A Portfolio of Academic, Therapeutic Practice and Research Work

Including an investigation of 'The experience of economically successful men and women in relation to the management of identity in a postmodern context: An interpretative phenomenological analysis'

Submitted to the University of Surrey in partial fulfilment of the degree of Practitioner Doctorate (Psych.D) in Psychotherapeutic and Counselling Psychology

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This portfolio is dedicated to the memory of my father, requiescat in pace, who remained loving and supportive to the end; his example lives with me.
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Introduction to the Portfolio

This portfolio represents a selection of work carried out in partial fulfilment of the degree of Practitioner Doctorate (Psych.D) in Psychotherapeutic and Counselling Psychology at the University of Surrey. It incorporates three dossiers: Academic, Therapeutic Practice and Research.

Therapeutic work is of course confidential, thus the anonymity of clients has been protected throughout this portfolio. Where client material has been drawn upon to exemplify my therapeutic practice, identifying information has been changed or omitted to assure the confidentiality of clients. This rationale was also applied to the participants who took part in the empirical research detailed in this volume.
ACADEMIC DOSSIER
Introduction

The Academic Dossier incorporates four papers selected from work submitted for the following courses: Advanced Theory and Therapy (two papers), Third Year Options and The Context of Counselling Psychology.
In cognitive therapy, therapeutic change is not dependent upon the therapeutic system of delivery but on the active components which directly challenge the client's faulty appraisals. Discuss.

Introduction

Cognitive therapy, as practised by clinicians in the UK, is a form of Aaron Beck's cognitive therapy (Beck, 1963, 1964). Beck's 'traditional' therapy has become the most researched form of cognitive-behaviour therapy (Moorey, 1996). The approach is seen as 'rationalist', albeit with reservations from some authors (e.g. Weishaar, 1993), in that it assumes that psychological disturbance results from irrational or distorted ways of seeing the world. Rationalism however has many critics, given that it is based on statistical truths and abstract knowledge and thus imparts an unrealistic picture of the world wherein the individual is robbed 'of his foundations and his dignity' (Jung, 1958: 16). Evolving from such an epistemology, cognitive therapy has matured, for some theorists and practitioners, into a more explorative and constructive approach which facilitates a developmental and historical understanding of a client's difficulties (Guidano and Liotti, 1983; Guidano, 1991; Liotti, 1987, 1991). A distinction is made between constructivist and constructionist approaches, the latter emphasising the way culture and social structures construct a reality wherein individuals operate (Parker et al. 1995). The constructivist approach stresses that people are active construers of their own personal reality, where individuals construct the world and their problems in different ways, and emphasises the relativistic nature of reality in contrast to the view that there is an 'actual reality'. Attempting to define 'reality' is fruitless, people live successful lives by knowledge of the representations that they and other people make about 'reality' (Rorty, 1991).

A constructivist epistemological commitment recognises that knowledge may be derived from various domains: socio-political, biological, neurological, developmental or cultural. At a theoretical level, constructivist thinking would take a more integrative or meta-theoretical approach rather than one specific type of therapy. Given such 'epistemological
and theoretical pluralism’, a unitary view of the self is rejected in favour of a complex self construct which may be revised in terms of personal meaning and purpose (Power and Brewin, 1997). Client’s, while at times in need of support, are regarded as having the necessary strength, wisdom, knowledge and understanding to improve their present circumstances (Drewery and McKenzie, 1999).

Constructivist thinking tends to emphasise the importance of unconscious or tacit learning, the social roots of knowledge (in particular primary attachment relationships), the development of self-representations which may reflect differing and contradictory life experiences, and the phenomenological exploration of emotional and bodily states (Guidano, 1987, 1991; Mahoney, 1991; Meichenbaum and Fitzpatrick, 1993; Neimeyer, 1993). In contrast to traditional cognitive therapy, constructivist interventions are less structured and didactic, less concerned with reality testing and more exploratory. They facilitate the construction of an alternative interpretation or meaning of events - a new personal narrative which is internally consistent and therapeutic, resulting in less distress (Power and Brewin, 1997). Cognition is thus seen as proactive and anticipatory rather than passive and determined.

Arguably therefore, cognitive therapy has become a more integrative approach to practice by incorporating many constructivist concepts. In addition, contemporary cognitive therapy has incorporated ideas from experiential and psychodynamic therapy. For example, attachment theory and the therapeutic relationship have become increasingly important within cognitive therapy, facilitating exploration of the client’s interpersonal schemata (Beck et al. 1990; Persons, 1989; Safran and Segal, 1990). The therapeutic relationship can thus offer the client a form of re-parenting (Young, 1994), a reparative relational experience (Clarkson, 1995) or, in psychodynamic terms, a ‘corrective emotional experience’ (Storr, 1979). Transference and counter-transference are utilised to provide a deeper understanding of the therapeutic process, the client’s internal world, and the therapist’s responses to the client, including thoughts, schemata, emotions, actions and intentions. Reflective practice for therapists necessitates examination of personal feelings
and beliefs; cognitive therapists now stress the importance of being attentive to and examining their own schemata which may be activated in session (Layden et al. 1993). Such development provides theoretical coherence and conveys an openness to the diversity and complexity of human experience.

Cognitive therapy therefore, has unequivocally evolved over recent years. Such development has significant implications for therapists in terms of their therapeutic system of delivery; it necessitates debate regarding the role of the therapist as ‘expert’, and of the power dynamics inherent within the therapist-client relationship. From a constructivist perspective there is a certain disavowal of the therapist as expert, especially given the impossibility of gaining unmediated knowledge of a client’s experience. This is tempered somewhat by the recognition that the ability to formulate and understand this concept is in itself a form of expertise (Kaye, 1999). Some authors propose that therapists can and should mitigate the power inherent in their expert knowledge by striving for communicational transparency (White, 1991), while others suggest that a society cannot exist without power relations (Foucault, 1980).

Clearly therapists have psychological expertise, and there is an apparent power imbalance inherent within the therapeutic relationship. As such, power should be confined within the relationship with as little domination as possible. It should be used for therapeutic purposes and support the client’s communication and collaborative enquiry, and be monitored by the reflective therapist and supervisors (Fish, 1999). An awareness of these issues, for constructivist cognitive therapists, has implications in terms of their therapeutic system of delivery, specifically in terms of the role of expert to one of collaborative and constructive inquirer. This paper will attend specifically to these issues in relation to the therapist-client relationship and the active components of change.

**Therapeutic system of delivery & the active components of change**

Much has been written, critically, about the therapist as ‘expert’, especially in relation to those working from a rationalist, objective and an essentialist perspective (e.g. Clegg,
1998; Mair, 1997; Morss and Nichterlein, 1999; Mowbray, 1997; Spinelli, 1994). From this perspective, the core assumptions and intervention strategies of traditional cognitive therapy have been challenged. For example, many client’s with personality disorders violate the conditions attached to the original model, that is, that they have ready access to their feelings and thoughts, they have identifiable problems, they are motivated and able to complete homework assignments, their cognitions are flexible and thus modifiable, and are able to engage in a therapeutic relationship (Young, 1994). Contemporary cognitive therapy has attempted to address such limitations of the traditional model by being more attentive to the needs of individual clients (e.g. Young, 1994); this development necessitates change for the clinician in terms of his/her practice.

However, while cognitive therapy may be constructed to suit the needs of the individual, certain principles underpin therapeutic practice for all clients. For example, the model emphasises thinking relative to feeling and behaviour, developmental events and patterns of interpreting these events. Practice requires a sound therapeutic alliance, stressing active participation; it is goal oriented and problem focused, with an initial emphasis on the present, but with the opportunity to explore the past when and if required. Therapy is educative and aims to be time limited - the duration of which being dependent on the severity of difficulty. Sessions are structured, teaching clients to identify, evaluate and respond to their dysfunctional thoughts and beliefs; and a variety of tools and techniques are used to change thinking, mood and behaviour (Beck, 1995). These principles remain important for clinicians who have adopted constructivist thinking to their practice. It will be argued however, that the relatively recent changes to the cognitive model, in particular those addressing the power dynamics and the incorporation of psychodynamic concepts, have resulted in a more creative, efficient and effective practice.

*Therapist power and the components of change*

The integration of constructivist thinking to practice may be seen as an attempt to overcome certain power dynamics within the therapeutic relationship. For example, the traditional
approach facilitates conceptual diagnosis and therapeutic instruction to the client about how to overcome identifiable problems or difficulties. Such delivery leaves little room for a more qualitative and elaborative inquiry into the nature of the client's past and present circumstances (e.g. Clegg, 1998; Mair, 1997; Spinelli, 1994). While there may be evidence of dysfunctional or irrational thinking for some clients, thus supporting quantitative research evidence (e.g. Salkovskis, 1996; Wells, 1997), the thinking of other clients, perhaps exhibiting similar symptomatology and beliefs, may not be dysfunctional or irrational in their particular circumstances.

Spinelli (1994) exemplifies through knowledge derived from the social environment - knowledge which may not be perceived as personally meaningful and may thus be consequently disabling for the client. Rather than being irrational, a client's thinking may be quite appropriate; irrationality, if any, has as much to do with societal assumptions as with the client's. Preconceived ideas or assumptions on the part of the therapist, in relation to an internal psychic malfunction of the client, are therefore misplaced. Collaborative and constructive inquiry as a system of delivery, as opposed to an objective and remedial therapist expertise, may thus facilitate the creation of alternative meaning for the client in his/her given circumstances. The client may come to understand the influence of societal pressures on their thinking, feeling and behaviour; and practitioners may learn from the client, in terms of the relativistic nature of reality for the individual.

Such a system of delivery, incorporating 'epistemological and theoretical pluralism', may require multilevel reasoning and personal qualities of wisdom, integrity and intuition (Schon, 1987), in contrast to rationalistic and reductive explanations of human behaviour. From this perspective, alternative and transformative meaning for the client may be explored and elaborated upon by guided discovery - primarily aimed at facilitating a more therapeutic, qualitative and personal discernment of meaning by the client. Utilising guided discovery, the therapist, rather than demonstrating or focusing on the 'irrationality' of a specific belief, may ask questions that lead the client to discover new, alternative and wider views of situations which the therapist may not know in advance (Padesky, 1993). Clients
may thus understand the nature of their difficulties, and become able to identify and evaluate their thinking, feeling and behaviour in contextual circumstances. Specific tools and techniques (e.g. diaries and old/new belief worksheets, behavioural experiments), may be a fruitful means of facilitating creativity and discernment of new and alternative meaning by the client, and, arguably, more effective therapeutic change.

The development and evolution of cognitive therapy has also contributed to the debate between academic and applied psychologists regarding ontological assumptions adopted by practitioners (Clegg, 1998). In this regard, Taylor (1989) argues for unifying ontologies which may incorporate different perspectives, thus being congruent with the complexity and diversity of human experience. This visionary and creative perspective resonates with the work of physicists Bohm (1980) and Bohm and Hiley (1993), who propose that different entities can be understood as belonging to one conceptual world. As previously discussed, the complexity and diversity of human experience is exemplified in a variety of epistemological domains from which knowledge may be derived and subsequently impact, positively or negatively, the lives of people. The challenge therefore, to the ongoing development of psychological theory, research and practice, may be to regard these domains of knowledge within the umbrella of a 'single ontology' (Clegg, 1998). The primary aim of a single ontology is to conceptualise 'unity within diversity' in the present cultural moment (referred to by many authors as postmodernism, e.g. Kvale, 1992), in an attempt to facilitate knowledge and understanding of the complex and diverse nature of human experience. Contemporary cognitive therapy may be regarded as a developmental process in response to this challenge.

Transference-countertransference as components of change

The integration of psychodynamic concepts - transference and countertransference - within a cognitive therapy framework, appears to have been a positive development. As therapeutic aids, they may facilitate a full interpretation of the client’s present life, the therapeutic relationship, and the client’s past (Casement, 1985). For example, a client may
have had an insecure avoidant attachment as a child. Such an attachment has implications for the individual, in that they may conform to an inner expectation of intrusiveness, unprovoked aggression, mutual suspicion, rejection or neglect. Inevitably, defence mechanisms such as idealisation, projection, projective-identification, omnipotence and denial of autonomy will manifest themselves in the transference (Batemen and Holmes, 1995; Holmes, 1996; Klein, 1975). For the therapist therefore, an awareness of such transferential and countertransferential processes may facilitate a full interpretation of a client’s past and present circumstances. The active components of change are grounded in an interpretation relative to the client’s experiential ‘reality’ (from childhood object relations to the present), and may thus facilitate alternative and transformative meaning for the client during the process of therapy.

Interpretations by the therapist are also open to revision and adaptation when working within such a therapeutic relationship. For example, given the concept of ‘epistemological pluralism’, the material a client discloses may facilitate an interpersonal or intrapsychic hypothesis. Alternatively however, there may well be a socio-political or cultural influence on a client’s difficulties. Layder (1990) describes how cultural factors influence people in ways that they might not recognise. Such a scenario would facilitate a ‘plural interpretation’ (Samuels, 1993). For instance, putting to the client that what they have discussed might refer to a hypothesis derived from an interpersonal and/or a cultural influence on their thinking, feeling and behaviour. Thus, transference and countertransference processes inherent within the therapist-client relationship may have variable meanings, and should not solely be attributed to intrapsychic difficulties. Subsequently, therapist interpretation may be elaborative, explorative, generative and open to the possibility that a client’s difficulties may have multiple meanings attributable to various epistemological domains; thus they may be more effective as active components of change for the client. Contemporary cognitive therapy therefore, appears to have significant therapeutic advantages in contrast to the more traditional approach.

In conclusion, the system of delivery of the cognitive therapist has changed as the model
has developed and evolved from its traditional origins. Therapeutic intervention and the active components of change have become more elaborative, generative and educative, therein facilitating the transformation of meaning for the client in a more efficient and effective manner. Of course such an argument is an empirical question; future research may compare the system of delivery and the active components of change of the original model with the more constructivist approach, and offer comment on therapeutic outcome from both approaches in an attempt to establish the validity of this argument.

The constructivist approach seeks to understand human complexity and the uniqueness of any one individual - an approach reminiscent of the concerns espoused by many eminent psychologists (e.g. Jung, 1958; James, 1907) - as opposed to a specific focus on gathering, correlating and generalising knowledge to the wider community. For Jung, psychologists have a responsibility to develop theory and practice which encompasses the diversity of human experience. Given that we live in an age of 'theoretical, epistemological and ontological pluralism', the complexity and diversity of human experience appears vast and perhaps difficult to the ongoing development of theory, research and practice. Knowledge and understanding may be derived from many domains and perhaps future research may integrate knowledge from other academic disciplines: literature, history, anthropology, sociology, philosophy, theology, which may help delineate and map the complexity and diversity of human experience (e.g. Said, 1994; Valentine, 1992). Nonetheless, the development of cognitive therapy, integrating concepts and ideas from other epistemological and ontological domains, may be regarded as an attempt to engage with such diversity and complexity, and, at a practical level, enhance the quality of life for the individual.
References


Critically evaluate the concept of narcissism.

Introduction

Narcissism as a concept pervades psychoanalytic literature. Numerous theorists have provided a detailed exploration of the concept, accompanied by significant insight and understanding for the practising psychotherapist. Among many, authors such as Ballint (1989), Masterson (1993), Mollon (1993) and Rosenfeld (1987), provide a concise and thorough theoretical and therapeutic understanding of narcissism. Arguably, Heinz Kohut has contributed a more definitive analysis than any other writer (Kohut, 1971, 1977, 1978a, 1978b, 1978c); his work appears to have made considerable advances on classical psychoanalytic theorising, particularly in relation to narcissism which was first introduced into the psychoanalytic literature by Freud in 1909 (Jones, 1957). Mitchell (1988, 1993), critiques the different technical approaches to narcissism, and suggests that the majority of therapists struggle to find a midpoint between different contemporary approaches and the classical approach. His recent development of an integrated relational model may offer a solution to this difficulty. In critically evaluating the concept of narcissism, this paper will review the theoretical origins and development of the concept by focusing on the work of Freud, Kohut and Mitchell.

Freud (1957) described narcissism in relation to the drive model and libido. He suggested that at the beginning of life, narcissism was an investment of psychic energy ‘within’ rather than toward the ‘outside’. Conceptually therefore, the infant is isolated as the psychic energy is invested within, prior to any libidinal investment in an object in the environment. Object relations theorists, in contrast, believe the infant is essentially related to people in the environment. Thus narcissism, from Freud’s perspective, involves a withdrawal of instinctual energy from external objects and investment of libido in the ego. This implies that the person is unable to love or relate with others and is self absorbed. As such, the classical psychoanalytic model regards persons with narcissistic disorders as nonanalysable because they are unable to invest in a relationship, especially a therapeutic one. Given that
the establishment, interpretation and resolution of transferences in the analytic session constitutes traditional psychoanalysis, then there is little hope for these individuals, therapeutically speaking, as they cannot form a relationship and enter the transference.

Freud (1957) compared narcissism to a sleeping or ill person who withdraws all emotional investment from outside things, resulting in indifference to external objects as all the energy and attention is focused on the self. His drive and object model essentially sees narcissism as pathological, with the exception of primary narcissism when the ego has an early sense of omnipotence which the growing child gradually transforms into object love by cathecting an object. The narcissistic person has the self as a love object. In contrast, Lowen (1985), from an object relations perspective, disagrees with the concept of primary narcissism, and understands all narcissism as secondary, directly stemming from some disturbance in the parent-child relationship.

The Kohutian model

Kohut's work created intense reactions and criticism from the psychoanalytic community as his theories moved beyond the traditional psychoanalytic drive model. His work shares with object relations theories an emphasis on relationship and a retreat from the Freudian model. His psychology of the self however, established new theoretical and therapeutic ground, different from object relations theories, and pointed psychoanalysis in a new direction. In his later work the concept of libido was dropped and he rarely spoke of ego or superego. While he disagreed with many aspects of classical psychoanalytic theory, he did not fully reject the theory; he supported its use within clearly defined areas, for example, the neurotic conflicts of intact personalities (Mollon, 1993).

Cultural change and development and changing styles of family interactions had brought about new problems, and Kohut felt that areas of the psyche were not explained nor illuminated by the classical model (Kohut, 1977). His psychology of the self explains certain phenomena unexplained by the classical drive model, in particular the area of narcissism. He widened the scope of psychoanalysis by incorporating its understanding to
areas broader than neurosis (London, 1985). He proposed two models; a broad psychology of the self, which put the self at the centre, and secondly, he retained the basic traditional model but with slight extensions, with the self a structure contained in the ego (Kohut, 1977).

In contrast to Hartman (1964), who changed the definition of narcissism so that the self rather than the ego was the target or object of libido, Kohut defined narcissism not by the target of the instinctual or libidinal investment, but by the nature or quality of the instinctual or libidinal charge (Kohut, 1971: 26). Self-aggrandisement and idealisation characterise narcissistic libido. Thus Kohut replaced the traditional instinctual understanding of narcissism with a new theoretical understanding. Persons who invest others with narcissistic libido are experiencing those others narcissistically, that is, as selfobjects. The narcissistic person therefore, has phantasised a control over others similar to the way an adult has control over his or her own body (Kohut, 1971: 27). Kohut’s work has provided understanding of the phenomena of narcissistic patients who do not necessarily withdraw interest from objects in the external world, but are unable to rely on their own inner resources and have therefore created intense attachments with others (Teicholz, 1978: 836). Thus, while Kohut’s early work still used the traditional terms of the drive model, his later work explicitly moved beyond the drive model as it failed to explain certain clinical phenomena (Kohut, 1977: 128, 224).

Kohut disagreed with the traditional psychoanalytic view that narcissism was pathological (Kohut, 1980b: 453). He reformulated the concept in such a way as to see how it played a role in psychological health. Whereas Freud regarded narcissism as the precursor to object love, which then replaced narcissism, Kohut believed that narcissism had its own line of development. Ultimately no individual becomes independent of selfobjects; empathically responding selfobjects are required throughout life in order to function (Kohut, 1980b).

Kohut’s line of development incorporates two forms in which narcissism becomes differentiated: the grandiose self (healthy self-assertiveness in relation to the mirroring
selfobject) and the idealised parental image (healthy admiration for the idealised selfobject). This developmental line differs from Freud's conception of libidinal development. While Freud understood libido to develop from autoeroticism via narcissism to object love, Kohut's independent line of development proceeded, preoedipally, from autoeroticism via narcissism, to higher forms and transformations of narcissism. Thus Freud's notion of narcissism was changed by viewing narcissism in terms of different levels of maturity (Kohut, 1971).

Persons have narcissistic needs and continue to need the mirroring of the self by selfobjects throughout life. For example, adult love may be conceptualised in terms of a person who serves as a selfobject, for love involves mutual mirroring and idealisation, which in turn enhances the self esteem of both persons involved (Kohut, 1977). As such, narcissism continues throughout life, being transformed into various forms. Healthy narcissism is manifested in adulthood in such forms as creativity, humour and empathy (Kohut, 1978a). The characteristics of a persons personality result from the interplay of the narcissistic self (the grandiose-exhibitionistic self), the ego, and the superego (with its internalised ideals) (Kohut, 1978a).

Thus, in Kohutian terms, development involves more than drives. Kohut's model shifts the emphasis from drives to the self. For example, the traditional psychoanalytic emphasis on drives does not fully explain why a child may be orally or anally fixated. For Kohut, drives emerge when the fragile self is not responded to and begins to lose its cohesiveness and begins to fragment. In terms of the child, the need for food or the interest in faeces are not primary. The child needs a selfobject who gives food, a selfobject who receives the faeces. The mother responds, not in relation to the child's drives as to a self that is forming and is seeking confirmation through giving and receiving from the mirroring object. The child experiences, therefore, the mother's pride or rejection as the acceptance or rejection of his or her active self, and not merely as acceptance or rejection of a drive (Kohut, 1977).
The integrated relational model

Greenberg and Mitchell (1983), in a review of post-Freudian writing, divide psychoanalysis into two broad competing perspectives: Freud's drive theory and the relational model. The relational model includes object relations theory, interpersonal psychoanalysis, and self psychology. Mitchell suggests that there has been a radical shift in recent years in how psychoanalysis thinks about the person. Contemporary psychoanalysis places an emphasis on a relational model, whereby an individual exists in transactional patterns with internal structures derived from an interactive, interpersonal field. This shift in focus opposes the classical drive model - a model that regards the mind as a set of predetermined structures emerging within the individual (Mitchell, 1993).

Psychoanalysis has therefore become different from Freud's initial insights, and Mitchell (1988) regards the drive theory as being outdated despite its conceptual unity and comprehensiveness. Exploring the various traditions within the relational model, Mitchell suggests ways in which these traditions can be integrated and developed into a comprehensive perspective for examining areas such as sexuality and narcissism, specifically from a relational matrix (Mitchell, 1988). The content of the relational matrix includes the self, the object, and transactional patterns. As an organising principle the relational matrix contrasts with the idea of drives; both concepts look at clinical data but arrange that data differently, engage with it differently, and interpret it differently (Mitchell, 1988). His objective is to seek a methodology which integrates different conceptual strategies of the relational models (Mitchell, 1993). While he believes that psychoanalysis should never completely disregard Freud's thought, and he suggests that he is not constructing an alternative to classical Freudian thought, he omits the concept of drives from the integrated relational model. However, while giving up certain theoretical constructs, Mitchell retains clinical data that led to ideas about instinctual drives; data such as the sense of being driven, the experience of pressure and urgency, and self descriptions of bestial or bodily imagery. He recasts this data within an interactive, relational theory of the mind (Mitchell, 1988).
For Mitchell, all meaning is generated in relation, and nothing is innate as proposed by the classical drive model (Mitchell, 1988: 61). The mind is a construction of relational configurations. Within the relational matrix humans are seen as being formed by an interactional field, a matrix of relationships within which they may struggle to make contact, maintain ties, or differentiate themselves. As such, humans seek an infinite variety of connections, whether for pleasure, security or dependency. The interactional field therefore, is the unit of study in the relational model, as opposed to the individual as a separate entity; human experience is considered in the context of relatedness (Mitchell, 1988).

In his critique of different technical approaches to narcissistic illusions (including Winnicott, Kohut and Kernberg), Mitchell proposes a descriptive framework located in his integrated relational model. The more traditional approach to narcissism expands on the ways narcissistic illusions are used defensively; however, Mitchell suggests that this approach leaves out the valuable role of illusions in health, creativity, and consolidating crucial relationships with others (Mitchell, 1988); he exemplifies this distinction through the work of Kernberg (1975) and Kohut (1971). According to Kernberg, the narcissist lives in an exploitative world where security lies in the devaluing of others. The therapeutic response is to appreciate this position, point out defences, and facilitate some contact. For Kohut, the narcissist lives in a hurtful world, where security lies in splitting off aspects of the self in an effort to protect the sensitive feelings connected to them. The therapeutic response is to appreciate the threat of self-dissolution. Thus, to challenge illusions, in this view, is to perpetuate childhood traumas (Mitchell, 1988: 192-193).

Mitchell's integrated relational approach draws on both of these approaches by viewing the interactive role of narcissistic illusions in prolonging and perpetuating the patient's relational matrix. Narcissism plays an important function throughout the life cycle in perpetuating fixed patterns of interpersonal relationships and phantasised ties to significant objects. Different kinds of narcissistic illusions are generated throughout the life cycle from childhood to old age. Such illusions usually take the form of exaggerated estimations of the
person’s own qualities, infatuation with the qualities of others whom the individual loves, and phantasies of perfect merger with a beloved. It is common for healthy individuals to have experienced feelings and phantasies of grandiosity at times, but in healthy narcissism the individual is able to maintain a balance between illusion and reality (Mitchell, 1988: 193-195).

Pathological narcissism, in contrast to healthy narcissism, is a character issue when illusions are taken too seriously, when reality is sacrificed for some idealised fiction. Mitchell proposes that the pathology of narcissism is contained not in the content of narcissistic illusion, that is, what the individual actually thinks, but in the attitude towards those mental contents. Pathological narcissism has an interactional perspective because narcissistic disturbances appear to come about when personality is formed in significant relationships where there is a disturbance in the interplay of illusion and reality. In some disturbances, illusions are consciously maintained, and reality is sacrificed to some self-enobling, idealised fiction (Mitchell, 1988: 194-196).

Accordingly, Mitchell argues that narcissistic illusions are not solely defensive, nor a manifestation of childhood mental life, but fundamentally as a form of interaction and participation with others. Thus while grandiosity and idealisation may sometimes serve as defensive functions and sometimes represent unfulfilled developmental needs, they may also act as a particular form of interaction, most specifically in the therapeutic situation. When they occur in therapy, Mitchell proposes that their function is an invitation to a particular form of interaction. In such a situation the patient needs some participation from the therapist to complete an old object tie. Thus if grandiosity is involved, an expression of admiration or appreciation may be requested. If idealisation is involved an expression of being adored may be requested (Mitchell, 1988: 203-204). The therapist’s response to the patient therefore, reflects a similar kind of openness to playful participation found in healthy narcissistic parent-child relations (Mitchell, 1988: 205-207).
Conclusions

The theoretical and therapeutic understanding of narcissism has changed and developed since the inception of the concept by Freud. Freud’s model of the individual has served as the starting point for many of the theorists who follow him. He continued to clarify and alter his concepts, for example, the concept of instinctual drives, where initially he emphasised drive as the mental or psychical representation of a bodily stimulus, and latterly the emphasis on the drive as cathexis (Compton, 1983). Given such commitment to change and development, it is possible that Freud would have responded favourably to the continued evolution and development of the concepts he originated, in particular narcissism.

While Freud conceded that nature and nurture shape personality (Gedo, 1979), he attached more significance to nature and the instinctual drives. He used instinct to explain the relationships and environmental forces which shape an individual’s personality. The instincts serve as the framework for his discussions of motivation and object relations. He assumed that instinctual drives are primary and precede that object; object relations are a function of instinctual drives. As such, he explained narcissism in relation to the drive model. In contrast, Kohut shifted the emphasis on drives to an emphasis on the self and its relation to selfobjects, rather than the ego in relation to the drives.

Kohut proposed that narcissism is essentially normal and healthy, and has its own line of development or transformations. It can become fixed at certain points and thus have its own form of pathology requiring its own form of treatment. Kohut left behind the traditional emphasis on drives and only referred to them when the self is fragmented and shattered (Kohut, 1977). The emphasis on the self over the primacy of the drives, has resulted in a radical overhauling of traditional psychoanalysis, implying a replacement of the id-ego model with a self model (Eagle, 1984). The major difference between the more traditional theoretical position and that of Kohut’s, is that the traditional view finds the presence of a pathological self while Kohut found the presence of an incomplete or fixated normal, archaic, cohesive self whose development had been blocked. Of central importance is his
proposal of a separate line of development for narcissism than for drives. By moving to preoedipal developments, Kohut's self psychology has been instrumental in the removal of the oedipal complex from its central position in psychoanalysis.

