychoanalysis, then as well as exploring the more conventional texts (i.e., Chodorow, 1989; Mitchell, 1974), it would perhaps be useful for clinicians and trainees alike to look toward some of the psychoanalytic literature that is engaging with some of the debates that have been highlighted in this study. For example, it has been argued that the masculine orientation within psychoanalysis is something that has been often left untheorised (Frosh, 1994). Consequently, even though psychoanalysis is argued to have much to offer women, its almost exclusive focus on the inner world fails to question the cultural and masculine hierarchies of the outer world (Flax, 1990; Segal, 1994; 1996). Given that gender awareness is important to counselling psychology, both on an individual and social level, (Strawbridge & Woolfe, 1996) counselling psychologists need to engage in an ongoing process of evaluating how their own values, and the values of psychotherapeutic and psychological theory might be impacting on the experiences of clients in therapy.

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APPENDIX I
(Letter to participants)

8th March 1998

Dear

I am currently undertaking a three-year Doctoral training in Psychotherapeutic and Counselling Psychology. Because Counselling Psychology is primarily an integrative approach, our training calls on different therapeutic philosophies. However, the main component of the training takes a psychodynamic stance toward developmental issues and therapeutic technique.

During my training I have developed a particular interest in how feminist ideas have entered psychoanalytic thought and the ways in which these ideas have influenced theory and practice. As a psychoanalytic practitioner you may have found yourself having to respond to criticisms that have been levelled at psychoanalytic theories of female development and having to consider the attempts by feminist psychoanalytic practitioners to rework these theories. In the research element of my training I have decided to explore psychoanalytic psychotherapists personal and professional responses to these issues. I feel that this is a valuable area for research and would therefore be most grateful if you would consider taking part in my study.

Participation would involve a single interview lasting approximately one hour. This would be conducted at a time and place convenient to you. During this interview I will be asking you a series of open-ended questions related to feminism and psychoanalysis. The interview will be audio taped and later transcribed by myself. In order to ensure confidentiality, your name and any identifying information will not appear on the transcript and the audio tape recording will be destroyed. Some of your responses may be reproduced in the final study but at no time will your name or organisation be identifiable.
If you are interested participating in my research could you please return the attached form before April 8th 1998 in the envelope provided. Please do not hesitate to contact me by telephone if you would like any further information.

Thanking you in anticipation

Yours sincerely

Kendra Gilbert
Counselling Psychologist in training
APPENDIX 2
(Research Consent Form)

The aim of this research is to explore how psychoanalytic psychotherapists conceptualise the relationship of feminism and psychoanalysis. A particular focus of this interview study is to explore your personal and professional responses to the way in which feminist ideas have entered psychoanalytic thought and the extent to which these ideas have or have not become integrated within your clinical practice.

You will be asked to take part in an informal interview about your feelings on the above subject. The interview will be recorded on audio-tape to enable the author to directly quote your responses when writing the research paper. As some of your responses may be produced in the final study, at no time will your name or organisation be identifiable. In making the transcriptions your name will be replaced by a pseudonym and I will delete the names of other people and places that may arise in the interview. Once transcribed the audio-tape recording will be destroyed.

If you have any other questions so far or feel that you would like some more information about the research before we proceed, please do not hesitate to ask before reading on.

Please read the following paragraph, if you are in agreement, sign where indicated.

I agree that the purposes of this research and what my participation in it would entail have been clearly explained to me in a manner that I understand. I therefore consent to be interviewed about my views on feminism and psychoanalysis. I also consent to an audiotape of this discussion being made
and to all parts of the recording to be transcribed for the purposes of research.

Signed . Date

On behalf of all those involved in this research, I undertake that confidentiality will be ensured in respect of the audio tapes and any transcription of same made with the above participant. I also undertake that any use of the audio-tapes or transcribed material will be for the purposes of research only. The anonymity of the above participant will be protected throughout.

Signed Date
APPENDIX 3
(Demographic information)

Sex:

Age:

Professional qualifications:

Present employment title:

Length of time practising as a psychoanalytic psychotherapist:

Would you say you have a particular psychoanalytic orientation, if so what is it:
APPENDIX 4
(Interview schedule)

(The comments in brackets and in italic font are guidelines for the therapist during the interview process)
(Introduce self and the basic outline of the study to the participants)

My research is concerned with the ways in which feminist ideology has concerned itself with psychoanalytic theory and practice.

Some people have voiced a concern about the extent of their academic understandings of both psychoanalytic and feminist literature. I am necessarily concerned with the quantity of your knowledge. I am more interested on taking an experiential approach, giving you the opportunity to talk about feelings and experiences in response to psychoanalysis and feminism, especially in relationship to your practice.

The interview is comprised of three sections. The questions are designed in such a way so that you can answer the subject areas as freely as possible.

Firstly, I will be exploring with you your experience and understandings of the concept of feminism.

Secondly, I will be exploring with you, your feelings and experiences with psychoanalytic theories of gender development both as an therapist and in relationship to your own personal development.