Mitchell specifically highlights the contributions of theorists such as Kohut, Kernberg and Winnicott about the sense of the self and the capacity for play. He draws on the clinical wisdom of these approaches in developing his integrated relational approach. Narcissism, for Mitchell, plays an important function throughout the life cycle, and pathological narcissism is a result of illusions being taken too seriously; reality is sacrificed for illusion. All meaning within his model is composed of relational configurations; the model offers different categories for organising human experience. Strong relationships with others is regarded as primary, whether those connections are real or phantasy. Attention is paid to the variety of relationships, and an abundance of metaphors exist for the different kinds of relational patterns, such as merging, differentiation, domination, controlling (Mitchell, 1988: 90-92).

In therapeutic terms, and in contrast to Freud's emphasis on the underlying structures of the mind, Mitchell's work raises the question of what the therapist or analyst really knows about motives, the structure of the mind, and the development of emotional life. Human experience is complex and ambiguous, which in turn raises the question of how little the therapist can really know and how anxiety provoking this might be. The contemporary world has declining expectations for rationality and puts more emphasis on experience. Freud and his followers believed that reality was knowable; they valued scientific rationality and thinking without illusion. In contrast however, contemporary thinking regards these assumptions as untenable. Knowledge today, for many authors, is regarded as pluralistic, not singular and unitary, and contextual, not absolute (e.g. Gergen, 1994; Kvale, 1992; Polkinghorne, 1992). Psychoanalysis, as a discipline, cannot escape this shift in assumptions. As such, psychoanalytic theory and practice may have to explore its definitions and mature as a discipline to incorporate contemporary thought. Mitchell (1988, 1993), in the face of much criticism from classical traditionalists (e.g. Bachant and
Richards, 1993) appears to have accepted this challenge and contributed to the development and evolution of the discipline.
References


By using one of the psychological models covered in this course, discuss how it can assist efforts to work integratively.

Introduction

We live in an age of 'theoretical and epistemological pluralism' - a period which has been referred to, by many theorists and practitioners, as postmodernism (e.g. Kvale, 1992; McLeod, 1997; Rowan and Cooper, 1999). There are many theories utilised within therapeutic practice (Palmer and Wolfe, 2000) and a variety of epistemological domains: biological, physical, neurological, developmental, social, political and cultural (Power and Brewin, 1997). While such diversity may be perplexing to many academic and applied psychologists (Clegg, 1998), it is perhaps no bad thing for those utilising an existential-phenomenological perspective, especially in their attempts to conceptualise understanding and knowledge of human existence through the development of a comprehensive psychology (e.g. van Kaam, 1963). For van Kaam, theoretical and epistemological multiplicity is conceptualised as 'differential psychologies': theoretical development and research, while maintaining a consistent and coherent epistemological commitment, has provided insight into one aspect of human existence. Each theory therefore, may be regarded as facilitating understanding and knowledge of part of the Gestalt of human existence. Existential-phenomenological psychology, in seeking a comprehensive psychology of human behaviour, may be perceived as delineating the Gestalt through the integration of knowledge and understanding commissioned by 'differential psychologies', as far as it is relevant to an explanation of human behaviour in all aspects and as a whole.

Existential psychology perceives the individual as a unique, all embracing, intentional-functional Gestalt in 'real life' situations, and studies the intentional presence of people who exist together in a meaningful world (e.g. van Deurzen-Smith 1997, who provides a comprehensive review of the philosophical underpinnings, dimensions and foundations of existential psychotherapy). In addition, the Gestalt exists in relation to what it is not (Gregg, 1995; Spinelli, 1994). Gregg suggests that 'identity must not be seen as a set of
self-attributions... Instead, identity consists of a system of self versus anti-self, or Me versus not-Me contrasts, so the meaning of a quality attributed to Me cannot be known without discovering the contrary not-Me representations which define it’ (637). For example, negative self-conceptual beliefs and feelings of inadequacy and worthlessness, are contrasted against a background of positive beliefs and feelings of worth and adequacy. The Gestalt is defined in relation to what it is not and is therefore always open to reversal.

In practical terms, problems are seen as limitations to an individual’s ‘being-in-the-world’. Attributable meaning, in relation to experience, is derived from the client’s frame of reference and not from the therapist’s interpretative frame. Thus, an existential exploration of a client’s difficulties ‘addresses a more spiritual dimension of insecurity as it is directly about the finding of meaning. It provides a focus on life issues, with which many people these days have difficulties. It addresses moral issues head on and it allows people to come to grips with meaning’ (van Deurzen-Smith, 1997: 124). The objective therefore, within the therapeutic relationship, is for clients to ‘free’ themselves from as many negative or undesirable restrictions as is possible. This is facilitated by a person to person therapeutic relationship, in contrast to one wherein the therapist may be perceived as ‘expert’. The following extract, from my third year clinical experience (predominantly GET orientated) in a Surrey based CMHT, will exemplify (and elaborate on practical implications) how I have attempted to integrate existential dimensions, foundations and philosophy to my therapeutic practice.

**Client study; attributable meaning of the dream world**

As a foreword to this discussion, it is noted that specific details of the client’s case history have been omitted in order to maintain confidentiality. The client was referred by the consultant psychiatrist of the CMHT. He had a history of psychotic episodes, depression, anxiety, alcohol abuse and self harm; and had experienced emotional, physical and sexual abuse during his formative years. The severity of his difficulties had lessened to some degree following input by various members of the CMHT; there had been no recent occurrence of psychosis or self harm. He presented as a shy, casually dressed man,
appearing to lack confidence and self-esteem. During our initial sessions he appeared very agitated - at times pacing the room and laughing inappropriately. There was poor eye contact and he became quite tearful when expressing core beliefs of being stupid, a bad person and a failure; he associated feelings of helplessness, hopelessness and a profound sense of isolation with these beliefs. At the outset of therapy he had a particularly debilitating and negative view of himself and his relations with others; his future outlook was particularly bleak. He was also concerned about his capacity to carry out his responsibilities as a parent and to maintain his relationship with his partner. He hoped that therapy would provide a greater understanding of and subsequent therapeutic change to his current difficulties.

An integrative approach was thought to be appropriate for this client - my therapeutic work being influenced by the humanistic paradigm (e.g. Egan, 1994; McLeod, 1996; Thorne, 1996) and contemporary cognitive therapy (e.g. Beck et al. 1990; Guidano and Liotti, 1983; Guidano, 1991; Liotti, 1987, 1991; Persons, 1989; Safran and Segal, 1993; Young, 1994). Cognitive therapy has become a more integrative approach to practice by incorporating many constructivist, experiential and psychodynamic concepts and ideas. Given the pervasiveness and longevity of the client's difficulties, such an approach would hopefully establish new, alternative and transformative meaning to specific events and experiences, and in turn facilitate therapeutic change in terms his core beliefs, assumptions and present day functioning.

While not reporting any dreams during the early sessions of therapy, he began to discuss dreams in sessions 14-16. At this point he had shown considerable resilience in challenging specific beliefs and assumptions which had a debilitating impact on his functioning. For example, he had stopped abusing alcohol, having confronted and challenged negative thoughts, feelings and previous patterns of behaviour. The following dream, the first discussed in therapy, had been recurrent, especially but not exclusively over the previous two weeks:
I have returned to an old house, a dirty and dank place, everything's a mess. There's someone with me, I'm not sure who but I know they're supporting me, a nurse perhaps. I don't want to be here, I feel cold; there's someone sitting in a chair, sleeping I think. I don't know who it is but they're a mess too. I get frightened and leave quickly. Then I'm on my own going up this dark tunnel, struggling to get to the top. I'm pulling on the sides of the tunnel trying to get to the top; it's hard but I feel I'm going to make it. A policeman appears, I get very frightened and scream at him to leave me alone - then I wake up.

For existential therapists, an investigation of dreams can provide a clearer understanding of a client's existence and experience of being-in-the-world. In this sense, 'The dreaming state, like waking life, is inextricably intertwined with aspects of human existence, and both reveal how the individual connects to the meaning of whatever she/he encounters' (Moja-Strasser, 1997: 107). In contrast to psychoanalysis, which views the dream as an unconscious manifestation of wish-fulfilment and therefore requires hypothetical interpretation by the therapist (Freud, 1900, 1933), the existential-phenomenological approach regards the dream as an expression of the individual's current existential position (Boss, 1957, 1977; Moja-Strasser, 1997; van Deurzen-Smith, 1988). As noted above, in terms of practice, the meaning of the dream is derived from the client's frame of reference and not from the therapist's interpretative frame.

In maintaining a collaborative and constructive therapeutic relationship, the meaning attributed to the above dream was explored and elaborated upon from the client's frame of reference. To facilitate this process, I utilised specific cognitive therapy techniques and humanistic counselling skills: respectively, Socratic questioning, reviewing the experiential evidence to support or contrast assumptions and paradoxes, especially in relation to self-conceptual beliefs (e.g. Beck, 1995; Young, 1994, Salkovskis, 1996); and empathy, positive regard, congruence, challenging, creative thinking and evaluation (e.g. Egan, 1994).
Exploration and investigation of the dream involved a systematic examination of four levels of existence (Moja-Strasser, 1997; van Deurzen-Smith, 1988): a) the physical world, represented by the house (negatively perceived) and the tunnel (positively perceived); b) the social dimension, represented by the supportive presence of another person and the negative perception of the person sleeping/inert in the house; c) the psychological dimension, wherein he is on his own, isolated and struggling (with his secrets), and feels threatened by an authority figure; d) the spiritual dimension, whereby he recognises and experiences strength and transformative meaning. When asked to summarise the dream in one sentence, to provide a focus on the most important experiential issues contained within the dream (Moja-Strasser, 1997), the client replied:

I’ve got it all wrong; it’s all been a mistake

He then offered definitive meaning of this statement and the dream, therein elaborating on self versus anti-self, or Me versus not-Me contrasts:

It’s like having two lives; my past in that house where I believed that I was a failure. A cold and miserable place, left me feeling empty; that’s me in the chair, I couldn’t do anything. I believed I couldn’t do anything. Initially, I thought it might be you or Julia (CPN) who was with me, and perhaps it was, but I’m more inclined to think it was me, the real me if you like, and I leave, leave quickly. I don’t want to be there anymore. I don’t need to be, I’m not a failure - all that’s over, it’s all been a mistake. The tunnel is positive, I’m getting somewhere; the fact that I’m struggling is significant, because I know I still have secrets, but I’m confident we’ll discuss those in time. The policeman’s my father, no doubt, I’m still terrified of him. He phoned me last week and I’m frightened, he’s up to something; but I’ll deal with that - I refuse to see him, or let him near my daughter. I’m a much stronger person than I ever thought.
Unequivocally, the dream had significant meaning for the client and may, therefore, be regarded as an invaluable asset relative to his being-in-the-world. It provides a focus on his life issues, moral and ethical, and addresses dimensions of security-insecurity, adequacy-inadequacy, self versus anti-self, and the self-attribution of transformative meaning. Indeed, van Deurzen-Smith’s (1988) dictum, ‘Designing one’s dreams as blueprints for reality is the beginning of a life which brings fulfilment’ (173), appears to be particularly significant, especially given the client’s recognition of strength in contrast to hitherto self-conceptual beliefs of being stupid and a failure and associative feelings of hopelessness and helplessness.

In conclusion, this paper has attempted to delineate the integration of existential-phenomenological psychology within a contemporary cognitive and humanistic framework. Integrating existential psychology to practice has explicit implications for the therapist’s role within the therapist-client relationship, perhaps most significantly in terms of ‘interpretation’ of a client’s dreams or difficulties. The working alliance detailed above, a collaborative and constructive partnership, postulates the client as ‘expert’. The existential message of the dream has been determined by the client, thus facilitating a clearer understanding of his being-in-the-world; the next step, if any, is entirely up to him. Such an alliance appears to have been invaluable for the client, and indeed for my therapeutic practice, specifically in terms of the process and evaluation of therapy to date. The client’s core beliefs, associative feelings and patterns of behaviour, appear to have been confronted, challenged, and to some degree transformed into an alternative and more fulfilling personal meaning and experience. Such therapeutic change is indicative of a positive evaluation of the process of therapy and an integrative approach to practice.
References


Group psychotherapy in the 'Tavistock Tradition': A contrast with other approaches.

Introduction

The impetus for this report originates from my experience of group psychoanalytic psychotherapy during my training as a counselling psychologist - training which involved working with a group of eight out-patients. The report will detail the unique properties of the group setting, the theoretical orientation of my training in the 'Tavistock Tradition', and discuss the similarities and differences of the central tenets of this model with alternative conceptualisations of group therapy.

Group psychotherapy is the employment of psychotherapeutic techniques to a group of patients. Interaction between patients-patients and between patients-therapist effect changes in the maladaptive behaviour of each of the group members. The group itself therefore, as well as the employment of specific technique, interpretation and intervention by the therapist, serves as a tool for change. The objectives of psychotherapy groups may be conceptualised on a dimension: from long term interactional groups facilitating symptom relief and character change, to more limited but nonetheless crucial objectives such as the restoration of function and preparation for discharge, as may occur in acute inpatient therapy groups (Yalom, 1995).

The fact that group treatment is employed with a number of clients is indicative of its efficiency as a technique of psychotherapeutic intervention. Group treatment has been shown to be more consistently efficient and cost-effective than individual treatment (Toseland and Siporin, 1986) - clearly an important factor given the topical considerations of efficiency and effectiveness of psychotherapeutic services within the NHS. Indeed, it has been suggested that practitioners may have to justify the use of individual therapy and defend their decision not to use the more cost-effective group therapy (Dies, 1986).

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While group psychotherapy is more cost-effective, its advantages surpass these economic considerations. It is a form of treatment which makes use of unique therapeutic properties not shared by other psychotherapies; it relies heavily on a very powerful therapeutic tool, the group setting. The power of this tool derives from the importance that interpersonal interactions play in psychological development. Personality and patterns of behaviour may be seen as the result of early interactions with other significant human beings; attachment and bonding are imperative for adaptive psychological development (Batemen and Holmes, 1995; Holmes, 1996). As such, dynamic psychotherapy is directed towards understanding and correcting these interpersonal distortions.

The group setting provides a larger and potentially more powerful interpersonal arena and clients are provided with an array of relationships. They must interact with each other, with the group leaders, with people from differing backgrounds, with same sex members and with members of the opposite sex. They must learn to deal with their likes, dislikes, similarities, dissimilarities, envy, timidity, aggression, fear, attraction and competitiveness. With careful therapeutic leadership, members give and obtain feedback about the meaning and effect of their various interactions with each other. Therefore, the group setting itself becomes a powerful and specific therapeutic tool (Yalom, 1995).

The potential power of group therapy may also derive from a particular phenomenon of modern living - a pervasive sense of increasing interpersonal and social isolation. Group experiences in themselves are common; however, cohesive, supportive and self-reflective group experiences appear to be more and more elusive in modern society. While interpersonal experiences are an integral part of the developmental process (Batemen and Holmes, 1995; Holmes, 1996), there is an incremental literature detailing complaints about increasing interpersonal alienation in modern life - manifested in a sense of isolation, anonymity and social fragmentation (Cushman, 1990, 1995; McLeod, 1997). Perhaps because of this, and because it can provide such a powerful and unique experience, the group setting as a therapeutic tool may become more prevalent in the treatment of psychological disorders.
The ‘Tavistock Tradition’

The ‘Tavistock Tradition’ refers to the teaching and practice of group psychotherapy at the Tavistock Clinic in London. Theory and practice is not specific to group work, but is informed by the wider paradigm of psychoanalytic theories and practices developed for individual work across the Clinic. According to Haug and McCaffrey (1998), many psychoanalytic practitioners perceive the ‘Tavistock Group’ as being ‘Kleinian’ in orientation, which implies that the therapist interprets exclusively in the here and now, and that only group interpretations rather than individual interpretations are made. Haug and McCaffrey, both trained at the Tavistock, suggest that this perception is erroneous, and demonstrate via various transcripts and vignettes of clinical material that group and individual interpretations are made. My training in group psychotherapy over the past year reflects the position taken by these authors - while group interpretation frequently predominates in session, individual interpretation has also been a central focus within the group setting.

Numerous theorists have influenced the ‘Tavistock Tradition’. For example, Kuhn (1970) and his concept of a paradigm as the framework within which scientific work in a particular field is carried out - a framework compromising explicit theory, implicit theory and tacit conventions, and utilised by the Tavistock in the development of training and practice. These concepts will be addressed in turn.

Explicit theory

In terms of explicit theory, Bion (1962a, 1962b, 1967) has been a very influential figure; his theories about groups have remained relevant and important to the ‘Tavistock Tradition’. His theories provide a rationale for group psychotherapy in that individual psychology is fundamentally group psychology. Behaviour by one member of the group influences, and is influenced by, all the other members. The rational working of the group is profoundly affected by the emotions and irrational feelings of its members. The full
potential of the group is only released when this fact is recognised and dealt with. Administrative and managerial problems are simultaneously personal and interpersonal problems expressed in organisational terms; the group develops when it learns by experience in gaining greater contact with reality (Bion and Rickman, 1943).

The explicit theories of Ezriel (1950, 1952) have also been utilised by the ‘Tavistock Tradition’. Ezriel advanced the understanding of group dynamics, particularly on the questions of technique - technique which uses transference interpretations in the here and now, thus leaving the patient free from rules and regulations. For Ezriel therefore, the core questions in psychotherapy practice are: What makes this patient behave, speak or act toward me in this particular way at this particular moment? What role does s/he try to push me into? What sort of relationship is s/he unconsciously trying to establish between us? Ezriel supported the view that none other than transference interpretations need be used; thus he may be responsible, to some degree, for the perception that the ‘Tavistock Therapist’ only makes group interpretations in the here and now.

Implicit theory

Haug and McCaffrey (1998) propose that while the above explicit theories are taught at the Tavistock Clinic and are of obvious importance in the training of therapists, the trainee learns more from implicit theoretical ideas - ideas which they feel are more significant in terms of the actual practice of group therapy. Haug and McCaffrey expand on the influence of Klein and Bion to the ‘Tavistock Tradition’ of group psychotherapy. The Kleinian influence centres on her views on transference and counter-transference, and her description of the paranoid-schizoid mechanisms of splitting, idealisation, projection and projective identification (Klein, 1980, 1989) - mechanisms which are easily identified in group behaviour.

Bion (1962a, 1962b, 1967) developed a range of concepts relevant to individuals and group work; for example, the idea of container/contained has become a significant concept when trying to comprehend and formulate the processes in groups. To facilitate the process
of development there must be an appropriate apparatus to hold or contain the development; Bion described thought, which he considered ‘trial action’, in such a way. For thought to develop, an appropriate container is required, a container provided by the mother in the early stages of development. Failure of such containment may result in a state of ‘nameless dread’ in the infant. Bion’s concepts have been invaluable in the ‘Tavistock’ group setting, whereby difficult emotions can be explored and/or thought can emerge and develop (Haug and McCaffrey, 1998).

**Tacit conventions**

The tacit conventions of ‘Tavistock’ training are assimilated by the trainee via practical experience of group work. By monitoring and adhering to the boundaries set down by the model, the trainee comes to learn and understand the conventions of the paradigm. Indeed, interpretation and intervention is applied when these conventions are ‘broken’ by members of the group. The boundaries include the following: two therapists are usually present; the group meets for one and a half hours at a fixed time and place; patients are expected to turn up regularly; patients are expected to refrain from meeting each other outside of the group; if contacts are made they are required to be brought back to the group for discussion; the patients discuss issues, past or present, which they are concerned about; the therapist’s role is to help the group reflect on the meaning of their experience, specifically in terms of content and process; and the therapist’s main concern is the internal world of the patient.

Therapist intervention, thoughtful and attentive but nevertheless bland and impassive (Haug and McCaffrey, 1998), takes various forms within the group setting. As previously mentioned, group interpretations predominate, with the opportunity to make individual interpretation and intervention. At times individual interpretation is required prior to making a group interpretation; in such instances the individual patient may be expressing the dominant theme of the group. Haug and McCaffrey (1998) also suggest that extra-transference interpretations are essential, with the occasional non-interpretable action and non-transference interpretation being considered as standard analytic practice, that is, to observe patients reactions to any intervention or interpretation by the therapist.
Alternative conceptualisations of group therapy

There are numerous theories and practices of group therapy: integrative, systemic, behavioural, cognitive-behavioural, existential, gestalt, psychodrama; this report cannot begin to address their breadth and complexity. Thus the report will focus on the existential and integrative approaches to group work, specifically detailing similarities and differences relative to the 'Tavistock Tradition'.

The existential approach

Existential therapy has its original application in an individual therapy setting. However, various existential themes and insights may be successfully applied in a variety of other settings: with dyads (van Deurzen-Smith, 1998); with organisations (Tame, 1995); and with groups (Jacobsen, 1997; Yalom, 1980, 1995). When working existentially with a group, Jacobson (1997) proposes that 'we definitely have to understand them as...individuals...But in addition, we have to understand the interrelationships...as well as such collective phenomena as group emotion, group climate, group structure and the like' (158). Jacobsen conceptualises such a convention using a combination of an 'existential-phenomenological understanding of the individual and a systemic understanding of the group' (158).

The keystone of the existential group psychotherapy process is the concept of responsibility. Group therapy is primarily based on interpersonal therapy; the group therapeutic format provides an arena to examine and correct maladaptive interpersonal modes of behaviour - perhaps best described as the ubiquitous premise of all group work. However, the theme of responsibility underlies much interpersonal work and is manifested in the following sequence through which existential group therapists, explicitly and implicitly, attempt to guide patients: patients learn how their behaviour is viewed by others; patients learn how their behaviour makes others feel; patients learn how their behaviour creates the opinions others have of them; patients learn how their behaviour influences their
opinions of themselves (Yalom, 1980). Given the above discussion regarding the group setting and the paradigm of the ‘Tavistock Tradition’, the concept of responsibility is clearly not exclusive to existential group therapy; indeed in may be argued that the theme is a central focus of most group therapies.

The frame boundaries of the existential group setting are analogous to the tacit conventions of the ‘Tavistock Tradition’ of group psychotherapy. The group consists of eight people, one or two therapists, meeting once or twice per week, with a structure to contain punctuality, presence, absence, starting and stopping times, and registration. Group members are encouraged to express themselves in thought, feeling and how they relate to others and to the world. The therapists role is one of listening and observing, proposing interpretations and interventions in relation to what is happening in the group (Jacobson, 1997). While a ‘Tavistock’ trained therapist will not directly encourage participants to express themselves, there is an obvious similarity in what group members discuss, and in the role adopted by therapists of both approaches, specifically in terms of interpretation and intervention.

However, while there are similarities regarding therapist interpretation and intervention, there is a clear distinction and difference in the manner in which therapists from the existential and ‘Tavistock Tradition’ actually practice their profession. Existentially oriented therapists strive towards honest, mutually open relationships with their patients - relationships based on equality between therapist and patient. This is not to say that ‘Tavistock’ therapists, or indeed therapists from other orientations are not honest, however an open relationship based on equality is clearly not a factor within the ‘Tavistock’ paradigm. The existential therapist strives toward demystification of the therapeutic process (Spinelli, 1994), answering questions openly and fully, and not remaining bland and impassive (as in the ‘Tavistock’ model) in an effort to evoke transferential distortion and subsequent interpretation. Existential interpretation is perhaps best specified as being descriptive and readily understood or sensed by the group members (Spinelli, 1994), as opposed to the interpretations of the analytic paradigm, that is, interpretation of
unconscious processing which may appear ambiguous or bizarre to the group members (Jacobson, 1997).

**The integrative approach**

There is an abundance of literature detailing the practical and theoretical foundations of integrative therapy (e.g. Clarkson, 1996; Dryden and Norcross, 1989; Embleton Tudor and Tudor, 1994; Gelso and Carter, 1994; Ryle, 1989). To exemplify, this report will focus on the proposals of Rowan (1992), specifically detailing similarities and differences relative to the existential and ‘Tavistock Tradition’ of group psychotherapy.

Integrative counselling psychologists utilise a range of theoretical models in their practice (e.g. person centred therapy, cognitive behavioural therapy and psychodynamic therapy), in what may be described as a theoretical and practical move away from the ‘medical model’ (Woolfe, 1996). Such an approach however, is not particular to counselling psychology; some practitioners working from an existential perspective have become increasingly integrative in their practice (e.g. Lemma, 1997, who integrates psychodynamic concepts within an existential approach), whereas the ‘Tavistock Tradition’ may be described as remaining steadfast to an adherence to fixed boundaries, theory and practice.

In terms of group practice, the frame boundaries or conventions of the integrative approach are analogous to the ‘Tavistock Tradition’ and the existential approaches. For Rowan (1992), an integrative encounter group incorporates three central tenets: regression, existential and the transpersonal. These tenets will be addressed in turn.

Regression refers to the personal unconscious and the use of psychodynamic concepts (transference and countertransference) to facilitate exploration of the past and its possible influence on present behaviour. Given counselling psychology’s emphasis on ‘being with the client in a manner that will facilitate...personal growth and potential’ (Woolfe, 1996: 7), it may be argued that Kohut’s views on the therapeutic relationship are utilised more fully
by counselling psychologists, than the more rigid views of classical psychoanalysis. For example, Kohut (1971, 1978, 1984) viewed transference as a natural process (and not necessarily a pathological phenomenon) which characterises all meaningful relationships. Such a perspective contrasts the traditional view on transference, that is, that neurotic distortion of the patient-therapist relationship resulted in the patient transferring conflicts and issues from prior relationships (usually paternal) to the therapeutic relationship. A strict adherence to transference as a neurotic manifestation may thus be misplaced (e.g. Spinelli, 1994); it may be a natural process that has been influenced by other factors (e.g. the socio-political/economic context) which may impact the therapeutic relationship. Thus, the ‘Tavistock’ trained therapist, in maintaining a focus on intrapsychic malfunction relative to the client, may not offer therapeutic ‘space’ for the exploration and interpretation of other factors which may influence the client’s present or past functioning.

Rowan (1992) also refers to Kleinian theory as a factor in regression within integrative practice. Given the nature of interpersonal relationships, Klein’s (1989, 1980) theoretical framework is of obvious importance within the group setting. Her views on transference and counter-transference and her description of paranoid-schizoid mechanisms of splitting, identification, projection and projective identification are all easily identified within group behaviour, and are thus important tenets in integrative practice.

The existential principle of Rowan’s (1992) formulation of integrative practice, places an emphasis on the here and now - influenced for example by theoretical approaches such as cognitive behavioural therapy, existential analysis and gestalt therapy. The integrative therapist therefore, is attentive to the present, being open to the client’s experience and the phenomenological meaning attributed to such experience by the client, as opposed to the meaning credited to the client’s experience by the therapist as a result of their training in a particular theoretical orientation. The ‘Tavistock’ therapist would have unequivocal difficulty with such a perspective; the existential practitioner would, of course, be in complete agreement.
Rowan (1992) conceptualises the transpersonal tenet of integrative therapy as that which places an emphasis on ‘the future: the direction of the person, the higher potentials of the person, the deeper perspective given by a spiritual insight’ (223). Significance is therefore placed on a ‘higher unconscious’, incorporating intuition and creativity of the therapist and client, thereby facilitating a more intimate relationship. Rowan proposes that Jungian analysis, psychosynthesis and transpersonal psychotherapy are congruent with such practice and understanding. While the concept of a ‘higher unconscious’ and its spiritual underpinnings is perhaps specifically relevant to these approaches and integrative practice, it may be argued that creativity, intuition, the future direction and higher potentials of the client, are also relevant to the existential approach.

The major advantage of an integrative approach therefore, is that ‘theory and practice are in a dialectical relationship, each informing the other. The theory gives rise to practice, and the practice in turn enables the theory to be further developed’ (Rowan, 1992: 237). In addition, it allows the therapist ‘to do what is appropriate in a given situation, rather than sticking to some previously worked out theory’ (Rowan, 1992: 237) - which is perhaps the major point of contention between the integrative approach and the ‘Tavistock Tradition’.

Arguably, the integrative approach to group therapy may be more effective in facilitating therapeutic change for the client. However, a few caveats need to be addressed relative to those practitioners working from an integrative perspective. Roth and Fonagy (1996) report that ‘integration may well be counterproductive, as theoretical coherence is the primary criterion for distinguishing false and true assertions in many psychotherapeutic domains. To the extent that it removes the applicability of this criterion, integration would create confusion rather than clarify controversies’ (12). Perhaps the ongoing development of theory and practice, with a specific emphasis on epistemological and theoretical coherence, may help alleviate these difficulties and delineate or map an approach which would enhance the lives of people in distress. Further, while group therapy is notoriously unpopular with the population of users of psychiatric services (e.g. Rogers and Pilgrim, 1993), research has indicated that the group format has resulted in a positive outcome for a number of client
groups. For example, Steuer et al. (1984) report that psychodynamic and CBT group therapies were equally effective in reducing levels of depression; Ong et al. (1987) and Culhane and Dobson (1991) report that the group format is most effective in terms of relapse prevention as it makes use of the peer support available in a group context. Such evidence bodes well for the group setting as a therapeutic tool; if these therapeutic benefits are conveyed to service users the popularity of group therapy may increase.

In conclusion, this report has attempted to provide an overview of the similarities and differences of group therapy, as theoretically understood and practised by the ‘Tavistock Tradition’, existential and integrative approaches. No attempt has been made to establish precedence of any one orientation relative to therapeutic outcome. All of these approaches seem to offer significant insight into and understanding of the nature of distress which people may experience. Similarly, in practical terms, the various approaches are homogeneous in their attempt to alleviate personal difficulty and in turn facilitate therapeutic change for those individuals engaged in the group therapy process. The ongoing development of theory, research and practice, with specific attention to epistemological and theoretical coherence and subsequent practice, may increase the effectiveness of group psychotherapy.
References


THERAPEUTIC PRACTICE DOSSIER
Introduction

The therapeutic practice dossier contains a description of placements, the nature of supervision, and a synopsis of client work undertaken over the three years of training. This is followed by a discussion of teaching seminars and workshops presented to NHS staff in my final year. An extended essay on the integration of theory, research and practice concludes the dossier.
First year placement: Community mental health team and primary care services.

My first year placement involved working within a community mental health team (CMHT) in a NHS adult mental health psychiatric unit. The multidisciplinary team incorporated professionals from various disciplines: Consultant Psychiatrists, Chartered Psychologists, Community Psychiatric Nurses, Occupational Therapists and Social Workers. Therapeutic orientations within the department were varied: cognitive behavioural (CBT), psychodynamic, systemic and integrative. Supervision was provided by a counselling psychologist (integratively orientated) and a consultant clinical psychologist (CBT orientated).

The unit provided inpatient and outpatient facilities for the local community, delivered at GP surgeries and at the CMHT unit. Service users were predominantly adults between the ages of 18–70. Consultancy therapy, where clients were seen by a psychologist and observed by other members of a reflecting team via a TV link up, was also provided to individual clients or children/families if required. The client group presented with a wide range of mental health problems: long term difficulties relative to psychosis, depression, self-harm and alcohol abuse; and less severe difficulties with depression, anxiety and panic attacks.
Second year placement: A NHS psychoanalytic psychotherapy department and acute psychiatric unit.

This placement afforded training and supervision in group, couples and individual psychoanalytic psychotherapy. The service provided adult mental health care for the local community; service users were predominantly adults between the ages of 18-70. The client group presented with a wide range of chronic mental health difficulties: psychotic episodes, physical, emotional and sexual abuse, depression and self-harm.

The department consisted of one Consultant Psychiatrist/Psychotherapist and four Psychoanalytic Psychotherapists. Individual supervision was provided by a psychotherapist who had also trained as a clinical psychologist; couples supervision was provided by a Tavistock Institute of Marital Studies trained psychotherapist; group supervision was provided by a Tavistock Institute trained group psychotherapist. Therapy was generally long term; my work with individual clients and group therapy lasting one year. However, brief psychoanalytic psychotherapy, usually eight to twelve sessions, was also offered when deemed appropriate, but more specifically with couples.
Third year placement: Community mental health team and primary care services.

The third year placement was within a community mental health team in a NHS adult mental health psychiatric unit. Primary care was also provided to clients with psychologists commuting between various locations to see clients. Specialist care services, comprising eating disorders, forensic and learning disabilities, were provided to support a greater diversity of clientele. The team consisted of Chartered Psychologists, Community Psychiatric Nurses, Intensive Outreach Workers, Social Workers, Occupational Therapists; and two Consultant Psychiatrists and one House Officer.

The theoretical orientation of the department was primarily CBT, with some psychologists working from an integrative perspective (incorporating psychodynamic and experiential concepts and ideas to their work). Therapy was varied, from long to short term depending on the severity of difficulty. Service users were predominantly adults between the ages of 18-70, with a wide variety of mental health problems: long term difficulties relative to physical, emotional and sexual abuse, psychosis, alcohol abuse, anorexia nervosa and bulimia; and less severe difficulties with depression, panic attacks and anxiety related difficulties. Supervision was provided primarily by a Consultant Clinical Psychologist (integratively orientated); and occasionally from a Counselling Psychologist (integratively orientated).
Other Professional Activities.

Teaching seminars and workshops

The third year of training afforded the opportunity to provide seminars and workshops to staff within the Trust: professionals and care workers from various CMHT's; from the Department of Psychiatry; and staff from referral agencies who provided mental health services for the local community. Introductory seminars (three one hour sessions on consecutive days) incorporated training and development of, respectively, counselling skills and CBT skills and techniques. The seminars foregrounded more in-depth one day workshops on the practicalities and utilisation of these skills.

The seminars and workshops were delivered as part of the Therapeutic Assessment and Intervention Service (TAIS). This service had evolved from the Mental Health Acute In-Patient Practice Development Network which was set up by the Centre for Mental Health Services Development and the Florence Nightingale Division of Nursing Studies, King's College. Trusts who join the Practice Development Network have access to four main types of support to improve their acute in-patient care: change management support; practice development skills learning; network/sharing good practice, and evaluation support.

The specific aims of the Network and TAIS is to support practical, evidence based care in mental health acute in-patient settings. To help change the culture of in-patient care to a more user-focussed model. To engage service users and staff at all levels in identifying priorities for change. To help support and empower nursing staff and those working in other disciplines in providing modern in-patient care and in mobilising community resources. To continue the development, evaluation and dissemination of best practice; and to raise the profile of good quality mental health in-patient care.
Therapeutic practice: integrating theory and research.

Introduction

Counselling psychology may be described as a discipline which embraces a unique position within the realms of therapeutic practice, theory and research. In creating a distance from the 'medical model', the discipline, while attentive to severe psychological distress, focuses on the well-being and fulfilment of potential of the individual rather than diagnostic pathology. An integrative and holistic view of the person may be adopted, exploring the experiential meaning of the client relative to their contextual circumstance. The counselling psychologist therefore, working collaboratively with a client in an attempt to understand their present functioning and effectiveness (or lack of), may incorporate a more philosophical approach to practice. This may include an exploration of the domains of ethics, ideology, culture and the socio-political environment, to facilitate a greater understanding of the client's present circumstance and world view (Shillito-Clarke, 1996; Strawbridge, 1994; Strawbridge and Woolfe, 1996; van Deurzen-Smith, 1990; Woolfe, 1996). Such a perspective on therapeutic practice may be regarded as pluralistic (Samuels, 1993) and postmodern (Kvale, 1992), and requires an openness to be a reflective-practitioner with a developmental emphasis on multilevel reasoning and personal qualities of wisdom, integrity and intuition (Schon, 1987). For Schon, researched based knowledge and understanding is accessed during this reflective process, and facilitates the exploration of the subjective, emotional perceptions of both therapist and client.

The philosophical underpinnings of counselling psychology may thus be instrumental in filling 'the immense gap left open by a psychology too devoted to narrow scientific principles to pay proper attention to what it means to be human' (van Deurzen-Smith, 1990: 9). While such a view may not be popular, especially given the attentiveness of applied and academic psychologists to scientific inquiry as a means of validating the discipline (Orlinsky and Russell, 1994), it has support from many eminent scholars (e.g. James, 1901, 1907; Jung, 1958; van Kaam, 1963). According to Jung for example, psychologists
have a responsibility to develop theory and practice which encompasses the diversity of human experience, as opposed to a 'scientific rationalism, which robs the individual of his foundations and his dignity' (Jung, 1958: 16).

From a pluralistic or postmodern standpoint, the complexity of human experience may appear vast and perhaps difficult for the ongoing development of theory, specifically in terms of theoretical coherence (Clegg, 1998). Some clarification may be derived from van Kaam's (1953) delineation of 'differential psychologies', in that theoretical development and research, while maintaining a consistent and coherent epistemological commitment, has provided insight into one aspect of human existence. Alternative approaches to theory and research therefore, may be regarded as facilitating understanding and knowledge of part of the Gestalt of human existence. The integrative practitioner may thus draw on the knowledge and understanding commissioned by 'differential psychologies', which would hopefully facilitate more effective therapeutic change for the individual.

In terms of research, the generation of knowledge and understanding will encompass qualitative and quantitative methodologies. This of course has implications for the researcher-practitioner, specifically in terms of reflexivity and an openness to and appreciation of such 'methodological pluralism' (Barkham, 1990). As knowledge may be derived from many domains: socio-political, biological, neurological, developmental or cultural (e.g. Power and Brewin 1997; Valentine, 1992), variable methodologies may add to our understanding of the Gestalt. While there may be some resistance to qualitative methods, especially from theorists, researchers and practitioners with a positivist perspective, there has been an incremental literature and a growing acceptance of these methods (e.g. Burman, 1989; Denzin and Lincoln, 1994; Holloway, 1989; Potter and Wetherell, 1987; Richardson, 1996; Smith et al. 1995). Qualitative research has thus become an increasingly salient method of understanding 'what it means to be human', and may be regarded as having evolved from a powerful sense of dissatisfaction with prevailing research methods (Orlinsky and Russell, 1994). My own position is perhaps best reflected in my research, incorporating quantitative analysis (O'Brien and Dafters, 1998) and the
qualitative studies detailed in this volume.

The integrative approach of the counselling psychologist may thus contribute to: a) a holistic understanding of the human condition, and b) the experiential meaning of any given client relative to their contextual circumstance. Such an approach has implications for therapist intervention within the therapist-client relationship, specifically in terms of the therapeutic system of delivery and reflective practice. These issues will be discussed and exemplified, in relation to the integration of theory and research, by a review of client work undertaken during my training, with specific attention to my theoretical conceptualisation of clients, their presenting concerns, the process of therapy and evaluation of therapeutic practice. Detail of my theoretical and reflective approach to practice will foreground this discussion. An approach which has become increasingly integrative following training in the humanistic-phenomenological, psychodynamic and cognitive behavioural paradigms.

**Theoretical approach to practice**

Underpinning all my therapeutic work is the humanistic paradigm, influenced by the core conditions of empathy, acceptance and congruence; and the philosophical traditions of phenomenology and existentialism, wherein the person is conceptualised as an ‘active, aware, contextualised and intentional agent who must be understood as a complex whole’ (McLeod, 1996: 151). This incorporates a personal and practical affiliation to concepts such as process, where the person is actively seeking meaning and fulfilment; and reflexivity, a personal awareness of feelings and reactions in contextual and relational circumstances. In other words, a perception of the individual as a unique, all embracing, intentional-functional Gestalt in ‘real life’ situations. With its emphasis on personal meaning, fulfilment and intention, humanistic psychology is particularly compatible with contemporary cognitive therapy and the theoretical integration of concepts relative to spirituality (McLeod, 1996). For instance, Greenberg at al. (1993) have developed a model which draws on insights from cognitive psychology, specifically in terms of attention, memory and parallel processing, and how the meaning-making process and problems in living may be associated with dysfunctional emotional schemas. Similarly, humanistic
psychology, with its openness to spiritual experience and attributable meaning (McLeod, 1996), has encouraged the assimilation of this dimension into therapeutic practice (e.g. Thorne, 1992). Given these recent developments within the humanistic paradigm, I utilise specific cognitive therapy techniques (e.g. Socratic questioning) to facilitate the meaning-making process relative to the client's frame of reference.

From this humanistic underpinning, my therapeutic approach has evolved by incorporating experiential, constructivist, cognitive-behavioural (CBT) and psychodynamic concepts and ideas (e.g. Beck et al. 1990; Layden et al. 1993; Pinsof, 1994; Safran and Segal, 1990; Wills and Sanders, 1997; Young, 1994). More specifically, experiential therapeutic concepts which address primarily the client's present experience, and psychodynamic concepts and ideas which give emphasis to the historical determinants of the problem. Transference and counter-transference are valuable aids to the therapeutic relationship: respectively, a client's reactions to me and the therapeutic process may provide insight into their private world (Beck et al. 1990; Young, 1994); and my reactions to the client, including thoughts, schemata, emotions, actions and intentions (Layden et al. 1993), may be used to facilitate the therapeutic process rather than being an obstacle. The tools and techniques of contemporary cognitive therapy (e.g. Beck, 1995; Salkovskis, 1996; Wills and Sanders, 1997; Young, 1994) enable the exploration of the attribution and internalisation of meaning relative to specific autobiographical experiences, and how this meaning may have had a pervasive and/or problematic influence on past and present functioning. From a constructivist perspective (Guidano and Liotti, 1983; Guidano, 1987, 1991; Liotti, 1987, 1991), human cognition is seen as proactive and anticipatory rather than passive and determined; it is characterised by self-organising dynamics which evolve to protect internal coherence. Therapist interventions are more likely to be elaborative, reflective and intensely personal rather than persuasive, analytic, or technically instructive. A collaborative and constructive approach to the therapeutic relationship may assist in establishing new, alternative and transformative meaning to specific events and experiences, and in turn facilitate therapeutic change in terms of self-conceptual beliefs, assumptions and present day functioning.
Reflective practice and supervision

Supervision has been influenced, predominantly, by Casement (1985) and his concept of the ‘internal supervisor’. This involves intrapersonal and interpersonal development in terms of personal attitudes and values, theory, knowledge and skills, external supervision and evaluation. This process has been facilitated by ongoing learning, assessment, exploration and discovery, and has been influenced by course tutors, supervisors, group work facilitators and peer supervision. Personal therapy has also contributed to this process, enabling a constant reflection upon and evaluation of personal issues and value systems. Similarly, the learning process, specifically in terms of clinical governance edicts of evidence-based practice, evaluation and outcome studies (e.g. Latchford, 1999; Milne, 1999; Roth, 1999), is instrumental in creating a personal awareness of the ongoing development of theory and research.

While initially relying quite heavily on external supervision (Casement, 1985), my reflective attributes have evolved to a degree whereby I am observant of and attentive to my internal feelings and responses as well as those of clients. This in turn facilitates the ability to ‘be’ with the client in terms of what they are experiencing and maintaining a distance to function as therapist. This process is of course ongoing and will hopefully continue with further practical experience, personal development and specific integrative skills of learning.

Some caveats need to be addressed however, specifically in terms of ethics and the vast increase in psychotherapeutic approaches (450 have been identified, Corsini, 1984). In these terms, Clegg (1998) reports that clear thinking is required in relation to theoretical and methodological pluralism and the implications this may have for therapeutic practice. It is difficult for example for mainstream cognitive therapists who adopt a realist ontology to debate ontology with attachment theorists who subscribe to the subjectivisation and internalisation of social experience (Taylor, 1989). The recent development of cognitive therapy, incorporating concepts and ideas from other orientations, may be regarded as an
attempt to resolve this ontological/epistemological debate, and perhaps offer a unifying perspective in terms of theoretical coherence relative to practice. These issues have implications for therapist interventions (e.g. elaborative and reflective, or alternatively analytic and technically instructive) and the power dynamics inherent within the client-therapist relationship (McGinn and Young, 1996; Parker, 1999).

From a constructivist perspective there is a certain disavowal of the therapist as expert, especially given the impossibility of gaining unmediated knowledge of a client’s experience. Some authors propose that therapists can and should mitigate the power inherent in their expert knowledge by striving for communicational transparency (White, 1991), while others suggest that a society cannot exist without power relations (Foucault, 1980). Foucault suggests that power ‘is not in itself a bad thing’ (1980: 298), and can be utilised effectively to transmit knowledge and techniques to another person. He adds the caveat however, that it should be ‘used with as little domination as possible’ (280). In terms of therapeutic practice, the expert role of the therapist may create a power imbalance within the therapist-client relationship (Larner, 1999; Parker, 1999). Other factors may contribute to this imbalance: an emotional attachment which many clients make to their therapists, and clients’ membership of minority groups (Fish, 1999). For Fish therefore, the ‘therapist’s power should be confined within the therapeutic relationship, be used for therapeutic purposes, support the client’s communication and adequate reciprocal influence with the therapist’ (1999: 68). It should also be monitored by the reflective therapist, regulators and supervisors. These issues have had an influence on my therapeutic practice - an influence which will be exemplified in the following discussion.

**Therapeutic practice & evaluation**

The developmental process of my ability to work integratively and reflectively is detailed in a representative sample from my therapeutic practice. The following discussion will illustrate this learning process, drawing on examples from case history material and client studies and process reports included in the appendix. Specific details of this therapeutic work are omitted to assure the anonymity of clients.
First Year

The initial year focused primarily on the humanistic paradigm, supervised by a counselling psychologist (integratively orientated), however I also received supervision from a consultant clinical psychologist (CBT orientated). Examples are drawn from my therapeutic work: respectively, a client who was apparently suffering from post-traumatic stress disorder (PTSD) and depression, and a client suffering from depression, anxiety and low self-esteem.

The client had experienced a traumatic accident at his workplace 18 months prior to therapy; he had been unable to return to work and had experienced increasing depressive symptoms during this period. His presenting concerns were conceptualised and formulated in traditional CBT terms, with specific reference to theoretical and research literature relative to PTSD (e.g. Foy, 1992; Meichenbaum, 1996; Mitchell, 1997; Roth and Fonagy, 1996). The Revised Impact of Events Scale and the Beck Depression Inventory (BDI), quantitative measures of PTSD and depressive symptomatology, were utilised (pre and post therapy) to assess the severity of his difficulties.

On re-reading this study, I recall personal feelings of ambivalence and discomfort relative to my therapeutic interventions (technically instructive), and the differing assessment and practical procedures of the ‘pure’ forms of humanistic and CBT approaches. In contrast to the directive approach of traditional CBT, the humanistic therapist would not pursue diagnostic assessment and prescriptive practical procedures as they may convey the image of expert or authority figure which could impact the therapeutic relationship, specifically in terms of evaluation from the client’s frame of reference (McLeod, 1996). While the client actively sought advice and direction to facilitate his goal of returning to work, I found this directive and instructive therapeutic role somewhat uncomfortable.

My experience of this approach however, was extremely insightful regarding the power dynamics inherent within the therapist-client relationship; thus exemplifying that power can
be utilised with as little domination as possible, be used for therapeutic purposes, and support the client's communication and collaborative enquiry. Monitoring this power differential personally and through supervision, encouraged and facilitated the developmental process of reflective practice, specifically in an area of much academic debate - the therapist as expert and the epistemological assumptions underpinning such therapeutic intervention (e.g. Mair, 1997; Mowbray, 1997; Spinelli, 1994). My work with the client maintained this instructive system of delivery and the process of therapy was facilitated by the use of specific CBT techniques: visual imaging, diaries, relaxation exercises, avoidance hierarchies and continual feedback from the client. Therapy terminated after eight sessions, the client having achieved his goal of returning to work.

The above discussion may be contrasted with a more integrative approach of the humanistic-phenomenological and CBT models adopted with a client who had experienced variable levels of depression, anxiety, low esteem and guilt feelings regarding work; he also had difficulty coping with stress. He attributed some of his difficulties to the fact that his formative years were contained within an 'overprotective' familial environment. However, he stipulated at the outset of therapy that his aim was to overcome these difficulties and return to work, and not necessarily to explore the underlying reasons for his problems; he believed that if he returned to work 'things would fall into place'. The humanistic paradigm was the primary therapeutic approach taken with this client; his difficulties were assessed from a client-centred perspective and conceptualised in terms of his self-concept, process/fulfilment, reflexivity/awareness and experiential reality (Egan, 1994; McLeod, 1996).

While a non-directive approach was adopted to explore the client's areas of concern, constructivist cognitive therapy techniques (e.g. reflective and intensely personal interventions) were also employed in an attempt to enable relief from depression, anxiety and stress. The core conditions of humanistic psychology were used to elaborate upon the nature of his difficulties and facilitate the process of therapy. For instance, the process may be exemplified in the following dialogue from two sessions, wherein an initial empathic
intervention is contrasted with a more advanced empathic intervention (Egan, 1994).

Client: I wasn’t getting anywhere at work. It was as if nobody noticed me. I tried to work as hard as anyone else, but you know sometimes people even forgot my name (long pause). I suppose I’m not very assertive.

An initial empathic intervention was offered, taking into account a passive tone of voice and body language:

Therapist: You feel quite low given that you weren’t recognised for your work nor as a person.
Client: Yes exactly. But what can I do - I’m better at home, so I don’t need to cope with all that.

When these issues were raised again in the next session, a more advanced and intensely personal empathic intervention was offered:

Therapist: It seems that you found it depressing not to be recognised as a person or for the effort you put into your work. What about not being very assertive. Can you tell me more about that.

Client: Yeah, I know what you mean. How can they recognise me if I’m like a mouse in the corner (laughs). I’ve always been quiet (long pause). So it’s not them that needs to change it’s me-let them know I’m around.

The advanced empathic intervention seemed to challenge his construction of events (from an external to an internal perspective) and facilitated the therapeutic process, specifically in terms of assertiveness and self-confidence - issues which became a focus in our relationship. The dialogue also conveys a sense of trust in our relationship and the process
of therapy. Indeed I discussed these issues in supervision and the development of the rapport between myself and this client, which seemed to be indicative of acceptance and a genuine therapist-client relationship. In addition, the client’s ability to laugh was a distinct change in his demeanour, thereby conveying a positive transference relative to his difficulties. The process of therapy was aided by cognitive therapy techniques to facilitate the meaning-making process: Socratic questioning, personal diaries and interventions which encouraged exploration of his internal processes (e.g. Beck, 1995; McLeod, 1996; Rowan, 1985). This in turn appeared to facilitate personal development for the client, in terms of self-confidence, esteem and agency and a reduction in his symptoms.

While he achieved his primary aim of a reduction in symptoms which would allow him to return to work, I hypothesised and discussed in supervision that a psychodynamic approach may have been therapeutic for this client, specifically in terms of issues relative to ‘an over-protective’ familial environment. This was contrasted however, by the fact that he had no desire to explore these underlying issues; thus therapy progressed with an emphasis on his personal aims and desired goals, as opposed to a therapeutic focus determined by my hypothesising.

Second Year

The second year involved training in individual, couples and group psychoanalytic psychotherapy, supervised by three psychotherapists, and guided by ideas from object-relations theorists (e.g. Bion, 1962, 1963; Ezriel, 1950, 1952; Fairbairn, 1952; Klein, 1975; Kohut, 1971, 1977; Winnicott, 1965) and attachment theorists (e.g. Bowlby, 1988; Holmes, 1996). The therapeutic relationship facilitated the exploration of transferential and counter-transferential processes, and created the ‘space’ for resolution of a client’s difficulties as manifested in present and past functioning. Interpretations of the transference were offered, attempting to link a current difficulty, the therapeutic relationship, and early formative experiences (e.g. Casement, 1985); thus trying to establish a pattern within these domains. While my central concern was the internal world of the client and alleviating his difficulties through interpretation and a personal, professional relationship, the nature of the
therapist-client relationship was extremely different to that implemented in the first year of training. To exemplify, the following discussion will elaborate on the process of therapy relative to a client with a history of depressive episodes, low self-esteem, and a profound difficulty in recognising and expressing emotions.

The client was assessed from a psychoanalytic object-relations and attachment theory perspective. It was hypothesised that he had experienced an ambivalent and/or avoidant, insecure relationship with his primary caregivers (Batemen and Holmes, 1995; Holmes, 1996). Given the fact that he had ‘forgotten’ most of his formative object relations, it was also postulated that he may have ‘split’ off his true feelings for his parents and thus developed a ‘false self’ role (Winnicott, 1965). These working hypotheses underpinned my reflective and interpretative framework throughout the process of therapy. Personal reflection was predominantly in relation to the client’s internal world: hypothesising, in explicit terms, what makes him behave toward me in this way at this moment?, what role is he trying to push me into?, what sort of relationship is he unconsciously trying to establish between us? (Ezriel, 1950; 1952); and in implicit terms, of the re-enactment of defence mechanisms within the transference: idealisation, projection, projective-identification, omnipotence and denial of autonomy (Klein, 1975).

While literature conveys a certain ambivalence regarding the efficacy and effectiveness of psychoanalytic therapy (e.g. Kline, 1984; Roth and Fonagy, 1996), outcome studies have indicated that it is an effective and useful treatment for psychological distress (e.g. Bachrach et al. 1985, 1991; Kantrowitz et al. 1990). For some psychoanalytic practitioners however, psychoanalysis is perhaps best seen as a craft rather than a science; its reliance on case history as a basis for its theorising is not conducive to contemporary research criteria of measurement, the rigorous use of controls and replicability. Thus, outcome studies specifying the effectiveness of psychoanalysis are perhaps better seen as attempts at audit rather than research proper (Bateman and Holmes, 1995).

The hypothesised defence mechanisms utilised by the client, while unproven and/or
unprovable (Storr, 1988), were insightful in providing some understanding of his present functioning. Inevitably, they manifested themselves in the transference and counter-transference: intellectualising and 'story telling' as a defence against feeling and a certain detachment and isolation from our relationship - patterns which were seemingly well established in his other adult and familial relationships. His defences were apparent in the counter-transference in that I felt was kept at a distance. Following supervision relative to the client's strength and resilience to cope with a full interpretation of these transference patterns, it was thought appropriate to interrupt his discursive defence with interpretation.

Therapist: You seem to find it easier to talk about your difficulties in an intellectual way, rather than expressing how you feel. This seems to be a long-term pattern. Perhaps I represent a figure in your life - your father for example - with whom you could not discuss your feelings or were afraid to do so; it may be too frightening to expose yourself to those feelings with me.

Client: (after a long silence, with tears welling up in his eyes) Yes, that's what I've always done. It's like sitting above people on an intellectual perch. I can't remember ever feeling much, even in my marriage. As a child I would lock myself in my room when anything upsetting happened.

This interpretation seemed to facilitate a cathartic experience and he subsequently discussed how he had 'blocked out' all emotional reaction within relationships - a distinct therapeutic change from defensive strategies to internal processes relative to past and present circumstances. Thereafter he was highly motivated to explore these areas. This process also manifested itself in the transference and counter-transference: he began to emphasise and discuss his feelings as a child, an adolescent and as an adult; and I did not feel as if I was kept at a distance.
Interpretation of these transferential patterns therefore, facilitated exploration of intrapsychic conflict and therapeutic catharsis, most notably in terms of avoidant attached individuals who conform to an inner expectation of intrusiveness, unprovoked aggression, mutual suspicion, rejection or neglect. They tend to evade intimacy because whenever they get close they feel the fear and pain of potential rejection and loss, resulting in isolation (Batemen and Holmes; 1995; Holmes, 1996). Apparently, in 'splitting off' his feelings (early object relations) he became immersed in study with an outlook on achievement, competition and qualifications as a means of having his emotional needs met. Given such experience, he may have developed a 'false self' role and a consequential 'need' for his coping/defence mechanisms - in other words, no stable differentiation of the self had occurred (Winnicott, 1965). Thus the theoretical rationale of transforming insecure attachment into secure attachment underpinned my interpretations. In practical terms, this was attempted by replication of original object-relations and intrapsychic conflict within a transference and counter-transference relationship; thus facilitating a 'corrective emotional experience' (Storr, 1979) and the resolution of a 'false self/true self' dichotomy (Winnicott, 1965).

Our relationship developed within a non-directive, interpretative framework, with constant monitoring of transference and counter-transference and containment of the projective 'good and bad object' (Klein, 1975). Silence was also utilised therapeutically, in that it produced heightened anxiety which invariably manifested itself in cathartic expression. Throughout the process a focus was maintained on the connection between feelings and actions, with specific attention to his behavioural pattern of isolation and withdrawal. He made considerable progress in therapy; expressing his feelings and needs without 'exaggerated' feelings of rejection and abandonment, and his defences reduced considerably. Once again supervision was invaluable, providing the opportunity to discuss this process and evaluate my practice (utilising verbatim process notes of each session), mistakes and vulnerability, especially when cast in the roles of 'good or bad object'. In addition, it facilitated discussion of my thoughts and feelings of such a 'purist' approach, specifically in relation to other contributory factors which may have had an influence on the
client's difficulties: social, political, economic or cultural issues.

**Third Year**

The third year of training was predominantly influenced by the CBT paradigm, supervised by a consultant clinical psychologist (integratively orientated). An example is drawn from my third year practice to illustrate the integration of specific concepts and ideas from differing orientations within a contemporary cognitive therapeutic framework.