Finally I will explore with you, your feelings about the concept of feminist psychotherapy.

You may feel that some of the questions are not relevant to you, or your practice, if this is the case please feel free to say so

If you have any questions at any time throughout the interview, please do not hesitate to ask. (Turn on tape)
Section 1. Representations of feminism
The concept of feminism has received much publicity over the past twenty years. Firstly I would like to explore with you what you're past experience and current conceptualisation of feminism may be. 
(Explain to participants that this is an experiential exercise on what feminism may or may not mean to them personally)
-Given your life experience, how would you define the concept of feminism?
-What aspects, if any, of feminism do you see as being as being most positive? Could you give me some examples
-What aspects, if any, of feminism do you see as being as negative? -could you give me some examples
-Have you had any involvement with the feminist movement? (At this give the participants some examples of perhaps what involvement may mean)
I'm thinking here of a wide spread spectrum of involvement perhaps ranging from involvement with a feminist group, reading feminist literature such as spare rib)
-If yes, could you tell me what this involved
-What effect, if any did that involvement have on you ideas about feminism?
-Were there any aspects of your training as a psychotherapist which stand out as being influential in your conceptualisation of feminism?

Section 2 - Therapeutic practice - Theory and Practice - Reflections on psychoanalytic theories of femininity
(Explain background to participants of the area of questioning)
In this section I would like to explore with you your feelings on psychoanalytic theories of gender development. In particular, female development, both within your therapeutic practice and as part of your own personal development. I am not necessarily asking for academic knowledge, but what stands out in you mind on initial thought about the subject
(This section is aimed at eliciting information about the ways in which they utilise theory in practice. In particular, which parts of the theory they adhere to, like dislike, think are important etc)

**Theory**

- Are there any aspects of psychoanalytic theories of gender development, particularly female development that you feel are important to you in your practice, if so what are they?
- What is it about those theories that are important?

(Try to encourage the participants to discuss actual examples of theories and what their feelings are about them. Need to be mindful that they may bring in therapeutic issues in this section. Therapeutic issues are for the next section try and keep the two areas separate if possible)

- Are there any aspects of these theories of female development that you feel are unimportant?
  If so what are these?
- What is it about these theories that makes you say that?
- Why are they unimportant?

**Practice**

When you are working with patients, in what way, if at all, are psychoanalytic theories of female development useful in understanding clients?

Could you give me an example of this in practice. i.e., how you would relate theory to practice?

**Section 3- Integration of feminist values within practice/therapeutic issues**

As I mentioned in the letter to you, there has been a lot of criticism levelled at psychoanalysis from within the feminist movement. In this section I would like to explore with you how you feel this. I would also like to explore with you what your feelings are about integrating feminist philosophy within psychoanalytic practice. By this I mean integrating feminist ideology generally within psychoanalytic practice and for you personally within your practice.
There has been much written on integrating feminist values into psychoanalytic psychotherapy, such as egalitarianism, empowerment, courage, strength. Some psychoanalytic psychotherapists would not see it as appropriate, others would argue that it depends on the context of the client.

-What do you think about this?
-If appropriate could you tell me, the ways in which you might incorporate feminist values within your practice?
-Could you give me an example?
-What do you think about this?
-I would like you to imagine that you are working with a client who is presenting you with strong feminist viewpoints. In what ways do you think that your clients' views on feminism might be interpreted by you.
-Could you give me an example?
-What makes you say that?

Statements
(The participants were given two statements to read. These were given to them on a post card, for them to reflect on before answering)
I would now like you to consider the following statements. These are not necessarily my views, however, some people have voiced strong feelings about some of the material we have just discussed, therefore I was wondering what you think.

Statement one;

MANY FEMINISTS ARGUE THAT THE INDIVIDUALISTIC NATURE OF PSYCHOTHERAPY NEGLECTS THE SOCIAL AND POLITICAL OPPRESSION THAT WOMEN EXPERIENCE.

WHAT IS YOUR OPINION ON THIS?

Statement two;
MANY FEMINIST PSYCHOANALYTIC WRITERS HAVE RADICALLY RE-WORKED THEORIES OF FEMININITY TO COMPENSATE FOR ACCUSATIONS OF SEXIST DOGMA. IT COULD BE SAID, HOWEVER, THAT SUCH RE-STRUCTURING COULD RESULT IN THE DEVELOPMENTAL ASPECTS OF THE THEORY BEING NO LONGER Viable.

HOW DO YOU FEEL ABOUT THIS SUGGESTION?

-what makes you say that

That is all the questions that I would like to ask.

-Is there anything else on the subject that you would like to talk about which I have not covered?

-How did you feel about being interviewed on this subject?

(Prompts to use throughout the interview to help encourage participants to explore their responses further)

Could you say more about that

Can you give me an example of that/what you mean

How do you feel about that

Why do you think that

What makes you say that

How useful/helpful do you find that
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