The client was referred by the consultant psychiatrist of the CMHT with a variable diagnostic history: post-traumatic stress disorder; major depression with anxiety; bi-polar affective disorder; an eating disorder; borderline personality disorder and alcohol abuse. She had a history of inpatient care relative to psychotic episodes, depression, anxiety, anorexia nervosa, alcohol abuse and self harm (cutting). She had also been emotionally, physically and sexually abused as a child and adolescent. Her early experience had thus been particularly traumatic and insecure; her adult relationships appeared to follow this pattern. She was assessed from an integrative perspective and a long term contract and termination of therapy was agreed. Her presenting concerns were conceptualised and formulated relative to 'real life' issues and her construction and attribution of meaning, specifically to past and present functioning. This approach facilitated the exploration of her core beliefs and the subsequent impact on her identity and everyday functioning, her experience of early object relations, and consequential patterns of behaviour relative to secure/insecure attachment (Batemen and Holmes, 1995; Holmes, 1996; Layden et al. 1993; Pinsof, 1994; Safran and Segal, 1990; Young, 1994).

The process of therapy was facilitated by the core conditions of humanistic therapy, cognitive therapy techniques, and an attentiveness to transference and counter-transference. In terms of core beliefs, she regarded herself as being 'stupid and a failure'; she also reported profound feelings of hopelessness and helplessness. These beliefs and feelings manifested themselves in the transference, in terms of a passive body language, tone of voice and a perception of me as an authority figure, all of which appeared to be indicative...
of an impaired autonomy and performance schema (McGinn and Young, 1996). A full interpretation of these transferential processes facilitated a specific focus on her present life, the therapeutic relationship and her past experience (e.g. Casement, 1995). This in turn enabled the relationship to develop, thereby establishing rapport and a strong working alliance. For example:

Therapist: It seems as if you are quite anxious about being here; and as wary of me as you were with your father and other authority figures in your childhood. Perhaps you are concerned about these patterns repeating themselves.

Client: It’s not so much you, I don’t know you yet. I’m anxious though, always have been with people like you.

Therapist: Like me?

Client: Yeah, not you personally, as I said I don’t know you, but (long pause) I’ve always been told I’m stupid and a waste of space, that I’ll never get anywhere. My father (pause) he was the worst.

Therapist: Do you think that you are stupid?

Client: What do I think! (raised tone of voice). No one ever asks me that. Well I’ll tell you. It’s strange (long pause) at times I know I’m not and I feel OK, but most of the time I can’t get him out of my head (long pause). That’s good - what do I think.

This dialogue is representative of the process of our relationship and the underpinning dynamics, more especially in our early sessions. Her perception of me as therapist (transferentially) as a potential ‘bad object’, who would perhaps not respect or attribute
meaning to her point of view, proved to be insightful regarding the dynamics of her past and present relationships. Subsequently, my interventions and interpretations focused on her perception and meaning of events in an attempt to alleviate those power dynamics manifested in the transference, and to challenge an 'impaired autonomy and performance schema'. For example, the exploration of repetitive dreams focused on her experiential reality: the interpretation of her dreams was relative to her 'real life' circumstances. The attributable meaning of her dreams therefore, facilitated a constructive elaboration on specific patterns of behaviour and beliefs which were hitherto destructive and/or problematic.

Time has also played a significant role in the therapeutic process, with specific regard to termination issues; thus enabling the re-enactment and reparation of early object relations, specifically in terms of abandonment, rejection and boundaries. To date the client has demonstrated considerable resilience and motivation to challenge and confront self conceptual beliefs, feelings and patterns of behaviour; and has become increasingly assertive, not least in offering feedback on and evaluation of the therapeutic process. At present therapy is ongoing and our relationship has maintained this integrative perspective.

In conclusion, this paper has attempted to illustrate the ongoing learning and developmental process of an integrative approach to practice, specifically in terms of theory and research which has contributed to our understanding of 'what it means to be human'. Contemporary cognitive therapy, with its accommodation of concepts and ideas from other orientations, has proven to be most influential in its delineation of the nature of human experience and in terms of therapeutic practice. In addition, reflective practice and research requires a personal openness and flexibility to theoretical and methodological pluralism, the diversity of human experience, and the implications this has for the nature of the therapeutic relationship. Evaluation of my practice therefore, has necessarily included quantitative and qualitative assessment, therein providing evaluation at different levels: a) in terms of personal beliefs and value systems which may influence or obstruct my practice and the therapeutic process; b) feedback from the client during the process of therapy; and c) in
terms of clinical governance and evidence based practice edicts.

Given the complexity and diversity of human experience and the ongoing development of theory and research commissioned to explore the nature of this experience, the concept of reflective practitioner-researcher necessarily includes an ongoing awareness of and reflection upon my personal subjectivity; accommodation of theoretical and research development; and assimilation of such learning and skills development manifested therein - all of which may further enhance my therapeutic practice.
References


Introduction

The dossier contains three research reports: a literature review and two empirical studies using qualitative methods of data analysis. Collectively they constitute a larger research project carried out over the three years of training. The literature review explored the philosophical context of postmodernism and the subsequent implications this philosophy has for psychological theory, research and practice. This theme was pursued in the second and third year empirical studies; respectively exploring the phenomenological experience of economically successful men and women, and the management of identity in various domains.
Living in the postmodern world: Implications for psychological theory, practice and research.

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Abstract

This paper reviews the natural science reign of modernity and its consequences, the resulting period of postmodernism, and the implications postmodernism has for psychological theory, practice and research. The postmodern perspective has confronted mainstream psychological inquiry and thought, and it has brought about distinctive and considerable change within the realms of theory, practice and research. While such change represents a significant development within these psychological domains, it is argued that paradigmatic shifts within psychotherapeutic psychology do not, as yet, fully incorporate the epistemology of postmodernism. To do so, psychological theory, practice and research would be required to take a more integrative account of power relations, political structures, and the impact of moral and socio-political influences within the therapeutic relationship.

Key words: Postmodernism; modernism; psychological theory, practice and research.
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Introduction

Postmodernism, in contrast to modernism, places an emphasis on meaning constructed within language. Meaning is embedded within language use and ‘words derive their meaning from the attempt of people to coordinate their actions within various communities’ (Gergen, 1995: 72). From the modernist standpoint empirical knowledge is communicated through scientific languages. For the therapist working within the ‘project of modernity’, the general belief is that the therapist functions as a scientist. This paper will explore the natural science reign of modernity and its consequences, the resulting period of postmodernism, and the implications this movement has had for psychological theory, practice and research.

From a postmodern perspective, Kvale (1992) and Richer (1992) outline the entrenchment of modern psychology in modernity. Indeed, Richer is unequivocal about the influence of psychological theories of the modernity period. In his opinion, ‘Psychology - all of it - is a branch of the police; psychodynamic and humanistic psychologies are the secret police’ (Richer, 1992: 118). Richer proposes that these therapeutic psychologies promote the belief that the therapist, as scientist, knows best. The therapist is armed with scientific training, research experience, knowledge of the scientific literature, and hours of observation and thought within the therapeutic realm. The therapist therefore, makes decisions about the nature and status of the client’s difficulties. Humanistic and psychodynamic approaches, with their emphasis on the concepts of self, freedom, potential and actualisation, ‘are far more efficient at normalising than are either the anti-psychotic drugs of the medical approach or the shaping techniques of behaviourism’ (Richer, 1992: 118). These authors exemplify the controversial and vociferous debate relative to modern and postmodern philosophy. However, this is a wide debate and may have far reaching implications for many people, perhaps most succinctly conveyed by McLeod, (1997): ‘There is an
increasing questioning of the 'project of modernity', which is almost folding in on itself, or is even regarded as responsible for the destruction of the human spirit and the planet on which we live' (McLeod, 1997: 3).

Such overt criticism of modernity and psychological reasoning may have disturbing and disheartening implications for practising psychologists. Postmodernists propose that psychotherapy may reflect and reproduce the framework of its respective culture and historical moment. For Richer (1992) therefore, psychotherapy is circular in nature; it maintains a status quo in terms of the dominant philosophical ideology. To fully appreciate the reasoning of these postmodern writers, a review of psychological practice constructed within modernity will be discussed and criticised from a postmodern perspective.

The modern period

Much has been written about modernism in the sciences, literature and the arts (Frisby, 1985; Levenson, 1984). The assumptions of modernism which guide activities in the sciences and the allied professions of mental health will be outlined. These premises have largely informed the therapeutic treatment of client narratives.

The main thrust of modernism is to establish bodies of systematic and objective knowledge. This empirical knowledge is communicated through scientific languages (Gergen, 1995); and experimental method may establish universal laws and causes. According to Gergen:

therapeutic theories (whether behavioural, systematic, psychodynamic, experiential/humanistic or biochemical) contain explicit assumptions regarding, a) the underlying cause or basis of pathology, b) the location of this cause within the client or his/her relationships, and c) the means by which the stress or pathology may be eliminated... the trained professional enters the therapeutic arena with a well developed narrative for which there is abundant support within the community of scientific peers (Gergen, 1995).
These assumptions establish the superiority of the scientific narrative of the therapist to that of the client. While there is some debate about the scientific nature of meaning for the client (Fransella and Dalton, 1996; Kelly, 1991), postmodernists such as Cohler and Cole (1996) propose that the client narrative is gradually replaced by the professionally approved, scientific narrative of the therapist. The truth of the client narrative is therefore disputed:

questions are asked and answered, descriptions and explanations are reframed, and affirmation and doubt are disseminated by the therapist, the client’s narrative is either destroyed or incorporated, but in any case replaced, by the professional account. The client’s story is transformed by the psychoanalyst into a tale of family romance, by the Rogerian into a struggle against conditional regard, by the attachment counsellor as a tale of overdependency (Gergen, 1996: 208).

There are certain advantages for the client in such a therapeutic encounter: he/she may gain insight into his or her difficulties and the problematic behaviour/narrative may be removed. The success story of the therapist may therefore replace the failure story of the client. The scientific narrative of the therapist will offer new and varied things to do for the client and hopefully replace the less meaningful narrative of the client.

There are however, serious misgivings regarding the modernist approach to the therapeutic relationship. The assumptions of mental health professionals and their claims to knowledge of pathology and cure have been questioned by numerous researchers (e.g. Parker et al. 1995; Parker, 1997; Smith et al. 1995). The modernistic forms of therapy have also been criticised for their excessive concern with the individual (Cushman, 1990, 1995; Henriques et al. 1984); it is argued that these theories do not take account of the historical and cultural conditions wherein psychological difficulties may be embroiled. Feminist critics are also vociferous in their attack on these theories of modernity. They argue that many ‘female
disorders' are wrongly traced to the female mind, rather than being seen as the outcome of the oppressive conditions of the female in society (Chodorow, 1989; Hare-Mustin and Marecek, 1988). For Gergen (1996), modernist theories assume that 'deviant or aberrant behaviour is typically traced to deficient psychological states, and it is the task of the mental health profession, like the medical profession, to identify and treat such disorders. Yet in accepting such assumptions the profession acts so as to objectify mental illness, even when there are many alternative means of interpreting the same phenomena' (209).

Further misgiving is to be found in the modernist orientation of therapist expertise. The professional, scientific narrative of the therapist is never placed under threat, and the therapeutic procedure is conducive to the natural scientific paradigm, thereby creating the appropriate milieu for therapist expertise. In addition, 'It is not simply that therapists from a given school will ensure their clients come away bearing beliefs in their particular account. By virtue of the bounded ontologies, the ultimate aims of most schools of therapy are hegemonic' (Gergen, 1996: 209) - in other words, to maintain the status quo of ideological/cultural domination of one class by another. Kitzinger and Perkins (1993) claim that the consequences for the client of this modernistic narrative are substantial and potentially harmful: the client is urged, through the encounter, to be more like the therapist. Gergen expands:

the structure of the procedure furnishes the client a lesson in inferiority. The client is indirectly informed that he or she is ignorant, insensitive or emotionally incapable of comprehending reality...each form of modernist therapy carries with it an image of the 'fully functioning’ or ‘good’ individual; like a fashion plate, this image serves as a guiding model for the therapeutic outcome (Gergen, 1996: 210).

These modernist narratives are non-specific and aspire towards universality; they say very little about individual existence, experience or incidence. The client’s actions are guided by the therapist’s positivistic framework. Emphasis is placed on individualistic principles of
self-actualisation, ego autonomy, rational appraisal, dependency etc., in an effort to become a fully functioning individual (Gergen, 1996).

Within the modernity period, Gergen (1994) proposes two constructed perspectives in relation to what it means to be a person: romanticism and mechanism. The romantic perspective of the person entails the concept of the 'Self' and the 'Individual', with aims of personal happiness, actualisation and fulfilment. The concept of the 'autonomous, bounded self' emerged from this period of self fulfilment. With careful direction and exploration the individual or self could be defined intrinsically. The detailed experimentation of the self-object dyad in psychoanalytic theory (the focus on the self in relation to 'other') epitomises the movement from traditional to modernistic philosophy and its impact on persons living within that historical moment.

In terms of mechanistic behaviour we are all scientists. The positivistic paradigm assumes that through theories such as cognitive psychology or psychoanalysis we can discern and change our own behaviour in rational scientific and cause and effect terms. Kelly (1991), proposes much the same argument through the psychology of personal constructs. The natural science model of experimental method, prediction and control, makes it possible for the 'self' to be master and creator. This transition, from the traditional to the modernist culture, exemplifies the constructed nature of society and its subsequent impact on the people living in that society (Burr, 1995). Some of the consequences of modernist assumptions will be detailed to exemplify the potentially harmful effects for people living within such a philosophy, especially those people seeking help from psychotherapy.

**Consequences of modernism**

Cushman (1990, 1995) proposes that the efforts of mature capitalist economies (within modernity) to create new markets through the creation of a different type of consumer, have had major negative implications for individuals living within such a philosophy. The impact of these capitalist economies has resulted in the loss of family, tradition and community, and has led to a sense of alienation: 'the empty self'. This poignant vision of the person:
is a self that seeks the experience of being continually filled up by consuming goods, calories, experiences, politicians, romantic partners and empathic therapists in an attempt to combat the growing alienation and fragmentation of the era. Psychotherapy theories attempt to treat the modern self by reinforcing the very qualities of self that have initially caused the problem: its autonomous, bounded, masterful nature (Cushman, 1990: 600-1).

On the surface, modernity's positivistic model, with its vision of being master and creator of one's own universe, and possibly more, appears to be full of promises. It is therefore very seductive. Some individuals may live in relative comfort within such a philosophy, for example, those 'individuals' who achieve 'success' within the ideological framework. Consider the workaholic who may enjoy the material benefit of such labour, or the 'celebrity' or 'star' who enjoys the admiration and wealth of their status; the politician who is rewarded in terms of power and prestige, or the entrepreneur who builds a personal empire and has more power than some political entities. In these terms, people seek to fill the 'self' by accomplishment and success and as such epitomise the autonomous, bounded, masterful self.

If there should be personal 'failure' at the levels of success and accomplishment, in terms of status, accomplishment, power, etc., then the 'self contained individual' has the option of psychotherapy to determine where they have 'gone awry'. This would appear to be an accurate perception of the 'fallen' individual given the positive assumptions of the dominant philosophy. The negative experience for the person who believes that there is some inherent 'flaw' in their character which has contributed to their 'failure', may also be compounded by moral relativism; they may thus 'judge' themselves and their 'failure' relative to others in situational time and context. The problem for the individual becomes circular and perpetuating when the therapist attempts to treat the qualities of the person that caused the problem, its autonomous, bounded, masterful nature (Cushman, 1995).
Arguably, this perpetuation and circularity is akin to addiction, wherein a 'fragmented' and 'empty' self may seek fulfilment through the accumulation of wealth and power, attainment of status and admiration, and lavish consumption of food and drink. Perhaps more overt manifestations of 'emptiness' are exemplified in the alarming increase in suicide among young men aged 15-24 in the UK (Williams, 1997) - a 74% increase in the last ten years according to Pepinster (1993). Traditional social structures such as the family unit are disintegrating, with more and more people living on their own (Levin, 1987). Given such evidence of fragmentation and the circular and operative part played by the modernist therapies, then the observations of Richer (1992), outlined at the beginning of this paper, become more understandable.

The above discussion provides the background to the transition of an historical and cultural movement, the metaphorical journey from modernism to the present experience of an eclectic postmodernism. This paper will now turn to the discussion of postmodernism and the implications it has for psychological theory, practice and research. This philosophical transition, according to one of the main proponents of the movement, 'promises to eclipse anything that psychology has yet known' (Gergen, 1992: 18).

**Psychology and postmodernism**

It is perhaps best to provide a detailed definition of the concept of postmodernism, and its contrasting epistemological underpinnings to those of modernity, prior to a discussion of the implications of this philosophy within the areas of theory, practice and research. Given that postmodernism positions itself with social constructionist philosophy, then it should be noted that this discussion is based on the assumption that our conceptualisations of knowledge are in a state of process. While the concepts used in this paper are treated as 'real', it is accepted that knowledge is seen as being in process, it is not absolutely, but rather relatively true. To maintain consistency with the epistemological assumptions of postmodernism, these concepts will always have a perspectival/phenomenological reality and never be static nor fixed.
Postmodernism is having a major impact on the practice of psychology. It may be defined as the 'end of the dominance of an overarching belief in 'scientific' rationality and a unitary theory of progress...and an increased emphasis on the importance of the unconscious, on free floating signs and images, and a plurality of viewpoints. Theories of postmodernism offer an analysis of this condition while also contributing to it' (Jary and Jary, 1995: 509). Polkinghorne (1992), arguing for a postmodern epistemology of psychological practice, proposes that:

a) there is no epistemological ground on which the indubitable truth of knowledge statements can be established; b) a body of knowledge consists of fragments of understanding, not a system of logically integrated statements; c) knowledge is a construction built out of cognitive schemes and embodied interactions with the environment; and d) the test of a knowledge statement is its pragmatic usefulness in accomplishing a task, not its derivation from an approved set of methodological rules (147).

Thus the postmodern consciousness, 'by demystifying the great narrative of modernism...attempts to bring psychologists and society closer together' (Gergen, 1992: 28). The hope and expectation that the meta-narrative of the modern period would provide the answers to what lay behind human experience and existence has collapsed (Lyotard, 1989). House (1997) is elegant in his description of the present cultural moment:

Perhaps postmodernism is a kind of 'reaction formation' against the excesses of the soulless scientism of modernity; and it seems to me that the fields of counselling and psychotherapy are in a unique position to develop an embodied, humanistic approach to research that transcends the ideology of objectivism, and which honours both our need for communicable intersubjective knowledge about the world and our core humanistic principles, which elevate the values of holism and human meaning above
those of mechanism and quantifiability (House, 1997: 59).

The postmodern movement therefore, has profound implications for psychology and psychotherapy and raises numerous questions at a theoretical, practical and research level.

**Theory, practice and research in a postmodern context**

Postmodernism 'deconstructs the very object we take as our given, as pre-given, the human subject' (Rivera, 1989: 26). It may be argued that as therapists and psychologists we take for granted precisely that which we should be wondering about. In this sense, we may question whether 'a coherent, essentially rational individual who is the author of her own meanings and the agent of her own production' (Rivera, 1989: 26) can really exist. As previously stated, postmodernism abandons the belief in an essential unique individual identity. It regards our existence as an historical production, constructed within the field of power relations as these are represented in language, and suffused with the conflicts of power and powerlessness (Burr, 1995; Foucault, 1980).

Human subjectivity therefore, is constituted culturally and politically through language. Put simply, the philosophy of postmodernism seeks to 'understand and constitute self, gender, knowledge, social relations, and cultural change without resorting to linear, teleological, hierarchical, holistic or binary ways of thinking and being' (Flax, 1990: 15). These observations carry obvious and significant implications for theory, practice and research espoused by psychology. These implications will be addressed in turn.

*Psychotherapeutic theory within postmodernism*

It may be argued that psychotherapeutic theory within postmodernism is in a state of flux, and has not yet integrated the epistemology of the present moment. While there has been considerable change within some theoretical models, for example psychodynamic theory (Atwood et al. 1989; Storolow et al. 1994), it will be argued that these theoretical shifts have not yet fully embraced postmodern epistemology. To do so, from a postmodern
constructionist position, would mean an abandonment of that cherished possession of modernist philosophy, the autonomous, bounded and masterful self.

There have been two major paradigmatic shifts within psychoanalysis in recent years. The initial move was from drive reduction to the relational paradigm; the second from positivism to the constructivist, perspectival or hermeneutical epistemological position (Hoffman, 1991; Mitchell, 1993). For the purposes of this paper, the second paradigmatic shift will be discussed to exemplify and expand the argument given its association with postmodernist philosophy.

The shift from positivism to the constructivist, perspectival or hermeneutical position, is premised on the belief that our experience of reality is constructed by culture and society, and how we experience therapy may be influenced by the therapist (Hoffman, 1991). In contrast to the classical analyst position of objective observer and arbiter of reality, the second shift proposed that the therapist/analyst must consider that his/her subjective experience in the process of therapy has 'a continuous effect on what he understands about himself and about the patient in the interaction' (Hoffman, 1991: 78). For Hoffman, ego psychology, object relations theory, self psychology and interpersonal theory, have not made the second paradigmatic shift because these theories do not accept that the subjective understanding of the therapist may be relative and/or perspectival; nor do they accept that the therapist's understanding may be affected by intersubjective processes (Hoffman, 1991).

The second paradigmatic shift has been incorporated into relational-model theorising (Mitchell, 1988, 1993) and intersubjectivity (Storolow et al. 1994). These models involve a relational system where it is proposed that experience is continually and mutually shaped. They take account of the subjective world of both client and therapist in the therapeutic process. What is observed by the therapist is relative to the language used by both client and therapist (Storolow et al. 1994). While this shift may be described as a movement towards postmodern epistemology, it nevertheless maintains a focus on the self, and a
major power differential exemplified in therapist dominance in the relationship. For example, what is observed by the therapist must be interpreted by the therapist and is therefore influenced by the subjectivity of the therapist which places him/her in a position of power.

It may be argued that these relational models are examples of partial interactionism (Hoffman, 1991; Stern, 1994). They do not (and possibly cannot) take full account of the phenomenological experience of the client, for example, the power relations and political structures, or the role of psychoanalysis in promoting those relations and structures. As such, it is questionable whether the epistemological assumptions of these relational models are congruent with those of postmodernism. Thus it would be necessary to examine these analytical movements and interpret them in such a way as to draw some conclusions about moral and socio-political influences inherent in their practice.

In addition, if language shapes the construction of reality, as postmodern epistemology assumes (Gergen and Gergen, 1988; Kvale, 1992), then the subjective experience of the therapist, at a moral and socio-political level for example, has obvious implications in therapeutic terms. As Cushman suggests:

> It is no doubt, not conscious deceit: because culture is sedimented in the body of the healer, the language of science has naturally become the language of the psychotherapist. It is not a conscious deceit, but from a hermeneutic perspective, mainstream psychotherapists have avoided noticing that they strike moral stances and executed political strategies (Cushman, 1995: 287).

For Cushman (1995), this 'deceit' limits both therapist and client in the therapeutic endeavour and actually maintains the concept of the autonomous, bounded and masterful self. In these terms, psychoanalytic theory has not yet fully incorporated a postmodern, constructionist epistemology. In accepting that the therapist does have relative and/or
perspectival influence, then we have to look at ways of developing therapeutic practice to maximise the process for the client. If we fail at this juncture then the proposals of Richer (1992), Cushman (1990; 1995), and McLeod (1997), regarding policing, emptiness and fragmentation, remain valid despite these shifts in psychoanalytic theorising. In therapeutic terms, it may be pertinent to 'ask the psychological healers of today to develop a description of their practices that would be more directly expressive of what they are about' (Cushman, 1995: 287).

The practice of psychotherapy within postmodernism

Psychotherapeutic practice has made significant shifts to incorporate postmodern epistemology. Cushman (1995) for example, has applied philosophical hermeneutics and social constructionism to the practice of psychotherapy in an attempt to 'weed out practices that contributed to self contained individualism, encouraged the consumer ethos, and helped construct the empty self' (290). Psychoanalysts, Hoffman (1992) and Luepnitz (1988), from a feminist constructionist perspective, have exposed sexist practices in family therapy, practices which privilege the authority of the male figure within the family. From an interpersonal perspective, Greenberg and Mitchell (1983) and Mitchell (1993), by emphasising the transference-countertransference dynamic, are committed to the demystification of power within the therapeutic relationship. Anderson (1995, 1996) proposes a more radical approach, whereby clients and therapists are co-researchers. The work of Cushman and Anderson will be discussed to exemplify these shifts in practice.

Philosophical hermeneutics proposes that people live at an intersection of traditions. These traditions may bring about conflict and division for members of a community, in that some traditions might be rejected in favour of alternative practices. In a postmodern sense, what constitutes that which is 'good' or 'true' is a continuing, evolving dynamic, an ongoing dialogic negotiation. For Cushman, 'Our ability to find other traditions or aspects of our indigenous tradition that help us understand what we disapprove of in our normative community frees us to resist the status quo and develop new alternatives' (Cushman, 1995:
Hermeneutics is compatible with postmodernism in that it places an emphasis:

on the embedded, socially constructed, interpenetrating nature of being human, the importance of historical and political influences in healing practices, and its awareness of the omnipresence of moral understandings and the necessity of everyday moral decisions...It can help the practitioner realise that the normative concerns of the white middle class, such as self contained individualism and the consumer ethos, are not the only perspectives that exist...Hermeneutics can help lessen the practitioner’s contribution to the construction of the empty self, the normalisation of consumer activities such as acquisitiveness, competitiveness, and envy, and the medicalisation of behaviour caused by political structures (Cushman, 1995: 292).

Therapy therefore, from a hermeneutic perspective, is ‘inevitably embedded in a values discourse’ (Cushman, 1995: 292). According to Cushman, psychotherapy needs to take full account of these values ‘We could work to delineate which values are embedded in which theories, and how those values are communicated and reproduced within the therapy setting’ (292).

The hermeneuticists argue that ‘each of us, each day, engages in the continual process of unknowingly learning, constructing, and reconstructing the parameters of the social world in which we live. In order to live and survive in that world we must be at work constantly producing, interpreting, anticipating, and influencing our social surround’ (Cushman, 1995: 294). The psychotherapist operating within this milieu is armed with competing and alternative moral frameworks that may offer challenge to the one detailed by the presenting client. The therapist may demonstrate a world of different rules and traditions in contrast to the one which presently shapes the client’s life. This will encompass the client’s behaviour,
expectations and emotional responses situated within the larger cultural terrain. Within the therapeutic relationship therefore, the client’s perspective may develop new expectations, emotional and behavioural repertoires, and perhaps a new and/or variable moral framework.

From a postmodern narrative perspective, Anderson (1997) elevates the client’s voice to centre stage within the therapeutic relationship. She reverses ‘the usual roles of therapists (knowers) and clients (not-knowers) - therapists learn and clients teach’ (133). Therapist questions are always asked from a position of not-knowing. These questions invite the client into dialogical conversations and collaborative narrative relationships: all ‘client voices speak to a process and relationship characterised by connecting, collaborating, and constructing’ (165).

These distinctions are manifested, according to Anderson, from the adopted position of not-knowing - the key feature that distinguishes her work from other therapies. In definitive terms:

A not-knowing position reflects the challenge of subject-object or knower-known dualism advanced by postmodern endeavours such as contemporary hermeneutics and social constructionism...Not knowing is critical to the embedded assumption that the dialogical creation of meaning is always an intersubjective process. It allows possibilities that knowing does not. One of those possibilities is dialogue...Not knowing refers to a therapist’s position - an attitude and belief - that a therapist does not have access to privileged information, can never fully understand another person, always needs to be in a state of being informed by the other, and always needs to learn more about what has been said or may not have been said. In not knowing a therapist adopts an interpretative stance that relies on the continuing analysis of experience as it occurs in context and it is related and narrated by a client. Interpretation is always a dialogue between therapist
and client and not the result of predetermined theoretical narratives essential to a therapist's meaning, expertise, experience, or therapy model. Several aspects of not knowing enable a therapist to be continually informed by his or her client and to have forever developing understanding (Anderson, 1997: 134).

The concept of not-knowing underpins the capacity to accept uncertainty within professional and personal roles. It demands that our knowledge, pre-therapeutic encounter, is suspended, and the therapist maintains a position of reflection, awareness and openness to subjective experience, exploration and challenge in the relationship. Being in such a position means the therapist is open to risk and vulnerability. Anderson expands, 'A turn to not-knowing makes therapy, and the questions in therapy, different from traditional diagnostic exploration. If we truly do not know, then we must learn. If we attempt to learn, then we attempt to understand what the client is telling us. Knowing and understanding in this mode are always on the way. A therapist must risk being a learner again with each client - a very humbling and freeing experience' (Anderson, 1997: 135/6).

It appears that Anderson's (1997) concept of not-knowing expands Cushman's (1995) argument regarding philosophical hermeneutics. However, Anderson's position is more akin to phenomenological hermeneutics (Gadamer, 1960), where the therapist remains in a learning, not-knowing position, and the phenomenological experience of the client unfolds. In postmodern terms, the concept 'phenomenological experience' is used here to describe the socially constructed and therefore relative meaning in any one person's life; meaning that no 'other' person, therapist or otherwise, can possibly understand. The not-knowing approach is therefore more conducive for the client to present 'their narrative', and in this sense is more compatible with the epistemological assumptions of postmodernism.

It should be noted that not-knowing 'does not mean that we know nothing but that we are beyond absolute knowledge...approaching that on the basis of which its closure is announced and decided' (Derrida, 1978: 68). Therapists have acquired much theoretical
and experiential knowledge which necessarily impacts their professional and personal lives. Such learning, experience, prejudice and moral conviction are taken into the therapy room. For Anderson:

We must be able to have, share, and advance our opinions, ideas, and feelings...we must be able to be challenged and to challenge ourselves. We must be able to commit to a dialogical interplay that encourages an egalitarian and mutual search for understanding. In such a collaborative process, we are less likely, wittingly or unwittingly, to exploit perceived social power in a therapist-client relationship in the interest of preserving our own knowledge base or that of our cultural institutions and discourses (Anderson, 1997: 137).

While it appears that the dialogical conversations and collaborative narrative relationships of Anderson (1997) are closer to the postmodern philosophy than the hermeneutical perspective favoured by Cushman (1995), there remain certain misgivings with both these approaches. It may be argued that, given the present cultural and historical moment, the relationship between client and therapist will always be asymmetrical. For example, the construction of the authority and expertise of the therapist may always be present in the expectations of the client. This is clearly understandable given that the client has approached psychological services for help with 'some difficulty' in his or her life. It would appear that the therapist, working from a not-knowing position, would have problems at this level given the expectations of the client. The very nature of the relationship therefore, perhaps an epitome of modernistic assumptions, creates asymmetry and inequality.

It may also be argued that while we accept and acknowledge that the phenomenological experience of the therapist is taken into the therapeutic encounter, the influence of therapist skill, wisdom, moral understanding and preference, perhaps unconscious, will necessarily impact the relationship. Cushman (1995) argues that these factors 'can be dangerous if not
historically situated, politically understood, consciously decided upon, and repeatedly discussed’ (291). Anderson’s (1997) position of the not-knowing therapist is comparable to that of Cushman, in that the therapist suspends pre-therapeutic knowledge. Both attempt to align themselves with postmodern thinking. These approaches however, appear to be speculative, especially given the connotations of suspending knowledge within the therapeutic relationship - can one ever be in a position of not-knowing, is it possible?

If, as therapists, we cannot suspend subjective knowledge, then it is questionable whether these significant shifts in psychotherapeutic practice are epistemologically compatible with postmodern philosophy. Indeed, perhaps we should not expect congruence given the constructed nature of our society. In this sense theory and practice may be seen as evolving, developing, and in the trail of philosophical change. The evolution of theory and practice may be representative of a cultural and historical movement, and therefore be comparable, in symbolic terms, to the philosophical transition from modernism to postmodernism. As this evolution is still dynamically changing (perhaps catching up with postmodernism) it may be argued that practice, like theory, has not fully integrated a postmodern epistemology. Postmodern qualitative research (e.g. Smith et al. 1996) into the nature of these paradigmatic shifts, may help establish the relative positioning of the approaches of Anderson (1997) and Cushman (1995) and those other movements outlined at the beginning of this section.

**Psychotherapeutic research within postmodernism**

In contrast to the members of the ‘esoteric order’ (Harre, 1990), that is, a socially sanctioned expert who can provide an authoritative true version of a problem and act according to a set of prescribed activities to correct it, the majority of contemporary psychotherapists would perhaps acknowledge the constructionist edict that observation is mediated by the observer’s belief system, rather than having any foundational basis in reality. Contemporary practitioners may also accept the notion that they are producers of the realities that they think they perceive, and that ‘their understanding of their clients’ accounts
of experience ipso facto requires an interpretive act on their part. Some would also question their complicity in reproducing dominant potentially oppressive societal discourses unless they bore this meta awareness in mind’ (Kaye, 1995: 34).

Kaye (1995) alludes to some of the problems detailed earlier in this paper. Therapists are disconcerted by the inconsistency between, on the one hand, the recognition that their phenomenological meaning/subjectivity creates the patterns they perceive and, on the other hand, those assumptions and expectations underpinning their practice, for example, those detailed earlier regarding the power differentials in the therapeutic relationship. For Kaye, the present understanding is that the therapist:

 cannot directly know the cause of the problem...of their role in producing a reading or version of that problem, has triggered the realisation that they are ineluctably working in the world of meaning - its construction, constitution in discourse, and interpretation. This has been accompanied by a renewed focus on how people construe their lives and relationships as well as in seeking an understanding of this via the accounts they give of experience - their self-narratives (Kaye, 1995: 34).

Phenomenological meaning for people is therefore socially constructed. The generation of meaning is established in social processes; when people are engaged in conversation it emerges in the context of their dialogue. Gergen and Gergen (1988) suggest that:

In the reliance on a language system for relating or connecting events one is engaging in an inherently social act. Words acquire communicative capacity by virtue of shared usage. A movement of the hand fails to communicate, for example, unless it has the capacity to be understood by at least one other person. Thus, in understanding the relationships among events in one’s life, one relies on discourse that is born of social interchange and inherently implies an audience (37).
Further, Bruner (1990) points out that the sharing of experience in dialogue draws on the concepts embedded in the language of a culture, together with culturally established conventions for communicating meaning and interpretation. As discussed above, psychotherapists have begun to evolve a framework for both theory and practice derived from the hermeneutic tradition, social constructionism and narrative theory. These paradigmatic shifts propose that therapy is construed as the activity of generating purpose which might potentially transform experience through collaborative dialogue. It is an activity which takes its phenomenological understanding from the meaning which emerges from the intersubjective encounter.

This view of psychotherapy is diametrically opposed to the modernist philosophy and as such questions the assumptions and methods of psychotherapy research. However, a new psychology has emerged in recent years which has the conceptual methodology to facilitate research of the phenomenological meaning of any particular person, experience or intersubjective encounter (e.g. Burman and Parker, 1993; Richardson, 1996; Siegfried, 1995; Smith et al. 1995, 1996).

The methods of this post-positivist paradigm are predominantly qualitative, and some of these reflect the practical application of hermeneutics and constructionism to the therapeutic encounter as proposed by Cushman (1995) and Anderson (1997), for example, ethnographic analysis, discourse analysis and life story research. This new approach ‘is concerned to build detailed intensive portraits of individuals, an approach which has usually been eschewed by psychologists with their preference for extensive, statistical, actuarial methodologies’ (Smith et al. 1995: 6). Such qualitative research epitomises one of the most important advantages of postmodern philosophy, in that previously unheard or marginalised voices in society are listened to, in contrast to traditional psychological assumptions that knowledge can be objective, context free and universalistic.

The postmodern outlook of this new paradigm offers a methodological approach to study
those potential problems identified within contemporary psychotherapeutic practice. Using qualitative methods, such as interpretative phenomenological analysis (Smith et al. 1999) or discourse analysis (Potter, 1996), to elaborate upon the phenomenological meaning of the client (specific) relative to society (general), it may be established if there are epistemological inconsistencies with the practice of psychotherapy and the present cultural and historical moment. Thus, the relative positioning of the approaches of Anderson (1997) and Cushman (1995), the intersubjectivists, interpersonal theory and relational models, within the present cultural milieu of postmodernism, may be derived from such research. Numerous questions may be addressed: can the therapist ever fully adopt a position of not-knowing?; can he or she ever not be influenced by the political climate, moral preferences and other constructed practices and behaviours?; can psychology refute the accusation of being a branch of the police, or psychodynamic and humanistic therapies being labelled the secret police?

Conclusions

The modernist movement evolved from the more traditional values of kinship, community, history, duty and fate; and facilitated a focused and positivistic outlook of individual accomplishment and success. It has never materialised. While there are some dissenting voices regarding the philosophy of postmodernism (e.g. Sokal and Bricmont, 1998), most contemporary writers now agree that the modern philosophy is severely flawed from a human science perspective. What has resulted is a cultural and historical period of human fragmentation, brokenness and emptiness. The major criticism of psychotherapeutic psychology has been that it is constructed by, and contributes to, modernistic principles. Some writers doubt that it can ever remove itself from the shackles of the period. Nonetheless, various researchers and psychotherapists have taken up the challenge offered by the present cultural climate of postmodernism and have attempted to integrate this philosophy into their relevant theories, practice and research.

The postmodern perspective has confronted mainstream psychological inquiry and thought, and has brought about distinctive and significant change within psychodynamic theorising.
While these shifts incorporate new ideas and modes of therapeutic interchange, questions remain regarding the knowledge bases of these new approaches. Do they fully integrate, or perhaps more realistically, can they ever fully accommodate and incorporate the epistemological assumptions of postmodern philosophy? It is possible that psychological theory, practice and research will always follow in the wake of philosophical change and in this sense it may be argued that we do not yet live in the postmodern world. To become a postmodern psychology would mean for example that we take account of power relations, political structures and the impact of moral and socio-political influences within the therapeutic relationship (e.g. Kitzinger and Perkins, 1993; Sampson, 1989; Strawbridge and Woolfe, 1996). Again mainstream psychology is challenged, in that it has been predominantly apolitical and conservative in its approach. Some writers propose that it is possible to reduce or negate the impact of these forces. Arguably, research may be able to address this question to establish if these claims are plausible.

While the paradigmatic shifts in psychodynamic theorising to the hermeneutical, socially constructed and narrative paradigms may be interpreted as psychology incorporating postmodern philosophy, at least to some degree, they may also be seen as building blocks to a new paradigm. In this sense the development of a new psychology is in process and not yet complete. Perhaps it is not possible, or even desirable, to establish such certainty. We may have to accept therefore, that we are doing the best we can within the present cultural and historical framework, and recognise that we are part of dynamic evolutionary change within psychological theory, practice and research.
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Fulfilled or threatened men in a postmodern age? The management of identity among a group of economically successful men.

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Running title: The management of identity among a group of economically successful men in a postmodern context.
Fulfilled or threatened men in a postmodern age? The management of identity among a group of economically successful men.

Abstract

The study addresses the question of identity management among a group of economically successful men living in a postmodern context. Specific domains are explored and qualitatively analysed using interpretative phenomenological analysis. The characteristics of identity are discussed and attributable meaning in the home and workplace, and how these men balance and manage identity within these differing settings. Identity Process Theory (Breakwell, 1986, 1996) and Social Representations Theory (Moscovici, 1984, 1988) are utilised to provide understanding and knowledge of how this group of men manage associative stressors, tensions and pressures in various contexts. The results indicate that the participants tend to focus their attention in the work domain, with a consequential impact on familial relationships and psychological and physiological health. The nature of specific stressors and pressures are identified, thereby providing understanding for practitioners into the management of identity for this group of men.

Key words: Economically successful men; identity management; postmodernism; interpretative phenomenological analysis.
Fulfilled or threatened men in a postmodern age? The management of identity among a group of economically successful men.

Introduction

Recent decades have witnessed the progressive deconstruction of the traditional role of men. This deconstruction has been predominantly attributed to the feminist movement (Burman, 1994; Porter, 1992; Wilkinson and Kitzinger, 1995); gay liberation (Altman, 1972, 1982; Clatterbaugh, 1990); profeminist men (Messner, 1997); and the efforts of anti-sexist projects - mainly through the work of counselling psychologists engaged in developing a professional specialty in men's problems (Lichterman, 1989). Lichterman’s (1989) observations, regarding the efforts of counselling psychologists, is indicative of the philosophical underpinnings of counselling psychology as a discipline. While attentive to severe psychological difficulties, the discipline also places an emphasis on the unique and separate experience of the individual, with specific attention to personal well-being, meaning and fulfilment. An integrative and holistic view of the person may be adopted, exploring the experiential meaning of the client relative to their contextual circumstance. The domains of ethics, ideology, culture and the socio-political environment may therefore be explored to facilitate greater understanding and knowledge of an individual’s past, present and future functioning and effectiveness (Shillito-Clarke, 1996; Strawbridge, 1994; Strawbridge and Woolfe, 1996; van Deurzen-Smith, 1990; Woolfe, 1996).

The objection to patriarchy and to traditional male identity appears to have brought about a transitional period of instability and uncertainty, perhaps reflection, for men who have never challenged or been challenged in their role as a traditionally masculine man. Many authors have argued that this transitional period has had a significant impact on traditional male identity (e.g. Ehrenreich, 1983; Jackson, 1990; Morgan, 1992). Recent literature has also commented upon an apparent 'crisis' in male well-being and mental health (Coyle and Morgan-Sykes, 1998); 'crisis' being an apt descriptive term given that the suicide rate among young adolescent men is four times higher than that of women (HMSO, 1994;
Williams, 1997). Clearly these issues have implications for counselling psychologists, specifically in terms of facilitating an awareness and understanding of the nature and dynamics of a reported ‘crisis’ which some men seem to experience in contextual circumstances.

For many authors, the traditional representation of masculinity embodies expectations of men that appear to be virtually impossible to attain (e.g. Levant et al. 1992; Mooney, 1998; Pasick, 1992). For example, they should have self-reliance, success, achievement, power and status. They should strive to be the primary breadwinner and provider; be competitive, tough, aggressive and a risk taker; and be sexually prolific. They should fear and hate gay men; thus they should not be warm and intimate with other men - it might imply that they are gay or effeminate. They should not be ‘feminine’ - warm, soft, nurturing, caring and empathic - such intimacy weakens self-reliance and control. Thus men’s psychological development has traditionally been different from women’s, specifically in terms of individuation and separation rather than values of attachment and connection with other people which women are encouraged to favour (Chodorow, 1974; Gilligan, 1982; Segal, 1993). However, to be totally masculine, according to some socialist feminist theorists (e.g. Segal, 1990, 1993), will result in ‘doing violence to many of the most basic human attributes: the capacity for sensitivity to oneself and others, the expression of fear, the admission of weakness, the wisdom of co-operation, the satisfaction in servicing, the pleasures of passivity, the need to be needed - all quintessentially ‘feminine’” (Segal, 1993: 635).

More significantly perhaps, for men and psychotherapeutic practice, theory and research, there has been an alarming increase in men from such a traditional background seeking therapy for a variety of problems, including stress, depression, anger control, relationship difficulties, homophobia and misogyny (e.g. Pollack and Levant, 1998). Apparently men are faced with difficulties, in the present cultural climate, which may not have been fully delineated or understood. This ‘crisis’ period has been referred to, by some authors, as postmodernism (e.g. Cushman, 1990; 1995; Kvale, 1992; McLeod, 1997). For centuries
Western thinkers held that reality was knowable; scientific theories were judged on how closely they corresponded to that reality. These theorists value scientific rationality and thinking. Postmodernism tends to regard these assumptions as untenable; knowledge today is regarded as pluralistic, not singular and unitary, and contextual, not absolute (Kvale, 1992).

In terms of identity, the present climate of postmodernism has witnessed the consequences of the modern period - a capitalist patriarchal masculinity (e.g. Brod, 1987; Carrigan et al. 1987; Ochberg, 1987). Capitalist ideology, with its emphasis on concepts such as entrepreneurialism and autonomy (e.g. Cushman, 1990, 1995); individualism (e.g. Giddens, 1991; McLeod, 1997); competition, leadership, success and achievement (e.g. Donaldson, 1993; Messner, 1987), has resulted in a sense of depersonalisation (Brod, 1987); of isolation, anonymity, emptiness and social fragmentation (Cushman, 1990, 1995; McLeod, 1997); and is perhaps responsible for 'the destruction of the human spirit and the planet on which we live' (McLeod, 1997: 3). Thus the representation of a capitalist patriarchal masculinity embodies expectations of men which may be equally impossible to attain. In relative terms, the characteristics of identity are externalised through a belief in and an adherence to these goals; namely that which appears to be of perceived importance in cultural and historical time and place. For those men adhering to and believing in a traditional masculinity, with its aggressive, dominant and achievement oriented characteristics (Levant et al. 1992; Mooney, 1998; Pasick, 1992), the essentialist concepts of a capitalist patriarchal masculinity may have a detrimental effect on identity and psychological well being. In addition, the diversity and multiplicity of the present cultural context of postmodernism may result in potential dilemmas, tensions or threats to the identity of traditionally masculine men.

The experience and management of identity may thus be seen as relative to the dominant philosophy of our time. Further, traditionally masculine men may experience particular stress and tension which may impact other areas of their life (e.g. within the home and work settings) in their attempts to succeed and achieve. As such, personal well being and
the private relationships these men have may be threatened by their belief in an identity formulated in a traditional and capitalist patriarchal masculinity. Identity Process theory (IPT) (Breakwell, 1986, 1996) is a social psychological process model of coping with threatened identity. Individual identity processes are conceptualised within the social context. Identity is seen as a developmental process across a person's lifespan and includes a content dimension consisting of the defining properties of identity, and a value dimension - each property of the content dimension having a positive or negative value attached to it.

IPT proposes that the identity structure is regulated by two interdependent processes: assimilation-accommodation and evaluation. Assimilation refers to the absorption of new content into the identity structure. Accommodation refers to the adjustment of the existing identity structure to absorb the new content. Evaluation concerns allocating meaning and value to new and old identity content. Breakwell (1986, 1996) suggests that four principles specify desirable end states for identity: self-esteem, a feeling of personal worth or value; continuity of identity across time and situation; distinctiveness, a sense of uniqueness for the individual, of being different from others; and self-efficacy, a sense of competence and control. Markowe (1996) proposes that, for some people, two additional principles are required, firstly, authenticity and integrity, and secondly, a need for affiliation. Threat to identity develops when the identity processes do not comply with these identity principles.

Breakwell (1992), in an effort to fully understand the psychological and social processes involved in the structure of identity, proposes that the theory of social representations should be integrated into a theoretical framework which seeks to understand the experiences of individuals or any particular group of people. A social representation is a shared understanding among people of any particular event, theory etc., that is apparent within the social context, for example, a capitalist ideology or the stereotypical traditionally masculine man.

Social Representations Theory (SRT) (Moscovici, 1984, 1988), states that social representations are dynamic and are therefore constructed and re-constructed through social
interaction. A particular characteristic of a social representation is that it is not perceived as a representation but as a reality. Such representations are given familiar meaning by information processing mechanisms of anchoring and objectification/concretisation. Mechanisms which strive 'to anchor strange ideas, to reduce them to ordinary categories and images, to set them in a familiar context' (Moscovici, 1984: 29) and 'transform unfamiliar abstract concepts into familiar, concrete experiences' (Billig, 1988: 7). Breakwell (1992) proposes that the identity processes determine which social representations an individual absorbs into their identity structure.

This research study, while not testing IPT or SRT, will use these models to provide an understanding of and gain insight into the psychological and sociopolitical processes involved in the conceptualisation of identity. The study will analyse the management of identity in a group of economically successful men. These men may be seen as being exemplars of those who have achieved and experienced success in traditionally masculine terms and within a capitalist ideological framework. The study will seek to explore the effect, if any, of such a philosophy on the management of their identity and provide some understanding of an apparent "crisis" in male well-being and mental health. An analysis of the experiences of this group of men will identify potential dilemmas, tensions or threats they may experience within various social contexts, and establish whether these economically successful men are 'fulfilled and satisfied', therein epitomising a healthy identity, personal meaning and satisfaction, or 'threatened' men in a postmodern age.

Method

Participants

Economically successful men in positions of occupational responsibility with an income of at least £50,000 per year were recruited to participate in the study. They were recruited by social networking and snowballing of business acquaintances of personal friends and colleagues. Full details of the study were provided in a personal letter (appendix A). Participants were employed in a variety of professions: the financial sector, journalism,
public affairs and business management. Twelve men agreed to participate.

**The Interview**

The interviews explored how these men define and manage their identity in terms of how they saw themselves as a person; the management of identity within their professional role; the management of identity within their domestic circumstances, and how they balance and manage their identity within these differing domestic and professional roles. The interview sought to explore potential dilemmas, tensions or threats to identity on these dimensions.

The research questions were formulated to explore the concerns, values and beliefs of the participants, all of which indicate the relevance of a qualitative approach (Marshall and Rossman, 1989; Silverman, 1993). A semi-structured interview schedule (appendix B) was developed from a literature review of traditional masculinity and the current ideological philosophy of a capitalist marketplace; thus facilitating insight into and understanding of the perceptions and experience of the participants in various domains (Silverman, 1993; Smith et al. 1995). The theoretical underpinnings of the interview schedule were influenced by IPT (Breakwell, 1986, 1996).

A pilot study of four interviews was carried out to assess the practicality and utility of the interview schedule in eliciting relevant, high quality data, that is, in terms of providing detailed and insightful information in relation to the definitive characteristics of identity and the management of identity in the familial and working environments. Consequently some questions on the interview schedule were refined to provide more detailed information relevant to specific areas of concern. Primarily this concerned how the participants balanced and managed their professional role and their home/family role. Prior to interview the participants completed a questionnaire (appendix C) (Kuhn and McPartland, 1953), providing up to twenty answers to the question 'Who am I?' - answers such as 'a breadwinner', 'a provider'. These answers were then used in conjunction with the interview schedule to elicit relevant, high quality data in relation to the management of identity. For example, during the interview the participants were asked 'What does it mean for you to be a breadwinner? a provider? etc'.
Procedure

Interviews took place where it was most convenient, familiar and comfortable for the participants; eight were carried out in the workplace and four were carried out in the home. Interviews lasted between one and two hours. All interviews were audio-taped and transcribed verbatim. A demographic questionnaire (appendix D) and a consent form (appendix E) were completed prior to the interview.

Analytic Strategy

There are numerous approaches to qualitative research; Richardson (1996) provides an overview of various approaches and the epistemological position assumed by each method. Some research, for example, discourse analysis (Potter and Wetherell, 1987), focuses on the function of language within specific contexts, and addresses the interactive tasks being performed by statements in conversations, written texts or interview material (Gill, 1996; Henwood, 1996). In contrast to the discursive approach, the present study focuses on the way people think about and attribute specific meaning to particular issues within differing social contexts. The study therefore employs interpretative phenomenological analysis (IPA) (Smith, 1996; Smith et al. 1997, 1999). IPA is an appropriate analytic procedure as it is concerned with participants' personal and subjective accounts of an object or event, as opposed to creating an objective statement of the object or event itself. Thus the accounts of the participants, in terms of their perceptions, values, beliefs and experience within various domains, may be fully explored. The epistemological approach of the analysis is compatible with postmodern premises regarding knowledge, in that the qualitative and interpretative method of the study parallels postmodern assumptions that knowledge today is pluralistic and contextual, in contrast to a singular and unitary scientific rationality (Kvale, 1992). The accounts offered by these men however, may bear an indeterminate relation to the actuality of events; thus these accounts may be shaped by the context in which they are produced (Potter and Wetherell, 1987). Nonetheless it is assumed that these accounts, and the subsequent interpretations of the researcher, do bear some relation to the
experiences and events that these men describe. The analysis of course will reflect this assumption.

Following transcription each interview was read repeatedly, noting aspects of the data that were of particular interest and significance. This process involved, firstly, summarising specific parts of the text, making associations and connections within the text, and forming initial interpretations. Following this process emergent abstract themes were noted; key words or phrases were noted in an attempt to capture the essential quality of meaning from the data. Associations and connections between the different sections of the interview, noting similarities, differences and contradictions, were also documented. The emergent themes were listed and connections between them were noted. Some of these themes clustered together in having a similar meaning. These clusters represented emergent superordinate themes. Continual reference to the primary source material ensured that the clustering of themes into superordinate themes reflected what had been actually said by the participants. A table of themes was produced and the major themes for each of the participants were identified - those which appeared to represent the concerns of the participants in terms of their identity and the management of identity in the home and work settings. A consolidated list of master themes for this group of men was produced from this table of major themes. Once again this process involved continual reference to the primary source material in an attempt to ensure that the essential quality of meaning from the data was interpreted.

Evaluation
IPA recognises that the research process is dynamic: the interpretative framework of the researcher has an influence on the analytic process. In similar vein, Elliott et al. (1999), in an article detailing evolving guidelines for publication of qualitative research, suggest that authors note specific personal experiences or training relevant to the subject matter. A number of factors which may have had an influence on my interpretative analysis are therefore noted: firstly, my experience as a child and an adolescent of having been raised in an environment wherein the men of the households were the providers and breadwinners,
and the women, in their domestic and child rearing role, supported the men in their roles as traditionally masculine men; secondly, issues of personal loss - the recent death of my father - whom I regarded and experienced as a traditionally masculine man; thirdly, my personal ambivalence towards and subsequent rejection of this stereotype of masculinity; fourthly, my experience of having achieved relative status, prestige and financial security in a previous profession and subsequently leaving this profession to engage with university studies; and finally, my training and practice in counselling psychology, training which fosters an increasing awareness of the uniqueness and separateness of people and in turn helps develop a personal sensitivity to the difficulties and pressures that people might experience.

Such experience and values will inevitably have influenced all aspects of this research process, from the design of the interview schedule to the analysis of the data. It may have had an effect on the questions which were structured to elicit detailed information from the participants. Within the analytic process it may have shaped my interpretation and development of certain themes over others, themes that were perhaps more important to my personal subjectivity. It may also have affected my inclination to have an overtly critical approach to the analytical process. Being aware of these issues, careful attention ensured that the analysis of emergent themes were grounded in and supported by the data (Elliott et al. 1999). Extracts from the data accompany the interpretations made, thereby allowing evaluation of my interpretations by readers.

In the analysis presented below the extracts from the data have been chosen to exemplify a recurrent theme. They are the most potent examples of a particular theme. Quotations with square brackets indicate the omission of material. Extracts from the transcripts are coded by name; pseudonyms are used to indicate the source of the quotation. The frequency of occurrence of particular themes derived from the data is indicated by using adjectival phrases.
Analysis

Demographic Information

All twelve participants defined themselves as economically successful men with an income of at least £50,000 per year. They were employed in a variety of professions: three were managing directors of an organisation which they owned (two of whom described themselves as entrepreneurs); three were chief executives of a finance company; three were assistant directors of an investment bank; one a freelance journalist; one a director of public affairs; and one a director of business management. Seven of the men had a university degree; four had a diploma and one had A-levels; their mean age was 36.6 years (range 28-44; SD: 6.0). All participants defined their sexual orientation as heterosexual. Ten participants were married, all of whom had children; and two participants were cohabiting. Ten participants described themselves as White; two were of Indian origin. The length of time in their current occupations ranged from 1-20 years (mean: 8.3; SD: 2.8). Hours worked per week ranged from 50-130 (mean: 68.8; SD: 8.3). All participants were the major earners in their households.

The interview data produced numerous and varied thematic categories. Due to space limitations of this paper however, only certain aspects of the analysis are reported here. It is presented in three sections: firstly, the defining characteristics of identity of the participants; secondly, the major themes that emerged from their experience of managing identity in the workplace; and thirdly, the major themes that emerged from the management of identity in the familial environment. These themes were seen by the researcher to be of central importance in terms of reflecting the unique experiences reported by the participants in variable social contexts. To contextualise the results in accordance with the methodology of IPA (Smith et al. 1999), and to maintain clarity throughout the paper, interpretation and discussion of the data will be presented alongside the themes and related to IPT and SRT. An overview at the end of the paper will delineate the implications of the emergent themes and interpretations in relation to counselling psychology, existing literature and theory.
Characteristics of identity

The answers given by the participants to the question 'Who am I?', provided valuable and insightful data; and were interpreted as indicating what was most important to them in terms of their identity. All of the participants defined their identity in personal and relational terms, namely, as being honest, competitive, hardworking, autonomous, aggressive, an achiever, an individual, an innovator, an entrepreneur, a leader, a provider, a success, a mover and shaker, a risk taker, a breadwinner, a partner, a father and a husband. In providing up to twenty answers to the question 'Who am I?', some of the participants also defined themselves as being fearful, frustrated, exhausted, insecure and unhappy. They also had feelings of being a failure and were prone to 'hold feelings in'. In theoretical terms, Breakwell (1992) proposes that the identity processes help determine which social representations an individual absorbs into their identity. Given that the participants defined themselves as ‘competitive’, ‘a leader’, ‘aggressive’ etc., - concepts associated with traditional masculinity and capitalist ideology - it may be interpreted that these men have absorbed and internalised the social representations of a stereotypical, traditionally masculine man and a capitalist patriarchal masculinity into their identity. Such interpretation would also suggest that the participants attribute a positive value to these definitive characteristics.

A major theme that emerged from the data concerned low self disclosure, specifically in relation to the expression of feelings. Many theorists report that low self disclosure is common among traditionally masculine men (e.g. Donaldson, 1993; Levant et al. 1992; Mooney, 1998; Pasick, 1992). The understanding that men do not talk about their feelings and that it may be perceived as a sign of weakness and vulnerability, as opposed to rationality and strength, is regarded as a stereotypical attitude and belief of traditionally masculine men (Goldberg, 1993; Pollack and Levant, 1998). Containment of feelings therefore, appears to be a necessary strategy to maintain the well-being of an identity structured in traditionally masculine terms. A traditionally masculine man does not talk about his feelings: thus there is no threat to the identity structure. Given that this evidence has been well documented in previous studies, the supportive data from this study will not
be presented. The paper will turn to the management of identity for these men within the workplace and the home environment.

**Management of identity in the professional setting**

Many theorists (e.g. Ochberg, 1987) propose that men have difficulty establishing intimate relationships with other men, especially in the workplace. All of the participants indicated a reluctance to discuss their personal feelings or express any detailed information about their personal lives to their male or female colleagues. Communication between themselves and male colleagues primarily focused on specific problems associated with work, and in more social settings their discussions appeared to revolve around issues of sport, politics and sex. Discussions between themselves and their female colleagues, usually women doing administrative and secretarial duties, seemed to focus on similar topics but with less emphasis on sex. These issues were not a major concern for the participants; they seemed to be accepted as part of their day to day working life. However, the violation of personal ethics and success and achievement in the workplace, seemed to be of particular importance to the participants and generated two major themes in the analysis.

**Violation of personal ethics**

Most of the participants reported a sense of ambivalence relative to authenticity and integrity in the workplace. For example Eric and Charles said:

I would say I'm open, approachable, honest [] That's the way I like to be (Eric).

I'd say I'm dedicated, honest, hardworking and dependable (Charles).

These personal ethics however, appear to be violated by their experiences in the workplace and what is expected of them in terms of doing their job:
I would describe myself as working in a business which has got what I regard as an incredible amount of bullshit built in. There are certain things that happen that seem to me not to be totally straight, not totally honest (Henry).

The business world doesn't work on honesty, everybody is out for themselves and they use every trick in the book to get where they want to be. It sickens me. People using other people, with no concern for their well-being (Alasdair).

Everyone wants to screw each other for a buck. It just seems - everyone's out for themselves and no one gives a toss about anybody else (Allan).

Business practice appears to violate the personal ethics of the participants. In terms of IPT, it may be interpreted that such practice is negatively evaluated by these men. There is a sense of corruption and greed within this environment; of detachment from others, perhaps of depersonalisation (Brod, 1987); of people who are highly motivated, driven to succeed, accumulate wealth or other desired goals, with little value placed on personal integrity or respect. However, while there does appear to be some tension between personal ethics and professional practice, the majority of the participants seem to be able to separate business practice from personal values. For instance James, Alasdair and Iain said:

It's the norm isn't it - dishonesty - certainly in the businesses I've been in. It's a fact of life. Everybody does it. But I'm not like that outside the office or at home. And I've got a family to support (James).

I accept it as best I can, it's the nature of the game. If I reacted to that at every turn I'd be out of business. Networking would be limited. In the longer term I'm more successful by keeping the networks open. I've got a family to support and keep happy (Alasdair).
I'm a different person at home [] I have a role to play at work (Iain)

In distinguishing between their professional practice and personal ethics, these men appear to be able to cope with the tension that could arise from this conflict of ideals. It seems that they accept the 'norms' and practices of their professional environment in an effort to fulfill the requirements of their position in the workplace. The acceptance of these business practices may also be influenced by their role as provider and head of the household - definitive properties which may be more positively evaluated. The maintenance of this role is dependent upon a reliable income. To fulfill their responsibilities as head of the household they obviously have to work and earn a salary; thus their position and success in the workplace may take precedence over personal ethics and values. It may be interpreted therefore, that the ambivalence and tension they experience may be reduced somewhat by the reality of being a provider and breadwinner for their families. The positive evaluation, responsibility and fulfilment of this role may be more important to them than personal values of authenticity and integrity expressed in the workplace.

**Success and achievement in the workplace**

In relation to the workplace, all of the participants reported that success and achievement were very important to them in terms of personal meaning, fulfilment and satisfaction. For example Henry and James said:

> It's like being driven to have more success, not totally satisfied with what I've achieved so far (Henry).

> I'm not over achieving. I'm still striving for a little bit more [] What I'm craving for is some more success (James).

Personal well-being and satisfaction (and by implication concomitant self-esteem) for these men - typically conveyed in the subjective 'I' - seems to be directly related to their
reflections on their position and standing in the workplace, specifically in terms of success and achievement. It appears that this is an ongoing, developmental process. It may be interpreted therefore, that these men have absorbed these defining properties into their identity, and they regard personal satisfaction and fulfilment relative to concepts associated with the work domain. When asked to elaborate upon success and achievement in the workplace, they described the fulfilment of these properties in a variety of forms. For example:

- in terms of autonomy;

  It's orchestrating, cascading, making the rules and regulations, from the top down to the cleaner [] I climbed the ladder [] People see my enthusiasm and it motivates them [] It's me, and if I was to change that I wouldn't know what to do [] I get great satisfaction out of being that more than anything. It's who I am (Eric).

- in terms of leadership;

  I found that I was good at being in charge and taking the lead and getting things done [] I could be extremely creative [] Very fulfilling (Henry).

- in terms of prestige;

  It's recognition from people. They start to recognise you, that you're successful [] Makes me feel good, I'm winning (James).

- in terms of wealth creation;

  We enjoy the trappings, the villa in France [] That's my style [] That's success [] Very, very, very satisfied, absolutely (Alasdair).

The fulfilment of identity for these men therefore (indeed the ultimate fulfilment for Eric - 'It's who I am'), may be seen as being relative to the defining properties of a traditionally masculine man and a capitalist patriarchal masculinity. Given the motivation to succeed and
achieve - ‘striving for’ and ‘being driven’ - it appears that these defining properties are positively evaluated by these men. However, while they appear to have received personal reward and meaning in this role, they all reported the experience of stress, tension and pressure in the workplace:

It comes from board level down [] Pressure to perform [] You can only do so much [] It's stressful, some days I think why am I doing this, this is doing my head in. But it's part of the job (James).

There are situations when you think you're on a par with someone else but then they get promoted ahead of you. And that puts pressure on you [] What did I do wrong? Where can I learn? What have they done that I should be doing? [] Extremely high pressure working sometimes, very long hours, all night sometimes (Iain).

It's competitive, there's the next step on the ladder [] When I was an executive, I wanted to be a manager. When I was a manager I wanted to be an assistant. Now I'm assistant director, I want to be a director (Brad).

It seems that the experience of stress, pressure and tension may stem from a number of factors: the hours that these men have to work to fulfill their responsibilities in the workplace, the competitive nature of the workplace, and the hierarchical structure that is prevalent within these organisations. The experience of stress, pressure and tension however, does not appear to constitute a threat to the identity of these men. It seems to be accepted as a practical consequence of their profession; and, more significantly perhaps, they had no immediate plans to change or re-evaluate their positions of employment. It may be interpreted therefore, that while these men do experience some stress and pressure while working within these organisations, these difficulties appear to be accepted as an element of their professional role and perhaps considered as part of the dynamic process of being successful. In these terms, the positive evaluation, personal reward and meaning associated
with success and achievement in the workplace, may take precedence over the difficulties they experience in their professional roles.

**Management of identity in the home/family setting**

Many theorists propose that for the traditionally masculine man the home and work environments are distinguished and separated - two separate roles with differing expectations and requirements (e.g. Barrett, 1980; Ochberg, 1987). Success within the capitalist, corporate structure is achieved through individual competition as opposed to friendship (Donaldson, 1993), whereas the parental role of father necessitates more intimate relationships (Haddad, 1989). Some women, in accepting the role of wife to a traditionally masculine man, support him and receive reward through a collective income (Carrigan et al. 1987). The wife is subordinated by a structured home/family environment which is organised around the career advancement of the husband in the corporate and professional world. Thus, the traditional and capitalist patriarchal man inhabits a position of power as the husband, the breadwinner and the provider; power which appears to be accepted, authorised and facilitated, to some degree, by a supportive wife (Carrigan et al. 1987).

*Distinguishing between the home and work environments*

All of the participants appeared to make an attempt to separate their familial and professional roles. For example Brad said:

> I try and keep my work life separate from my home life (Brad).

The majority of the participants however, found it very difficult to separate and differentiate these roles; and subsequently, in attempting to manage and balance the familial and professional roles, they appeared to experience considerable stress, pressure and tension. For example:
The work spills over into my home life, my home life spills over into the work. It is very difficult because I'm not coping very well with separating the two because they can't be separated. I'm under a great deal of - it's very pressurising. It's not good. The hours I work. It's as simple as that (Alex).

Under pressure, stressed, trying to get a better balance, seems impossible given the hours I work, I just can't do everything, my work comes first (Brad).

These men seem to find it difficult to separate their familial and professional roles. It may be interpreted that, in an effort to resolve or facilitate some relief from the stress, pressure and tension they experience in attempting to balance these roles, they may have to prioritise one role. While the definitive properties of being a father, a husband, a provider and a breadwinner appear to be positively valued by these men, one role has to take precedence to alleviate the negative influence of particular stressors. Brad's statement above regarding work coming first is indicative of what role takes priority in the lives of these men. Similarly Eric, Henry and Hugh said:

It's a bit unfair actually to put major employer above husband and father, but that's where I see the order and I can't change that. I wouldn't say I'm the best husband in the world but I try hard. I try hard to be a good father [] I can't be everywhere, I need to work to provide and that comes first. The business comes first (Eric).

I would like to have tried to have had a better balance between professional life and the family. But had I done so, perhaps I wouldn't have been as successful. So then we would all have suffered (Henry).

My work, my career, to provide and be the breadwinner, that's the order
The professional role appears to take priority, and this may be seen as an attempt to reduce the pressure they experience while attempting to balance and manage their professional and familial roles. It is also evident that this prioritising of roles is not a totally selfish act: it appears to have been made with a sensitivity to the needs of family members who are the recipients and beneficiaries of a collective income. While it might appear on the surface to be a selfish act, in terms of the personal fulfilment and satisfaction detailed earlier in relation to identity management in the workplace, this apparently, is not the case. These men seem to be considerate and attentive to the present and future needs and well-being of their family members. The maintenance and prioritising of a successful career may thus be interpreted as being necessary for personal and familial satisfaction and fulfilment.

On the other hand however, their decision to prioritise one role may be simply be a rhetorical attempt to minimise or deflect disapproval. In placing an emphasis on being the 'provider' and 'breadwinner', they seem to rationalise their absence from the home and thus dissipate potential argument. It may also be interpreted that the representation of a capitalist patriarchal masculinity may make it somewhat easier for these men to prioritise their roles. That is, the masculine role, as head of the household, is regarded as being the breadwinner and provider for the family, and his role and career advancement is supported by his wife/partner for a collective benefit. Thus the decision to prioritise the work role may be regarded as being socially acceptable - in other words, a decision that is relatively easy to make within a capitalist patriarchal ideology.

Overall, the attempt to separate the home and professional environments, and trying to fulfill the expectations and responsibilities of a husband, a father and a corporate professional, would appear to be a difficult task for these men. The stress, pressure and tension they experience in their attempts to balance these roles seems to be instrumental in their decision to prioritise their responsibilities in a manner that will realistically benefit themselves and their family. It may also be interpreted that they experience a sense of
regret, in that they cannot satisfy the familial role in a way that would be fully meaningful, nurturing and rewarding to themselves and their wives and children. While this regret seems to be accepted by these men as a consequence of having to prioritise their responsibilities, and by the practicalities involved in being a provider and a breadwinner for the family, a major theme was derived from the data relative to the negative impact of such dynamics on intimate interpersonal relationships.

Disappointment, guilt and regret

Most of the participants appear to have experienced feelings of disappointment, guilt and regret because they were unable to fulfill their responsibilities as a husband and a father as they might have hoped. For instance Henry and Allan stated:

People who are successful are very complex people and you sometimes wonder if they are all screwed up emotionally, you know, not totally screwed up, but are getting on with the business of running things and having responsibilities for a lot of people to the detriment of their own self and family (Henry).

The guilt, it's back to the guilt and one of the things I feel guilt about is that I didn't spend as much time as I should have with my wife or the kids when they were younger. I regret that. At times I think things might have been different if I had (Allan).

In addition, the majority of the men expressed an appreciation of the support of their partners and their hopes for a more manageable home environment. For example Charles said:

I am very aware of the devotion and support and energies that my wife has pumped into the marriage. She must love me very much, and I've probably
short changed her a bit. There's a bit of guilt there but I will get that atmosphere which combines my dedication to my work and the dedication to family at a more realistic and balanced level (Charles).

It may be interpreted that the internalisation of those definitive properties associated with a capitalist ideology and a traditional masculinity have had a significant impact on the familial relationships of these men. Feelings of disappointment, guilt and regret appear to have been experienced as a result of not fulfilling their role within the family home to a degree that was satisfying to them. This would seem to suggest that they are fully aware of their responsibilities as a parent and a husband; they are sensitive and attentive to the needs of their wives and their children, and would have liked to have taken a more active role within the family home. A tentative interpretation of these feelings may offer some insight into and understanding of the emotional sensitivity of these men. Feelings of guilt may have resulted from choosing to put their career first and thus not having the time to fully participate within the home as a father and a husband. Regret may stem from their own needs not being met as a husband and a father, and perhaps through a consideration of or reflection upon what effect their absence from the home, albeit for socially legitimate reasons, has had on their relationships with their wives and their children. Personal disappointment, guilt and regret may also be a consequence of 'short changing their wives', in not having reciprocated the love and devotion shown to them by their spouses, and the subsequent effect this may have had on their marital relationship. It is perhaps the recognition of this love and devotion which has had an influence on these men in their attempts to try and work towards a better balance of their home and professional roles. It may be argued however, that such recognition facilitates an attitudinal change and is merely symbolic as opposed to a behavioural change; thus the traditional and capitalist patriarchal role, with its associated privileges and gender power dynamics, is unlikely to change (Messner, 1993).
Overview

A number of caveats need to be addressed prior to an overview of the study and the implications that may be drawn from the reported experience of the participants relative to counselling psychology, existing literature and theory. No attempt is made to generalise the findings of the research to other men. The men who took part were all economically successful, mostly White, heterosexual and of higher educational attainment; therefore the sample is highly specific. The data presented and my subsequent interpretations apply to the men who took part in the study; other men may have had a comparable or contrasting experience in the home and workplace, or in the balance of time and energy in relation to the home and work domains. The reported support of the participants' wives could have been more fully analysed if these women had been interviewed. Future empirical work of this nature might include both partners in the research process.

The results of the study, in relation to the development of a traditionally masculine identity within a capitalist framework, offer strong support to previous literature detailing the consequences of such development, specifically in terms of men's thinking, feeling and behaviour in contextual circumstances (Chodorow, 1974; Cushman, 1990, 1995; Donaldson, 1993; Giddens, 1991; Gilligan, 1982; Mcleod, 1997; Messner, 1987; Segal, 1990, 1993). In this regard, men's socialisation and the internalisation of definitive concepts relative to the current philosophy, appear to have had a significant impact on the lives of the participants. However, the study has demonstrated that men struggle with such socialisation; indeed, most of the participants reported personal difficulties, primarily associated with familial relationships and responsibilities. Thus, while a traditionally masculine identity has involved an absorption and internalisation of concepts such as 'provider', 'breadwinner', 'an individual' and 'a success' - which seem to result in 'doing violence to the most basic human attributes; the capacity for sensitivity...the wisdom of cooperation...the need to be needed' (Segal, 1993: 635) - the participants were very much aware of the consequences of this process of socialisation. Future theoretical development therefore, may consider this socialisation process, the reflexive attributes of these men, and the potential impact on identity, specifically in terms of associative stressors, pressures and
The study is relevant to counselling psychology in numerous ways. Firstly, it has illustrated how IPT and SRT can help in providing an understanding of the complex processes and conflicts inherent in the absorption and internalisation of knowledge from the socio-economic/political environment. The analysis suggests that the workplace is competitive and hierarchical in nature, encouraging personal success and achievement; thus identity may be gauged in relative terms of position and status within this environment. As such, the organisational structure may be seen as a social representation with its own defining properties. IPT has also been useful in its delineation of identity processes and the absorption of the social representations of traditional and capitalist patriarchal masculinity into the identity structure of these men. In relation to IPT, Markowe (1996) proposes that, for some people, two additional principles are required, firstly, authenticity and integrity, and secondly, a need for affiliation. The results of the present study indicate that the participants are aware of and sensitive to personal attributes of authenticity and integrity, but these principles do not take precedence in their day to day working lives.

Secondly, the study has provided valuable insight for practitioners into the structure of identity for these men, how they balance and manage their identity in different environments, and the nature of specific stressors, pressures and tensions which they experience in differing social contexts. While the participants did not discuss their feelings, they were attentive to and sensitive towards their feelings, and to the needs and well-being of their children and wives/partners. Personal reward and meaning in their roles as a traditionally masculine and capitalist patriarchal men was also apparent; however, this has to be balanced with the disadvantages of stress, pressure and tension. The impact of these negative elements on psychological and physiological health, in particular stress, is a cause of concern, especially if they are experienced on a continuous or repetitive basis (e.g. Murphy, 1996; Rabin et al. 1999; Reid et al. 1999; Steptoe et al. 1999); more specifically, they may play a significant role in an eight-ten year shorter lifespan for men compared to women, and a higher incidence of disease, alcoholism and drug addiction (Haddad, 1989).
Thirdly, the management of identity in the workplace proved to be a difficult and strenuous task for these men. These difficulties appear to be accepted as part of the competitive and hierarchical structure within the corporate world. Within the home environment these men experienced similar difficulties regarding the management of their identity. The majority of the men found it very difficult to separate and distinguish the familial and professional roles, and they subsequently prioritised one role in an attempt to relieve specific stressors. Feelings of disappointment, regret and guilt were reported in relation to not fulfilling their responsibilities as a husband and a father. The time spent with their families was restricted by the expectations of the workplace and their role as a provider and a breadwinner. To be more satisfied and fulfilled in their familial role therefore, would require a re-evaluative change - a change not considered by these men, perhaps because of the personal reward, satisfaction and meaning they experienced in their professional role.

Arguably, such re-evaluative change would involve personal and sociopolitical change - as exemplified in Sweden where there is generous childcare and parental leave for men who wish to fully participate in fatherhood (Sandqvist, 1987). Part-time employment for both partners within the organisational structure would enable these men to spend more time with their families; and thus enjoy greater satisfaction and fulfilment in their roles as a husband and a father. The subordination of their wives/partners, if indeed they experience such subordination, would also be reduced considerably. If these women have aspirations for a career, then such sociopolitical change would facilitate a structure for these aspirations to be met. It would also have a significant impact on the hitherto male dominated corporate and professional environment. Further, it would perhaps reduce the stress, pressure and tension which these men experience in their attempts to balance their familial and professional expectations and responsibilities. It does however, require a personal and sociopolitical commitment.

Fourthly, in terms of therapeutic practice, the results of the study have implications for practitioners, specifically in terms of 'psychological reductionism' (Pilgrim, 1991) and
‘organisational pathology’ (Strawbridge and Woolfe, 1996). These authors refer to negative influences from the social context which may impact an individual’s thinking, feeling and behaviour. More specifically, therapists may mistakenly ‘reinforce the belief that there is something lacking in individuals rather than that individual stress is a rational response to organisational pathology’ (Strawbridge and Woolfe, 1996: 612). This critique of therapeutic practice resonates with the proposals of Spinelli (1994). He exemplifies through the knowledge people may derive from the social environment - knowledge which may not be perceived as personally meaningful and may thus be consequently disabling. However, rather than being irrational, an individual’s thinking may be quite appropriate relative to knowledge derived from ‘organisational pathology’; thus irrationality has as much to do with societal or corporate assumptions as with the individual’s. The results from the present study, specifically regarding knowledge the participants derived from the social representations of a capitalist ideology and a traditional masculinity, offer support to this critique of therapeutic practice. To elaborate upon these issues, in practical terms, a plural interpretation (Samuels, 1993) may be offered to the client, that is, the therapist may suggest to the client that what they have discussed might refer to a hypothesis derived from a psychological and/or an socio-economic/political influence on their thinking. Thus therapy may become educative and identify specific negative and/or oppressive influences from the social context which may have a debilitating impact on a client’s present functioning.

Finally, the results of the study may also provide insight into the unique and separate experience of adolescent men during a period of transition or maturation; thus providing some understanding of the alarming increase in suicide among these men. Given that the participants in this study have derived knowledge from the social context relative to masculine identity, it may be hypothesised that adolescent men will also derive and internalise such knowledge. During the process of maturation, for example, from the home/school environment to the competitive, male dominated working environment, these young men may be faced with contrasting social expectations of masculinity. The identity structure of these men, having been raised in the post-feminist era, may be somewhat
different from those men who were raised in an environment which emphasised the role of a traditionally masculine man. Thus the transition to a professional/working setting, which promotes a structure of traditional male dominance, may be experienced as a threat, perhaps an intolerable threat to the identity of these young men. Future research, for example, a longitudinal study relative to the identity structure of adolescent men, pre and post entry into the workplace, may help establish the validity of these concerns.
References


Hyman.


APPENDIX
Dear

I am a mature student currently in my second year of doctoral studies at the University of Surrey (Psych.D Psychotherapeutic and Counselling Psychology). My research interests are in the psychological, emotional and socio-political aspects of identity, specifically among economically successful men. Of particular interest are men like yourself, who may be described as being successful in the contemporary world. The research aims to explore how economically successful men manage their 'sense of identity', and explore what is important to you emotionally, psychologically and socio-politically. The research will seek to explore your own 'sense of identity', the management of identity in a professional environment and in your private, family environment. This has not been a widely researched area and I believe it will provide invaluable information and understanding of what it means to be a successful man in the present cultural climate.

I am aware that you are probably very busy with your work and private commitments, but I would be most grateful if you would consent to take part in this study. Participation would involve a brief, tape recorded interview (approximately one hour) which would take place at your convenience. Giving your consent does not mean you cannot withdraw from the study. If at any time you felt you wanted to withdraw, for any reason, then you are free to do so. In addition, all information gathered in the study will be treated as strictly confidential; pseudonyms will be used in the write up. The write up should take place
around June/July 1999 and a copy will be made available at your request.

If you are interested in taking part please contact me at the above telephone number, or at my e-mail address, psm2mo@surrey.ac.uk. Alternatively, complete the attached participation form and return it to me in the stamped addressed envelope at your earliest convenience. If you would like to discuss the study further, prior to participation, please feel free to contact me.

Thank you for your help.

Yours sincerely,

Michael O'Brien
Appendix B

Interview schedule

Introduction to participants
This research is concerned about how you see yourself as a person and what is important to you in terms of your identity, your sense of self. The questions I ask will be directly relevant to what is significant for you, psychologically, emotionally and politically, in the management of your 'sense of identity'.

Some of the questions may not be relevant to you, and if that's the case then just say so. If you have any questions throughout the interview then don't hesitate to ask.

In this interview I want to look at various ways in which modern men see themselves. There has been a lot of media attention recently on how men think about and manage their identity. This has formed part of the rationale for the present research. Before I begin to ask you specific questions about yourself, I would like you to complete a short questionnaire by filling in the blanks to answer the question 'Who am I'. Please read the instructions and fill in your answers.

In this section I would like to get an idea of how you see yourself as a person, and what plans you may have for the future.

Section 1
1 Working from the questionnaire the following questions will be asked:

1 probe: what does it mean to you to be a ......
2 probe: how satisfied and fulfilled do you feel?
3 probe: how do you feel in your role as......
4 probe: do you talk to anyone about how you feel and if so who?
5 probe: do you find any difficulty in your role as......
6 probe: has there been any change in this order recently, and if so why?

2 How would you describe yourself as a person?
   prompt: what sort of person are you?

Thinking of the people with whom you have regular contact, would they all describe you like that or would different people describe you in different ways?

1 probe: who are these people?
2 probe: what are their versions of you?
3 probe: how legitimate do you think these versions of you are?
4 probe: why is that?
5 probe: how do feel about this?
6 probe: do you talk to anyone about how you feel, if so who?
7 probe: what benefits do you get from this?

3 Is this how you've always seen yourself, or has it changed over time?

1 probe: Change: what changes have occurred?
2 probe: what kind of effect has this had on you?
3 probe: what do you think brought about these changes?
4 probe: would you say these are changes for the better, changes for the worse, neither or a mixture?
5 probe: what makes you say that?
6 probe: how have you dealt with these changes?

4 Some people are satisfied and fulfilled with their sense of self, others would like to
change. In terms of self development, people who want to change may make plans for the future. What plans, if any, do you have for your future?

1 probe: how do you see these plans developing?
2 probe: are there any factors that may make these plans difficult to achieve?
3 probe: is there anything you might have to eliminate from your life to achieve these plans?
4 probe: have you had to change your plans in any way?
5 probe: why is that?

Are there any other difficulties that you've experienced, regarding your sense of identity, that you would like to tell me about?

Section 2
I would now like to look at your experiences in your professional role, not what you do professionally, but what this role means to you in terms of your sense of identity.

1 Working from the questionnaire, in relation to those answers that pertain to the workplace, the following questions will be asked:

1 probe: in general how would you describe yourself in your professional role?
2 probe: how important is it for you to be.....?
3 probe: what does this mean for you?
4 probe: how satisfied and fulfilled do you feel?
5 probe: what is it about your professional role that causes you.....?
6 probe: are there any particular pressures or tensions in being.....?
7 probe: why is that?
8 probe: how do you deal with or manage these difficulties?
9 prompt: do you talk them over with anyone, and if so who?
10 probe: if you could change anything what would it be?
11 probe: why is that?

2 For some people, achievement and success stem largely from their career; while other people might describe achievement and success in terms of their leisure activities or their family and friends. In your case how important is it for you to achieve and be successful in your career?

1 probe: what does this mean for you?
2 probe: how satisfied and fulfilled do you feel?
3 probe: what type of pressures, if any, do you experience?
4 probe: how do you deal with that?
5 prompt: do you talk about these difficulties to anyone, and if so who?
6 probe: how specific are you in talking to people about these difficulties?
7 prompt: do you just talk about these difficulties, or do you also talk about how you feel, or both?

3 The workplace offers an opportunity for varied relationships; some people may simply be there to fulfill the requirements of the job and have little contact with colleagues within and outside the workplace, whereas others may mix with their colleagues professionally and also in a social context. Here I want to look at your relationships with your work colleagues, beginning with male colleagues.

a) 1 probe: what kind of relationships do you have with other men in the workplace?
2 probe: please describe these relationships?
3 probe: what do you most usually talk to them about?
4 probe: do you talk to your male colleagues about other areas of your life?
5 prompt: if not, why not?
6 probe: if yes, which areas, and in what sort of contexts/occasions?
7 probe: what benefit do you get from this?
8 probe: alternatively, do you experience any problems?
9 probe: do you talk to your male colleagues about how you feel?
10 probe: if not, why not?

b) 1 probe: what kind of relationships do you have with your female colleagues?
2 probe: please describe these relationships?
3 probe: what do you most usually talk to them about?
4 probe: do you talk to your female colleagues about other areas of your life?
5 prompt: if not, why not?
6 probe: if yes, which areas, and in what sort of contexts/occasions?
7 probe: what benefit do you get from this?
8 probe: alternatively, do you experience any problems?
9 probe: do you talk to your female colleagues about how you feel?
10 probe: if not, why not?

4 Over the past decade or so, there has been an increase in the profile of women in professional roles. Is this the case in your workplace? If so...

1 probe: has this brought about any change for you?
2 probe: what do you think of this development?
3 probe: how do you feel about this?
4 probe: has this development created any difficulties for you?
5 probe: how do you deal with that?

5 What plans, if any, do you have for the future regarding your professional role?

1 probe: are there any factors that have influenced these plans?
2 probe: why is that?
3 probe: have you had to change your plans in any way?
4 probe: why is that?

6 Are there any other difficulties that you've experienced in your professional role that you would like to tell me about?

Section 3
In this final section I would like to look at your experiences in your home/family role and what this means for you.

1 Working from the questionnaire, in relation to familial relationships, the following questions will be asked:

1 probe: in general how would you describe yourself in your home/family role?
2 probe: how important is it for you to be.....?
3 probe: what does this mean for you?
4 probe: how satisfied and fulfilled do you feel?
5 probe: what is it about your home/family role that causes you.....?
6 probe: are there any particular pressures or tensions in being.....?
7 probe: why is that?
8 probe: how do you deal with or manage these difficulties?
9 prompt: do you talk them over with anyone, and if so who?
10 probe: if you could change anything what would it be?
11 probe: why is that?

2 To whom are you closest to in the family?

1 probe: why is that?
2 probe: what sort of things do you talk about?
3 probe: what sort of things do you do together?
4 probe: do you talk about your feelings?
5 probe: if not why not?

3 What kind of relationships do you have with other male members of the family?

1 prompt: sons and/or fathers?
2 probe: please describe these relationships?
3 probe: do you talk about your feelings?
4 probe: if not, why not?

4 What kind of relationships do you have with female members of the family?

1 prompt: daughters/wife/mother?
2 probe: please describe these relationships?
3 probe: do you talk about your feelings?
4 probe: if not, why not?

5 Some people find it easy to balance their home/family roles and professional roles, while for others this may be a difficult issue.

1 probe: how do you balance your work role with your home/family role?
2 prompt: is it balanced easily or are there particular pressures or tensions?
3 probe: why is that?
4 probe: how do you deal with that?
5 probe: how do you feel about this?
6 probe: as you have progressed or been promoted in your career (if you have), has this had an impact on your relationships at home?
7 prompt: have you developed any particular strategies to contain this change?
8 probe: how do you feel about this?
9 probe: do you talk to anyone about this?
10 probe: if so, who?
11 probe: what benefits do you get from this?
12 probe: alternatively, do you experience any problems?
13 probe: if you could change anything what would it be?
14 probe: why is that?

6 What plans, if any, do you have for the future within your home/family relationship?

1 probe: are there any factors that have influenced these plans?
2 probe: why is that?
3 probe: have you had to change your plans in any way?
4 probe: why is that?

7 Are there any other difficulties that you've experienced in your home/family role that you would like to tell me about?

The following probes and prompts will be used with the questions to elicit further information: Can you tell me more about that? Why do you say that? What makes you say that?
Questionnaire

There are twenty numbered blanks on the page below. Please write up to twenty answers to the simple question 'Who am I?' in the blanks. Just give up to twenty answers to this question. Answer as if you were giving the answers to yourself, not to somebody else. Write the answers in the order that they occur to you. Don't worry about logic or 'importance'. Go along fairly fast for time is limited.

1.................................................................
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18...........................................................................
19...........................................................................
20...........................................................................
Demographic Questionnaire

The information that you give here is confidential. If you feel some of these questions are intrusive, then please do not feel obligated to answer.

How old are you? ........

How would you define your sexual orientation?
   Heterosexual ........
   Gay/Homosexual ........
   Bisexual ........
   Other (please specify) ........

What is your current/legal marital status?
   Married ........
   Engaged ........
   Divorced ........
   Separated ........
   Single ........
   Cohabitng ........
   Widowed ........

Which of the ethnic groups listed below would you say you belong to?
   Black-African ........
   Black-Caribbean ........
   Black-Other ........
   Chinese ........
   Indian/Pakistani/Bangladeshi ........
What is your highest educational qualification?

None
GCSEs; O-levels; CSEs
A-levels
Diploma
Degree
Postgraduate degree/ diploma

Please state your current occupation and job title and your two previous positions.

How long have you been in your present employment?

Years

Approximately how many hours do you work a week?

Are you the major earner in your household? Yes/No (delete as appropriate)

THANK YOU FOR YOUR COOPERATION
Research consent form

The aim of this research is to explore the psychological, emotional and socio-political aspects of identity, your sense of self. Specifically, the study is concerned about how you see yourself as a person in terms of your identity.

You will be asked to take part in an informal interview about your views and feelings on the above subject. To ensure confidentiality, your name or any other identifiable factors, will not appear in the final research report. Audio tapes will be destroyed following transcription. Some of your responses may be reproduced in the final report, but confidentiality will be maintained; pseudonyms will be used throughout. Any other names or places that may arise in the interview will also be replaced by pseudonyms.

If you have any questions, or feel that you would like more information about the study, then please do not hesitate to ask before signing the form.

Please read the following paragraph and if you are in agreement then 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 the characteristics and management of my 'sense of identity'. I also consent to an audio tape of this interview being made and to all parts of the recording to be transcribed for the purposes of this research.

Name (capitals)..............................................................

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 the same 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.

Name (capitals)

Signed ...........................................   Date.............................

Witness

Name (capitals)

Signed ...........................................   Date.............................
Career women - fulfilled or threatened in a postmodern context? 
The management of identity among a group of economically successful women.

Michael O'Brien
Department of Psychology, University of Surrey, Guildford, Surrey, GU2 5XH

Running title: The management of identity among a group of economically successful women in a postmodern context.
Career women - fulfilled or threatened in a postmodern context? The management of identity among a group of economically successful women.

Abstract

The study addresses the question of identity management among a group of economically successful women living in a postmodern context. Specific domains are explored and qualitatively analysed using interpretative phenomenological analysis: the nature and dynamics of self-expression and attributable meaning in the home and workplace, and the balance of time and energy in these domains. Contemporary epistemology and practice - postmodern and pluralistic - is utilised as a theoretical rationale to provide understanding and knowledge of how this group of women manage associative stressors, tensions and pressures as they develop their aspirations and express themselves in various contexts. The results indicate that the participants cope relatively well with negative influences in particularly demanding circumstances: a corporate environment of inequity and gender discrimination; the demands and responsibilities of being a working mother; and the maintenance and continuity of intimate personal relationships. Areas of neglect, in terms of the influence of oppressive politics and discriminatory practices on psychological and physiological health are identified; proposals for an analysis of these areas are delineated relative to corporate-organisational structures.

Key words: Economically successful women; identity management; postmodernism; pluralism; interpretative phenomenological analysis.
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Introduction

George Bernard Shaw said - You see things and say why, I dream things that never were and say why not - sums me up

Corinne

Corinne, one of the participants in the present study, seems to convey the sentiments and experience of many women living in a postmodern context: the dream has become a reality. Such a positive transformation can be seen in the effect of the feminist movement on the self-concepts of women: they are more assertive, independent and self-confident and have entered and compete in the socio-economic and political domains hitherto dominated by men (Faludi, 1999; James, 1998; Rake et al. 2000; Rappoport et al. 1999; York, 1999). In a postmodern world, women may choose from a plurality of self-concepts which provide personal meaning and fulfilment: a wife, mother, colleague, business woman, entrepreneur, lover or partner (Rowan and Cooper, 1999). Personal meaning and fulfilment for some women therefore, appears to have transcended traditional boundaries and stereotypical gender dynamics wherein women sought fulfilment solely as a mother and housewife.

Kvale (1992) reports that postmodernism is basically defined by abandonment of the Enlightenment faith that progress can be best achieved through the accumulation of objective, scientific knowledge. Knowledge today is pluralistic and contextual, in contrast to a singular and unitary scientific rationality. In practical terms, Gergen (1991) reports that in a postmodern world characterised by mass social communication - the internet, telephones, televisions etc. - people are increasingly bombarded with a multiplicity of self-
concepts which they may embody: soap opera characters, models, friends, film stars, videos of practitioners and conference colleagues, and so on. The consequence of this is a state of ‘multiphrenia’, wherein ‘each of us comes to harbor a vast population of hidden potentials - to be a blues singer, a gypsy, an aristocrat, a criminal. All the selves lie latent, and under the right conditions may spring to life’ (Gergen, 1991: 71). For Gergen and other theoretical-philosophical writers who suggest that individuals may have more than one persona (e.g. Beahrs, 1982; DeBerry, 1993; Hill, 1996; Lather, 1990; Sampson, 1989; Wolfe, 1984; Zohar, 1990), a plural self-concept, rather than being seen as symptomatic of pathology, can be an appropriate form of social adjustment for an individual.

In addition, a pluralistic epistemology seems to be particularly compatible with the philosophical underpinnings of counselling psychology. While attentive to severe psychological difficulties, the discipline also places an emphasis on the unique and separate experience of the individual with specific attention to personal well-being, meaning and fulfilment. An integrative and holistic view of the person may be adopted, exploring the experiential meaning of the client relative to their contextual circumstance. The domains of ethics, ideology, culture and the socio-political environment may therefore be explored to facilitate greater understanding and knowledge of an individual’s past, present and future functioning and effectiveness (Shillito-Clarke, 1996; Strawbridge, 1994; Strawbridge and Woolfe, 1996; van Deurzen-Smith, 1990; Woolfe, 1996).

A plural self-concept may therefore provide an unusual, but nonetheless an important contemporary epistemology and foundation for the discernment of personal meaning and fulfilment in cultural time and space. Postmodern women appear to epitomise this theoretical rationale, finding fulfilment in various domains. What impact however has this change had on women, more specifically those who seek personal expression and meaning in the workplace as opposed to the more traditional roles of mother and wife? Women’s psychological development has traditionally been different from men’s, in terms of attachment and connection with other people rather than values of individuation and
separation which men are encouraged to favour (Chodorow, 1974; Gilligan, 1982; Segal, 1993). It may be difficult therefore, for women to see personal success in terms of competitive achievement in a structured, hierarchical organisational context hitherto dominated by and favoured by men (O’Brien, 1999). Perhaps most indicative of this traditional male-dominated environment is the numerical representation of women in this context: 15.2% of UK managers and 4.5% of UK directors (Institute of Management, 1997). In addition, women earn less than men (Cox and Harquail, 1991) and have less opportunity than men for meaningful promotion (Stroth et al. 1992). Even when promoted, the pay rewards to that promotion are distinct compared to men. Booth et al. (1998) report that men who had been promoted received a 20.4% increase relative to men who had not received promotion, but the equivalent premium for women was 9.8%.

Further, theorists and researchers report an inadequate representation of career success from the point of view of the individual (Poole et al. 1993; Herriot et al. 1994). This of course has implications for theoretical development in that career success may be reduced to objectively quantified external criteria such as salary and hierarchical position in the workplace (Melamed, 1995; O’Reilly and Chapman, 1994). Such research contrasts the philosophical underpinnings of counselling psychology, in that the unique and separate experience of an individual may not be fully explored: objective criteria relative to career success seem to take precedence at theoretical and research levels in contrast to the perspective of the individual.

Nonetheless, career success also has an internal dimension (Gattiker and Larwood, 1986) in terms of personal meaning and satisfaction (Gattiker and Larwood, 1988, 1990; Peluchette, 1993; Poole et al. 1993). Some authors suggest that this internal criterion may be a more important indicator of perceived career success for people, especially women, than success defined in terms of objective criteria (e.g. Powell and Mainiero, 1993). Significantly, Russo et al. (1991) report that objective criteria of salary and rank are correlated with career satisfaction for men, but not for women. Others report that women may view career success as a process of personal development which involves meaningful
and challenging work and a balance with other areas of their life (Asplund, 1988; Hennig and Jardim, 1978; Marshall, 1984; Nicholson and West, 1988; Powell and Mainiero, 1992). Women’s ideas about career success however, are inclined to be influenced by factors such as their socialisation as women, and the constraints they perceive are likely to affect them in an environment where they remain a minority and where promotion is very difficult to achieve (Davidson and Cooper, 1992; Gallos, 1989; Gilligan, 1982; Poole et al. 1993; Rake et al. 2000).

While women remain in the minority in the workplace, research has indicated an incremental rise in the number of women being employed in positions of occupational responsibility - mainly women with higher educational status (Ehrenreich, 1989; Rake et al. 2000; Sandqvist, 1987; York, 1999). There is considerable debate however, regarding the implications this movement has for the strategies that these women may adopt as they ‘move up the corporate ladder’. Some authors suggest that overall women make better bosses, in that they are more generous and understanding than men, are more empathic and have a highly developed sense of self belief, and ‘rather than doing the right things, they make sure they do things right’ (York, 1999: 59). In contrast however, others report that women have aspired to senior management positions ‘often only to perpetuate the same transgressions as their male predecessors...(they) continued to generate the same sorts of demeaning images as their male counterparts’ (Faludi, 1999: 605, text in brackets added). In this sense, women may adopt characteristics relative to those definitive properties of the male dominated corporate world: competition, success, achievement, confrontation, dishonesty (O’Brien, 1999); thus they may become ‘one of the boys’ (Kirrane & Kremer, 1994; Powell & Butterfield, 1979; Steinberg & Shapiro, 1982).

Such change in personal characteristics has been detailed by many writers from a postmodern perspective. The philosopher John O’Donohue (1997, 1998) proposes that people may comply with the unwritten rules of society (akin to procedural knowledge) in an attempt to establish meaning in their lives. Similarly, academics suggest that significant adjustments in culture result in considerable change in self understanding. For example, a
plural self-concept (e.g. Gergen, 1972, 1988, 1991; Rappoport et al. 1999; Rowan and Cooper, 1999), wherein an individual may intentionally or proactively choose, from many domains, a medium for self-expression and discernment of personal meaning. Rappoport and colleagues (1999) hypothesise the characteristics of the emergent pluralistic individual in terms of: a globally-oriented world view emphasising complexity and uncertainty; a high degree of cognitive and behavioural flexibility; a preference for friendships and peer relations characterised by diversity; a high level of moral relativism or situational ethics; and a sense of humour geared to irony, satire, and parody. They also suggest that certain psychodynamic defence mechanisms may be utilised to deflect or dissipate internal conflict or threat to self-esteem: compartmentalisation, a defensive mechanism wherein 'anxieties may be distributed across the individual's alternate selves, and either worked out via internal dialogues among them, or compressed and walled up within one particularly relevant alternative' (100).

The development of valuation theory (Hermans, 1987a, 1987b, 1988, 1989) places an emphasis on the formulation of a 'dialogical self' (Hermans et al. 1992), a 'highly dynamic multi-voiced self' (Hermans, 1996) which combines temporal and spatial characteristics. The self is conceptualised as a dynamic multiplicity of relatively autonomous 'I' positions, and has the ability to 'shift' from one position to another relative to circumstance and time. Underpinning the theory are two basic motives: a) the striving for self-enhancement, self-expansion and self-maintenance, and b) the longing for participation with other people and the surrounding world. The rationale is that when people seek meaning and fulfilment in their lives they will meet obstacles which will arouse negative feelings. Overcoming these obstacles however, results in positive feelings (Hermans, 1999). To take a concrete example, women in the workplace may experience discrimination with consequential negative feelings. If they assert themselves and challenge and overcome such discrimination, they are likely to experience positive feelings; thus the process of self-enhancement, self-expansion and self-maintenance is continued and elaborated upon through an adversarial experience.
In contrast however, to what ostensibly is a useful theoretical development, many regard the underpinning epistemology of such development as being detrimental to human progress. For example, Smith (1994) argues that a postmodern, pluralistic epistemology of self represents an ‘anti-scientific relativism’ which may undermine rather than contribute to truth, beauty, goodness and hope for humanity. On the other hand, and in reply to Smith (1994), Gergen (1994) argues that truth and ethics need not be abandoned; they may be situated within postmodern thought which ‘operates as an invitation to reflexivity, encouraging one to consider all propositional realities and dictates as local, provisional, and political...(thus) creating a more innovative, productive, and humanly beneficial psychology’ (414-5: text in brackets added). Furthermore, social role theorists propose that people adopt numerous prescribed social roles in everyday life; their behaviour is thus modified according to the expectations of these roles. The demands of a single role, or the demands of many roles, may result in a condition of ‘role strain’ and thus increase stress (Biddle, 1986). On the other hand however, Linville (1987) reports that people with more complex self-concepts cope better with stress. This was related to the fact that people were able to alleviate specific stressors in any particular self domain (e.g. the workplace) by finding relief in other domains (e.g. the home).

Given these factors, women may find the movement into the workplace a distressing and a psychologically challenging experience. As a minority in the workplace they may find it difficult to express themselves creatively, or to fully engage in an environment dominated by men. The present study will qualitatively analyse the reported experience of the participants to determine if their life is more meaningful and fulfilled as they develop their aspirations in the workplace. Alternatively they may experience oppression, threat or conflict in the workplace; perhaps they have specific strategies to cope with such negative influences. Can they attribute sufficient time and energy to the home and work domains to provide a meaningful balance? Are women constrained in the workplace, given that they may define success via an internal criterion as opposed to men who seem to relate to a specific external criteria? The study, with a focus on the perspective and experience of the participants, will elaborate upon and address these questions to facilitate knowledge and
understanding from the point of view of these women. Having such a focus, the study is particularly important to counselling psychology given the discipline’s emphasis on research facilitating knowledge and understanding of the subjective experience of people; more specifically those who are in the minority and marginalised and whose ‘voice’ may not be heard compared to the ‘voice’ of the majority.

In addition, while not specifically testing postmodern, pluralistic theory, the study will use the theory to facilitate understanding of and gain insight into the experiences of these women and how they cope with potential tensions, pressures or stressors within specific social contexts. Thus, in relative terms, the study may offer a contribution to the debate regarding pluralistic theory, by establishing whether these women have: a) experienced debilitating levels of stress, pressure or tension as they develop their aspirations in various domains, and b) have attributed personal meaning and fulfilment to a variety or multiplicity of roles and personal qualities.

Method

Participants

Economically successful women in positions of occupational responsibility with an income of at least £50,000 per year were recruited to participate in the study. They were recruited by social networking and snowballing of business acquaintances of personal friends and colleagues. Full details of the study were provided in a personal letter (appendix A). Participants were employed in a variety of professions from the private and public sectors. Twelve women agreed to participate.

The Interview

The interviews explored how these women define their self-concept; their experience within the professional and domestic environments, and how they balance and manage their time within these domains. The interview sought to explore potential dilemmas, conflicts, tensions or threats on these dimensions. The research questions were formulated to explore
the concerns, values and beliefs of the participants, all of which indicate the relevance of a qualitative approach (Marshall and Rossman, 1989; Silverman, 1993). A semi-structured interview schedule (appendix B) was developed from a literature review of successful women and the current philosophy of postmodernism; thus facilitating insight into and understanding of the perceptions and experience of the participants in various domains (Silverman, 1993; Smith et al. 1995). The development of the interview schedule was influenced by postmodern, pluralistic theory (Hermans, 1978a, 1987b, 1988, 1989; Rappoport et al. 1999). Prior to interview the participants completed a questionnaire (appendix C) (Kuhn and McPartland, 1953), providing up to twenty answers to the question 'Who am I?' - answers such as 'a mother', 'a chief executive'. These answers were then used in conjunction with the interview schedule to elicit relevant, high quality data in relation to personal meaning and fulfilment. For instance, during the interview the participants were asked 'What does it mean for you to be a mother? a chief executive? etc'.

Procedure

Interviews took place where it was most convenient, familiar and comfortable for the participants; nine were carried out in the workplace and three were carried out in the home. Interviews lasted between one and two hours. All interviews were audio-taped and transcribed verbatim. A demographic questionnaire (appendix D) and a consent form (appendix E) were completed prior to the interview.

Analytic Strategy

There are numerous approaches to qualitative research; Richardson (1996) provides an overview of various approaches and the epistemological position assumed by each method. Some research, for example, discourse analysis (Potter and Wetherell, 1987), focuses on the function of language within specific contexts, and addresses the interactive tasks being performed by statements in conversations, written texts or interview material (Gill, 1996; Henwood, 1996). In contrast to the discursive approach, the present study focuses on the way people think about and attribute specific meaning to particular issues within differing
social contexts. The study therefore employs interpretative phenomenological analysis (IPA) (Smith et al. 1997, 1999). IPA is an appropriate analytic procedure as it is concerned with participants' personal and subjective accounts of an object or event, as opposed to creating an objective statement of the object or event itself. Thus the accounts of the participants, in terms of their perceptions, values, beliefs and experience within various domains, may be fully explored. The epistemological approach of the analysis is compatible with postmodern premises regarding knowledge, in that the qualitative and interpretative method of the study parallels postmodern assumptions that knowledge today is pluralistic and contextual, in contrast to a singular and unitary scientific rationality (Kvale, 1992). The accounts offered by these women however, may bear an indeterminate relation to the actuality of events; thus these accounts may be shaped by the context in which they are produced (Potter and Wetherell, 1987). Nonetheless, it is assumed that these accounts and the subsequent interpretations of the researcher do bear some relation to the experiences and events that these women describe. The analysis of course will reflect this assumption.

Following transcription each interview was read repeatedly, noting aspects of the data that were of particular interest and significance. This process involved, firstly, summarising specific parts of the text, in terms of definitive characteristics and reported experience in the workplace and in the home. Similarities, associations and connections within the text were noted and initial interpretations formulated. Following this process emergent abstract themes were identified: key words or phrases were noted in an attempt to capture the essential quality of meaning from the data. Associations and connections between the different sections of the interview, noting similarities, differences and contradictions, were also documented. The emergent themes were listed and connections between them were noted. Some of these themes clustered together in having a similar meaning. These clusters represented emergent superordinate themes. Continual reference to the primary source material ensured that the clustering of themes into superordinate themes reflected what had been actually said by the participants. A table of themes was produced and the major themes for each of the participants were identified - those which appeared to represent the
concerns of the participants in terms of their self-concept and their experience in various domains. A consolidated list of master themes for this group of women was produced from this table of major themes. Once again this process involved continual reference to the primary source material in an attempt to ensure that the essential quality of meaning from the data was interpreted.

Evaluation

IPA recognises that the research process is dynamic: the interpretative framework of the researcher has an influence on the analytic process. In similar vein, Elliott et al. (1999), in an article detailing evolving guidelines for publication of qualitative research, suggest that authors note specific personal experiences or training relevant to the subject matter. A number of factors which may have had an influence on my interpretative analysis are therefore noted: firstly, personal values and ethics influenced by various spiritual teachings, but predominantly by Christianity; secondly, issues of personal loss and grief, the experience of which seems to add to the maturation process and contribute to a more profound appreciation of loving, intimate relationships; thirdly, my experience of having achieved relative status, prestige and financial security in a previous profession and subsequently leaving this profession to engage with university studies; and fourthly, my training and practice in counselling psychology, training which fosters an increasing awareness of the uniqueness and separateness of people and in turn helps develop a personal sensitivity to the difficulties and pressures that people may experience.

Such experience and values will inevitably have influenced all aspects of this research process, from the design of the interview schedule to the analysis of the data. It may have had an effect on the questions which were structured to elicit detailed information from the participants. Within the analytic process it may have shaped my interpretation and development of certain themes over others, themes which were perhaps more important to my personal subjectivity. It may also have affected my inclination to have an overtly critical approach to the analytical process. Being aware of these issues, careful attention ensured that the analysis of emergent themes were grounded in and supported by the data (Elliott et
al. 1999). Extracts from the data accompany the interpretations made, thereby allowing evaluation of my interpretations by readers.

In the analysis presented below the extracts from the data have been chosen to exemplify a recurrent theme. They are the most potent examples of a particular theme. Quotations with square brackets indicate the omission of material. Extracts from the transcripts are coded by name; pseudonyms are used to indicate the source of the quotation. The frequency of occurrence of particular themes derived from the data is indicated by the use of adjectival phrases. As a foreword to the presentation of the analysis it is noted that as some of these women are in the public eye and thus well-known, specific details such as job description are omitted in order to maintain confidentiality.

Analysis

Demographic Information

All twelve participants defined themselves as economically successful women with an income of at least £50,000 per year. They were employed in a variety of professions: finance, law, journalism, television broadcasting, public affairs and business management. Seven of the women had a post-graduate qualification; five had a degree; their mean age was 33.7 years (range 27-50; SD: 5.8). All participants were White and defined their sexual orientation as heterosexual. Nine participants were married, eight of whom had children; two participants were single and one widowed. The length of time in their current occupations ranged from 1-15 years (mean: 4.8; SD: 2.2). Hours worked per week ranged from 40-70 (mean: 49.3; SD: 7.0). Seven participants were the major earners in their households.

The interview data produced numerous and varied thematic categories. Due to space limitations of this paper however, only certain aspects of the analysis are reported here (for full details of thematic categories not presented in this paper see Table 1); other themes will hopefully be published in a future paper. The analysis focuses on those themes relevant to
self understanding and self-expression in various domains. It begins with a presentation of how the participants see themselves as individuals and the various areas in which they seek fulfilment. This is followed by an analysis of problematic issues relative to the workplace. Finally, the experiences of the participants in the home environment are presented, with specific attention to the continuity of intimate personal relationships and the balance of time between the work and home domains. These themes were seen by the researcher to be of central importance in terms of reflecting the unique experiences reported by the participants in variable social circumstances. To contextualise the results in accordance with the methodology of IPA (Smith et al. 1999) and to maintain clarity throughout the paper, interpretation and discussion of the data will be presented alongside the themes and related to postmodern, pluralistic theory. An overview at the end of the paper will delineate the implications of the emergent themes and interpretations in relation to counselling psychology, existing literature and theory.

[Insert Table 1 here]

**Self-expression and meaning**

Personal meaning and fulfilment, for all of the women, appeared to be sought in many different and varied positions: Myself - identified by name, Mother, Wife, Partner, Daughter, Friend, Jew, Christian, Role Model, Chief Executive and Business Woman. In a distinct contrast to economically successful men (O'Brien, 1999), not one of the women defined themselves solely as being a success, a mover and shaker, an individual, an innovator, an entrepreneur or a breadwinner. Self-expression and meaning for all of the participants seemed to be relative to a plurality of identities, roles and qualities, as opposed to men who also defined themselves in terms associated with the work domain. For instance:

- in terms of being a woman:

  You have to be true to yourself, to sing your own song if you like [] Take a step back from the stereotypical attitude to women and do what's good for
you [] I’m much more than a wife and mother - friends, work, hobbies, much, much more (Anna).

- in terms of personal qualities:
  Honesty, integrity and dignity - I don’t feel good otherwise (Ouna).

  Influence of religion - justice, fairness, patience [] I practise these values and I’m content, everyone deserves respect (Bella).

- in terms of career:
  I’ve an intellectual appetite to be creative - needs challenging - my career does that, I’d get bored if I didn’t (Maggie).

  I have many attributes, qualities - my responsibility to utilise and develop - I take that on board [] I work - I know what it’s like not to - depressing (Julia).

- in terms of self-reflection:
  As a woman you have to be better - I’ve developed some masculine tendencies without becoming a ballbreaker type of woman - chutzpah, ambition, aggression, highly competitive and tough - I’m high powered, the engine that gets things done, but with tact, sensitivity (Justine).

In collectively ‘singing their own song’, the participants seem to give voice to a multiple and complex self-concept: a reflective self, a mother, wife, friend and a worker. In being attentive to and reflecting upon personal attributes and values, they apparently seek to develop personal meaning and fulfilment in various domains. It seems that meaning is not solely attributed to the traditional roles of wife and mother; it is sought in other areas such as career and personal qualities. Indeed, there seems to be a negative evaluation (boredom, depression) if personal attributes and qualities are not attended to or expressed in a creative

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All of the participants appear to be acutely aware of their presence in the workplace - most succinctly conveyed by Justine - and what this may mean in terms of effort and efficiency. It seems they feel that they have to prove themselves within this environment - 'as a woman you have to be better' - and thus convey a sense of ambivalence relative to personal attributes and what may be expected of them by male colleagues and the organisation. This sense of ambivalence is perhaps best reflected in the juxtaposition of their feminine qualities ('tact' and 'sensitivity' (Segal, 1993)) and the adoption of masculine characteristics ('aggression', 'highly competitive' (O'Brien, 1999)). On the other hand, they may simply be anxious about entering and competing in socio-economic and political domains previously dominated by men, and have, therefore, adopted specific strategies to alleviate such anxiety. Overall however, the participants define themselves in variable terms and qualities and seem to acknowledge and attempt to integrate the different sides of themselves in meaningful and self-expressive behaviour. Such an interpretation resonates with postmodern theorists and pluralistic practitioners, who propose that open and fluid communication between the different selves is essential for psychological health (e.g. Rowan and Cooper, 1999). In discerning and respecting the needs of each self, there is less likelihood of discord and internal conflict.

**Corporate and gender discrimination-inequality**

All of the participants reported a profound sense of achievement, satisfaction and fulfilment relative to the development of their career and creative self-expression in the workplace (see 'personal and familial reward', Table 1). In contrast to such personal meaning however, most of these women had specific concerns about unequal remuneration and oppressive organisational and patriarchial politics. In this regard, a recent report to the Women's Unit, Cabinet Office (Rake et al. 2000) indicates that 'since Equal Pay legislation came into force...the trend towards closing the gap between men’s pay and women’s has been neither gradual nor complete' (45). Rake and colleagues hypothesise that this is decreasing over time, though this is confined to women of higher educational status. The participants in the
present study however - all of higher educational attainment - report that there is still some way to go in the deconstruction of discrimination and inequality in the workplace.

**Inequitable and unequal remuneration**

Some of the participants had reached the top of the corporate ladder: they were 'the boss'. They were well known for their skills and expertise in specific contexts (public and private sector), and a few had been 'headhunted' to fill high profile positions. As they were in a position of relative power, negotiation of employment contracts and remuneration packages was reported to have been, for the most part, extremely amicable. A few of these women were represented by agents who negotiated on their behalf; nonetheless they were satisfied that an appropriate package had been accomplished. For the majority of the other participants however, predominantly employed at a middle management level within the private sector and reporting to men, inequitable remuneration seemed to be a major concern. For example Maeve and Bryony said:

> It becomes a personal battle to achieve parity [] I was grossly underpaid; for two years I had discussions to no avail (Maeve).

> In the UK it borders on the ridiculous [] I’ve had to fight tooth and nail to achieve parity with men (Bryony).

These accounts convey a sense of unfairness within the corporate structure, and by implication a lack of trust, genuineness and respect in terms of gender dynamics and organisational directives. There seems to be a prejudicial attitude against women as they seek to express themselves and develop their aspirations in the workplace. Given the longevity of such dynamics and a sense of deeply felt emotion manifested in specific terminology - 'battle', 'fight', 'grossly', 'no avail' - it may be interpreted that these women have experienced significant levels of pressure and tension within this environment. Many of the women however, seem to have reflected upon an underpinning rationale to such inequity. For example Bella and Celia said:
It's deception from men at the top; there's an implied rationale that women should be grateful to the corporation that we have a job. A corporate and male attitude against women - incredible (Bella).

Individual negotiation - no publicity of differential salaries for men and women doing the same job - psychology really, for whose benefit, certainly not ours - so there's an undercurrent of deception, secrecy and obviously tension (Celia).

Bella and Celia report a corporate agenda or protocol, underpinned by a sense of dishonesty relative to their presence in the workplace. It seems that such implied, patronising attitudes convey to these women that they are not wanted, perhaps not respected, in the workplace. The corporate strategy of individual negotiation seems to be regarded with contempt, resulting in a sense of a lack of trust, openness and integrity. While such experience seems to be frustrating and stressful, most of the participants reported that they took a strategic and proactive stance to overcome such prejudice and inequality. For example:

I submitted my resignation [] I then secured a 70% pay rise [] There are certain institutional directives you have to overcome by battling it out (Maeve).

I resigned over money [] Within a week I’d secured a comparable position with an 85% increase (Maggie).

You have to stand up to the politics, the dishonesty - a pervasive lack of integrity really [] If you don’t they’ll win - I stood my ground (Nell).

Implicitly these statements convey a sense of ambivalence for the participants as they
confront, what appear to be, oppressive attitudes and corporate politics. On the one hand, there is a sense of a negative evaluation of corporate politics which may contrast personal values and qualities; and on the other hand, a sense of more positive feelings related to personal strength and resilience - manifested in 'battling it out' and the subsequent achievement of equitable remuneration. In 'standing their ground', the participants convey a sense of assertiveness and self-confidence in their attempts to achieve financial parity with men. Hypothetically, a tacit message may also be conveyed to those individuals in positions of power who implement such inequity: it will not be accepted by women who feel confident enough to challenge such political and power dynamics.

Overall these women seem to have had a challenging and frustrating experience in relation to inequitable and unequal remuneration. They do however, appear to cope relatively well with such negative influences. Such an interpretation is related to the fact that, in threatening to resign (and for some moving to another position wherein they may experience similar attitudes, albeit with an increase in salary), not one of the participants had made plans to stop working in such an environment. Arguably, these negative influences and associative feelings of frustration and stress may be dissipated to some degree by the more positive experience of personal fulfilment, satisfaction and reward in the workplace. As such, and comparable to men (O'Brien, 1999), these negative issues may be accepted as part of the dynamic process of being an economically successful woman in the current corporate/political climate.

Nevertheless, the participants conveyed a sense of strength and resilience in the midst of and in response to adversarial behaviour and attitudes. According to Hermans (1999), strength and resilience may be seen as indicators of self-enhancement, self-maintenance and self-expansion. Therefore, in taking a strategic and proactive stance to challenge prejudicial attitudes and unequal remuneration, the continuity of self-enhancement, self-maintenance and self-expansion may be maintained and elaborated upon by an experiential process of inequity and adversity. Of course, it may be speculated that the mental and physical health of the participants, gender-relations and corporate-employee relations, would all be
enhanced if such prejudice and inequity did not exist - indeed these issues created a categorical theme derived from the data (see 'liberating change', Table 1).

Patriarchal politics

Men - at times it's like a psychological battlefield, a modern-day war zone. Other times it's theatre [] It’s exasperating, I get really angry with them - infantile [] I cope with it better when I regard it as theatrics, but it’s a burden I could well do without (Justine).

Justine refers to her relationships with male colleagues, the ambience within the workplace, and the consequential impact on her mental and physical health - ‘a burden’. She conveys a sense of fractious relationships with men and, in using terminology associated with a ‘war zone’, an environment wherein she has to ‘battle’ for her position. While ‘burdensome’ however, it seems that she attempts to understand the attitude of her male colleagues, specifically in terms of their immaturity and theatrics. Significantly, it appears that she ‘copes’ better with the associative pressure through this process of personal reflection - a process which seems to facilitate some understanding of these gender dynamics. It may be interpreted therefore, in postmodern terms, that her experience exemplifies a dialogical (reflective) self positioned in the workplace (Hermans, 1999), which seeks to understand an unequivocal negativity and hostility in situational time and context. Such gender dynamics and consequential feelings of tension and pressure were reported by most of the participants. For example Jane, Anna and Celia said:

I have difficult periods - anxiety, low periods; but you have to keep going, you work your way through it [] You have to understand the male ego - an inflated self, grandiose - 95% of male bankers think they’re god’s gift to the world (Jane).

Most of the men are resistant. They think women want it all, so they feel
threatened [] They're arrogant and aggressive and prone to bollocking. You have to respond in kind - sad really and exasperating, extremely limiting (Anna).

I'm never inoculated - ebullient, depressed, bitter, angry, worry, at times venomous [] Stand up confrontations - it's like dealing with children (Celia).

The statements of these women are representative of most of the participants and exemplify the nature of their relationships with some men in the workplace. On the one hand, there is a sense that these women feel confident and motivated to challenge such prejudicial attitudes; perhaps they find this to be an exciting and rewarding experience. Personal meaning and satisfaction may thus help to disperse feelings of pressure or tension. On the other hand however, there appears to be a certain anxiety manifested in the juxtaposition of specific and emotive terminology: men who are ‘arrogant’, ‘aggressive’ and ‘prone to bollocking’, and women who ‘respond in kind’ - ‘angry’, bitter’, ‘depressed’ and ‘venomous’. Assuming that such terminology is indicative of distress and pressure, then it would appear that the participants may experience variable levels of stress which could negatively impact mental health and well-being (Rabin et al. 1999; Reid et al. 1999). Comparable to Justine however, they seem to rationalise and attempt to understand these gender dynamics, specifically in terms of the ‘male ego’ and ‘infantile’ behaviour. Similarly, they appear to justify such oppressive behaviour in that men ‘feel threatened’ by women who ‘want it all’. Notably, they convey a sense of poignant reflection relative to the attitudes of their male colleagues - ‘sad really’, ‘like dealing with children’ - which seems to suggest that these women can accommodate and ‘cope’ with such negative dynamics. Perhaps they have a certain sympathy for their male colleagues - as they would with ‘children’ - who cannot behave in a more mature manner. It may be interpreted that, in coping with these dynamics, the self-concept of the participants is not threatened; indeed, having contained such an adversarial experience through asserting themselves their self-confidence may have have increased.
Overall, it appears that such gender politics have had an indubitable influence on the lives of these women in terms of stress, pressure and tension. They do however, convey a strong sense of self by ‘standing up’ for themselves and ‘responding in kind’ when faced with such behaviour and attitudes from men. In asserting themselves therefore, the motive for increased self-esteem and self-enhancement appears to prevail in an oppressive environment. The prominent feminist writer Susan Faludi (1999) refers to such gender dynamics in terms of a personal adversarial model, wherein women may confront and challenge oppressive attitudes and behaviour to help establish themselves in a given context. The evidence from the participants would seem to suggest that assertiveness and self-confidence is clearly important in this regard. However, given the apparent pervasiveness of negative influences reported by the participants, it may be interpreted that there has been no apparent change at an organisational level to alleviate prejudicial attitudes, behaviour or oppressive politics.

**Familial relationships: A balancing of the home and work domains**

In historical time and context, the realm of intimate personal relationships is a current phenomenon and has been, to a large extent, influenced by the psychoanalytic movement. Previous generations were preoccupied by anxieties about disease, poverty and hunger. Psychoanalysis has exerted such an influence that it has become the dominant idiom for the discussion of personal relationships even by those who do not agree with all its doctrines (Gellner, 1985). The majority of people in Western society exemplify this phenomenon, assuming that the ‘particular people whom we love - husband or wife, parents, children, dearest friend...These specific relationships, which we experience as unique and irreplaceable, seem to embody most crucially the meaning of our lives’ (Marris, 1982: 185). For the participants, the maintenance and continuity of meaningful and loving intimate relationships generated a major theme in the analysis.
Intimacy in relation: Fulfilled or fragmented?

In contrast to economically successful men (O'Brien, 1999), most of the women reported fulfilling, supportive and intimate relationships with family members. For instance Corinne and Nell said:

We're a loving family, all high-achievers, hard workers; they see me as an example [] We support each other (Corinne).

My kids and husband are very supportive, ambitious for me as I am for them (Nell).

Corinne and Nell are representative of most of the women in conveying a sense of a supportive family unit. The use of the possessive and personal pronoun is indicative of an intimate familial environment; as a family they seem to assist each other and work together with a sense of purpose and meaning. Given this sense of intimacy, it may be interpreted that time and energy spent in the workplace has not had a negative impact on these relationships. The participants however, reported that they and their family members employed specific strategies to maintain fulfilling relationships within the home. For example:

I refuse to work excessive hours. I've got a home and a family [] I don't take work home nor family issues to work. There are emergencies but I accept that, we all do (Celia).

I'm a different person at work - focused, get the job done, know what's required and do it [] Home I'm relaxed with the people I love (Bryony).

Husband helps, does things he never used to - food on table, dishes - we appreciate and support each other (Julia).
Whereas men made a choice to prioritise their attention and time in the work domain, with a resultant negative impact on familial relationships, the women seem to have made a choice to spend less time in the workplace - on average, nearly twenty hours less per week than men (O’Brien, 1999) - a decision which conveys a sense of balance in terms of time management. Similarly, they clearly differentiate and demarcate the boundaries of the home and work domains. Apparently these boundaries may be broken at times, but this seems to be accepted within the family and perhaps regarded as impossible to rule out given that emergencies do happen. While these decisions are for the most part personalised with the subjective ‘I’, therein emphasising the priorities of the participants, there is also a sense that for most of the women these issues have been discussed and agreed within the family - typically conveyed in the plural ‘we’, as in ‘we all’ agree that emergencies do happen.

Perhaps most significantly, in relation to support, respect and appreciation, the husbands of the participants seem to take an active role within the home. In practical terms therefore, traditional gender roles and attitudes - that some men regard themselves as the providers and breadwinners for the family and women offer support as a housewife (O’Brien, 1999) - do not seem to apply within the households of most of the participants. In contrast to the preceding discussion regarding inequity in the workplace, such behavioural and attitudinal change appears to represent an equal and respectful marital partnership. In addition, it may be interpreted that the use of the personal pronoun ‘we’ (as in ‘we appreciate’) is symbolic of an intimate and supportive marital relationship, thus conveying a sense of a partnership based on mutual respect, meaning and purpose. However, while most of the women reported intimate familial relationships and a relatively satisfying balance of their time between the home and work domains, a few of the participants stated that they had experienced some difficulty in time management. Ouna, Jane and Bella explained:

Breastfeeding and colic means I get no sleep. Very tiring, especially when I’ve got a presentation the next day [] So one or the other suffers - has to, I want children and I want to work (Ouna).
Breastfeeding and meetings, people wanting a quick drink after work. Only one person getting a drink and he was at home - my son waiting on his mother [J] I now work from home (Jane).

Everyday I spend part of my time thinking about this - always one better than the other - that's the way it is, always has been (Bella).

The demands of being a working mother with an infant child seem to present some difficulties for Ouna and Jane. For Ouna however, while there is an apparent tension between these roles and personal responsibilities, she seems to accept this with a sense of pragmatism. Perhaps personal meaning and fulfilment discerned from both roles have had an influence on this practical outlook. Jane has evidently re-evaluated her position in the workplace and now works from home; it may be interpreted therefore, that this has been a worthwhile transition as it appears to have reduced tension associated with these demands. Her wry humour would also seem to suggest that this has indeed been a positive transformation - for her and her son. In addition, it appears that self-reflection (apparently a daily occurrence for Bella) has had an influence on the decisions that these women have made to balance their time in an appropriate and personally satisfying manner - in postmodern terms, a dialogue between alternate selves which may disperse internal feelings of anxiety related to the balance of time and energy (Rappoport et al. 1999). Such an interpretation would imply that continuity of self-expression in the home and work domains is sought by these women, and that associative tension and pressure have not been so pervasive and intense as to be overwhelming.

Overall, the participants seem to have maintained intimate relationships within the home, underpinned by a sense of reciprocal respect, support, self-reflection and understanding, and facilitated by specific strategies employed by themselves and family members. Arguably, the stress and tension associated with financial inequity in the workplace may be dispersed to some degree by more fulfilling and satisfactory relationships in the home. In postmodern terms therefore, these negative influences may be distributed across the
alternate selves of employee, wife and mother and dissolved to a manageable degree by internal dialogue between these variable identities (Rappoport et al. 1999). Alternatively, stress and pressure may be directly associated with, and compartmentalised within, the work environment; thus not influencing or having a major, detrimental impact upon familial relationships - a point succinctly expressed by Bryony, 'Home I’m relaxed with the people I love'.

Overview

A number of caveats need to be addressed prior to an overview of the study and the implications that may be drawn from the reported experience of the participants relative to counselling psychology, existing literature and theory. No attempt is made to generalise the findings of the research to other women. The women who took part were all economically successful, White, heterosexual and of high educational attainment; therefore the sample is highly specific. The data presented and my subsequent interpretations apply to the women who took part in the study; other women may have had a comparable or contrasting experience in the home and workplace, or in the balance of time and energy relative to the home and work domains. The categorical themes reported in this paper reflect part of the experience of the participants; other themes will hopefully be published in a future paper.

The results of the study, relative to theoretical development incorporating an internal criterion of career success and development and a balance between the home and work domains, offer strong support to previous studies with women who seek to express themselves in various domains (e.g. Asplund, 1988; Gattiker and Larwood, 1988, 1990; Peluchette, 1993; Poole et al. 1993). While some authors hypothesise that the pay differential between women and men is decreasing over time, albeit confined to women of higher educational attainment (Rake et al. 2000), there has been little exploration of the difficulties that economically successful women experience in achieving equal and fair pay. The results of this study indicate that the participants achieved fair and equal recompense by taking a proactive stance towards discriminatory and oppressive corporate practices. Of course the participants, given their educational attainment and the self-confidence afforded
them by such attainment, were in a position to resign and transfer to another employment position relatively easily. While such power clearly has its advantages, the question remains about the difficulties other women with lesser qualifications may face when confronted with such discriminatory practices. Future research may consider these issues and help delineate the experiences of women in less powerful positions.

The study is relevant to counselling psychology in numerous ways. Firstly, it has identified the difficulties that economically successful women may experience as they seek self-expression in a hitherto male dominated workplace, the impact of such experiences on the individual and on their relationships with others, and the manner in which they cope with such difficulties. The study therefore, provides valuable understanding and knowledge for psychotherapeutic practitioners and theorists of the psychological and physiological stressors, pressures, and tensions that some women may experience as they develop their aspirations in various social contexts.

Secondly, given that the reported difficulties of the participants have stemmed, in the most part, from an oppressive organisational and patriarchial politics, practitioners need to be aware of the possibility of negative influences resulting from 'organisational pathology'. In this regard, therapists may mistakenly 'reinforce the belief that there is something lacking in individuals rather than that individual stress is a rational response to organisational pathology' (Strawbridge and Woolfe, 1996: 612). This critique of therapeutic practice resonates with the proposals of Spinelli (1994). He exemplifies through the knowledge people may derive from the social environment - knowledge which may not be perceived as personally meaningful and may thus be consequently disabling. However, rather than being irrational, an individual's thinking may be quite appropriate relative to organisational pathology; thus irrationality has as much to do with societal and corporate assumptions as with the individual's. Preconceived ideas or assumptions on the part of the therapist, in relation to an internal psychic malfunction of the client, are therefore misplaced. The results of this study offer strong support for such critique and perspective.
Thirdly, the participants appear to be more assertive, independent and self-confident and are actively competing in socio-economic and political domains. Having entered these domains however, they seem to have experienced considerable feelings of frustration, stress and pressure in relation to corporate and gender discrimination and inequality. While the participants apparently challenged such inequity with a resultant positive outcome, the question remains as to whether corporate or male attitudes to women have changed, or has there simply been an accommodation of proactive women? Arguably therefore, while assertiveness may be instrumental in achieving financial parity with men, a new paradigm may be required to delineate 'the invisible skein of stubborn threads that restrains women and other subordinated populations' (Faludi, 1999: 605) - a model which, given the evidence from the participants, would analyse organisational power dynamics and protocol that seem to have a negative impact on mental and physical health (see Figure 1). Assertiveness is clearly a positive attribute which may help overcome adversity, but it may not address other ‘invisible threads’ associated with oppression or inequity.

Fourthly, the participants appear to find fulfilment in distinct areas of their life: self-expression and meaning encompasses the home and work environments, albeit with variable levels of frustration, stress and pressure relative to the workplace. Significantly, they made clear attempts to demarcate the boundaries between the home and work domains, which seems to facilitate and maintain intimate personal relationships. These women therefore, felt relatively satisfied and fulfilled in that they had achieved a balance of time and energy within these differing environments. Such evidence may offer some insight and understanding for practitioners working with stereotypical, traditionally masculine men, who report difficulties in maintaining intimate personal relationships within the home (O'Brien, 1999).

Finally, in terms of therapeutic practice, a pluralistic conceptualisation of the self would appear to enhance rather than undermine human progress, and thus provide insight into the
nature of difficulty experienced by an individual in any given circumstance. In exploring
the attributable meaning and dynamics of the workplace for example, practitioners may
elaborate on specific areas of concern from the client’s frame of reference, and thus clarify
certain power dynamics and attitudes which may have a negative impact on the client’s
mental and physical health - as opposed to the assumptions and generalisations of hitherto
theoretical development or therapist expertise manifested therein. In practical terms for
example, this would involve a plural interpretation (Samuels, 1993), that is, the therapist
may suggest to the client that what they have discussed might refer to a hypothesis derived
from a psychological and/or an organisational/corporate influence on their thinking. Thus
therapy may become educative and identify specific negative and/or oppressive influences
from the social context which may have a debilitating impact on a client’s present
functioning.
References


difference, family and organisational variables. *Journal of Vocational Behaviour.* 43. 198-208.


Table 1. Categorical themes derived from the data (not presented in this paper) and examples of participant statements.

<table>
<thead>
<tr>
<th>Categorical themes</th>
<th>Interpretative data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coping strategies</strong></td>
<td></td>
</tr>
<tr>
<td>(i) personal</td>
<td>I’ve been to therapy during the most difficult times I’ve had counselling in the past, especially when I first started working</td>
</tr>
<tr>
<td>(ii) in the workplace</td>
<td></td>
</tr>
<tr>
<td>- in relation to men</td>
<td>Varies—the tough, aggressive corporate bitch and kitten woman—fluffy, flirtatious</td>
</tr>
<tr>
<td>- in relation to women</td>
<td>Some see me as a threat, they envy my position: nasty, bitchy, insecure [] I try to understand, but I’ve become less reciprocating</td>
</tr>
<tr>
<td>Personal and familial reward</td>
<td>I can educate my children I get a great deal of satisfaction from my work I’m challenged, creatively and intellectually</td>
</tr>
<tr>
<td><strong>Liberating change</strong></td>
<td></td>
</tr>
<tr>
<td>(i) corporate policy</td>
<td>Breastfeeding—I could work on-line from home More open and honest, less secrecy-employment packages for example</td>
</tr>
<tr>
<td>(ii) gender relations</td>
<td>Secret is identifying where we complement each other—both attributes—something for the future generation</td>
</tr>
<tr>
<td><strong>Reflective solitude</strong></td>
<td>My other life [] Time for creativity. The part I haven’t allowed time for, my niche, to paint, read, write whatever Develop the other side of my life - to meditate, yoga, walk in the park [] I’ve put myself on the backburner, but there will be time</td>
</tr>
</tbody>
</table>
Appendix Figure 1

Figure 1. The self as an employee and colleague (relative to the participants). A psychological analysis of negatively perceived protocol and power dynamics which have a consequential effect on mental and physical health may facilitate, in psycho-educational terms, a more conducive environment. Assuming that stress and tension associated with such negative influences has a consequential impact on performance and efficiency in the workplace, employers may find such a proposal beneficial to employees and the organisation as a whole.
Dear

I am a mature student currently in my final year of doctoral studies at the University of Surrey (Psych.D Psychotherapeutic and Counselling Psychology). My research interests are in the psychological, emotional and socio-political aspects of identity, specifically among economically successful women and men. Last year I completed research with successful men and I am now seeking women as participants, hopefully to establish what women experience, in terms of their identity, in a hitherto male dominated environment.

Of particular interest are women like yourself, who may be described as being successful in the modern world. The research aims to explore how economically successful women manage their ‘sense of identity’, and explore what is important to you emotionally, psychologically and socio-politically. The research will seek to explore your own ‘sense of identity’, the management of identity in a professional environment and in your private, family environment. This has not been a widely researched area and I believe it will provide invaluable information and understanding of what it means to be a successful woman in the contemporary world.

I am aware that you are probably very busy with your work and private commitments, but I would be most grateful if you would consent to take part in this study. Participation would involve a brief, tape recorded interview (approximately one hour) which would take place
at your convenience. Giving your consent does not mean you cannot withdraw from the study. If at any time you felt you wanted to withdraw, for any reason, then you are free to do so. In addition, all information gathered in the study will be treated as strictly confidential; pseudonyms will be used in the write up. The write up should take place around June/July 2000 and a copy will be made available at your request.

If you are interested in taking part please contact me at the above telephone number, or at my e-mail address, psm2mo@surrey.ac.uk. Alternatively, complete the attached participation form and return it to me in the stamped addressed envelope at your earliest convenience. If you would like to discuss the study further, prior to participation, please feel free to contact me.

Thank you for your help.

Yours sincerely,
Michael O'Brien
Appendix B

Interview schedule

Introduction to participants

This research is concerned about how you see yourself as a person and what is important to you in terms of your identity, your sense of self. The questions I ask will be directly relevant to what is significant for you, psychologically, emotionally and politically, in the management of your 'sense of identity'.

Some of the questions may not be relevant to you, and if that's the case then just say so. If you have any questions throughout the interview then don't hesitate to ask.

In this interview I want to look at various ways in which successful women see themselves. There has been a lot of media attention recently on how career women think about and manage their identities. This has formed part of the rationale for the present research. Before I begin to ask you specific questions about yourself, I would like you to complete a short questionnaire by filling in the blanks to answer the question 'Who am I'. Please read the instructions and fill in your answers.

Switch on audiotape

Section 1

In this section I would like to get an idea of how you see yourself as a person, and what plans you may have for the future.

I Working from the questionnaire the following questions will be asked:

1 probe: what does it mean to you to be a .....
2 probe: how satisfied and fulfilled do you feel?
3 probe: how do you feel in your role as......
4 probe: do you talk to anyone about how you feel and if so who?
5 probe: do you find any difficulty in your role as......
6 probe: has there been any change in this order recently, and if so why?

2 How would you describe yourself as a person?
   prompt: what sort of person are you?

Thinking of the people with whom you have regular contact, would they all describe you like that or would different people describe you in different ways?

   1 probe: who are these people?
   2 probe: what are their versions of you?
   3 probe: how legitimate do you think these versions of you are?
   4 probe: why is that?
   5 probe: how do feel about this?
   6 probe: do you talk to anyone about how you feel, if so who?
   7 probe: what benefits do you get from this?

3 Is this how you've always seen yourself, or has it changed over time?

   1 probe: Change: what changes have occurred?
   2 probe: what kind of effect has this had on you?
   3 probe: what do you think brought about these changes?
   4 probe: would you say these are changes for the better, changes for the worse, neither or a mixture?
   5 probe: what makes you say that?
   6 probe: how have you dealt with these changes?
Some people are satisfied and fulfilled with their sense of self, others would like to change. In terms of self development, people who want to change may make plans for the future. What plans, if any, do you have for your future?

1 probe: how do you see these plans developing?
2 probe: are there any factors that may make these plans difficult to achieve?
3 probe: is there anything you might have to eliminate from your life to achieve these plans?
4 probe: have you had to change your plans in any way?
5 probe: why is that?

Are there any other difficulties that you've experienced, regarding your sense of identity, that you would like to tell me about?

Section 2
I would now like to look at your experiences in your professional role, not what you do professionally, but what this role means to you in terms of your sense of identity.

Working from the questionnaire, in relation to those answers that pertain to the workplace, the following questions will be asked:

1 probe: in general how would you describe yourself in your professional role?
2 probe: how important is it for you to be.....?
3 probe: what does this mean for you?
4 probe: do you think you have the necessary characteristics to succeed?
5 probe: what are these characteristics?
6 probe: how satisfied and fulfilled do you feel?
7 probe: what is it about your professional role that causes you.....?
8 probe: are there any particular pressures or tensions in being.....?
9 probe: why is that?
10 probe: how do you deal with or manage these difficulties?
11 prompt: do you talk them over with anyone, and if so who?
12 probe: if you could change anything what would it be?
13 probe: why is that?

2 For some people, achievement and success stem largely from their career; while other people might describe achievement and success in terms of their leisure activities or their family and friends. In your case how important is it for you to achieve and be successful in your career?

1 probe: what does this mean for you?
2 probe: how satisfied and fulfilled do you feel?
3 probe: what type of pressures, if any, do you experience?
4 probe: how do you deal with that?
5 prompt: do you talk about these difficulties to anyone, and if so who?
6 probe: how specific are you in talking to people about these difficulties?
7 prompt: do you just talk about these difficulties, or do you also talk about how you feel, or both?

3 Some researchers have suggested that women, in order to succeed in the corporate world, have adopted traditionally male characteristics, e.g., to be competitive, emotionally inexpressive, etc., whereas others suggest that women may use their feminine characteristics e.g., being co-operative, emotionally expressive, etc., and therefore they succeed and develop better relationships in the workplace.

1 probe: do you apply specific strategies in the workplace?
2 probe: how successful are these strategies?
3 probe: how do you feel about this?
4 probe: do you experience any particular difficulties?
4 The workplace offers an opportunity for varied relationships; some people may simply be there to fulfill the requirements of the job and have little contact with colleagues within and outside the workplace, whereas others may mix with their colleagues professionally and also in a social context. Here I want to look at your relationships with your work colleagues, beginning with male colleagues.

a) 1 probe: what kind of relationships do you have with other men in the workplace?
2 probe: please describe these relationships?
3 probe: how do these men perceive you and your status?
4 probe: how do you feel about this?
5 probe: what do you most usually talk to them about?
6 probe: do you talk to your male colleagues about other areas of your life?
7 prompt: if not, why not?
8 probe: if yes, which areas, and in what sort of contexts/occasions?
9 probe: what benefit do you get from this?
10 probe: alternatively, do you experience any problems?
11 probe: do you talk to your male colleagues about how you feel?
12 probe: if not, why not?

b) 1 probe: what kind of relationships do you have with your female colleagues?
2 probe: please describe these relationships?
3 probe: how do these women perceive you and your status?
4 probe: how do you feel about this?
5 probe: what do you most usually talk to them about?
6 probe: do you talk to your female colleagues about other areas of your life?
7 prompt: if not, why not?
8 probe: if yes, which areas, and in what sort of contexts/occasions?
9 probe: what benefit do you get from this?
10 probe: alternatively, do you experience any problems?
11 probe: do you talk to your female colleagues about how you feel?
12 probe: if not, why not?

5 Over the past decade or so, there has been an increase in the profile of women in professional roles.

1 probe: what do you think of this development?
2 probe: has this brought about any change for you?
3 probe: how do you feel about being a member of the corporate world?
4 probe: what implications has this had for you, if any?
5 probe: has this development created any difficulties for you?
6 probe: how do you deal with that?

6 What plans, if any, do you have for the future regarding your professional role?

1 probe: are there any factors that have influenced these plans?
2 probe: why is that?
3 probe: have you had to change your plans in any way?
4 probe: why is that?

7 Are there any other difficulties that you've experienced in your professional role that you would like to tell me about?

Section 3
In this final section I would like to look at your experiences in your home/family role and what this means for you.

1 Working from the questionnaire, in relation to familial relationships, the following
questions will be asked:

1 probe: in general how would you describe yourself in your home/family role?
2 probe: how important is it for you to be.....?
3 probe: what does this mean for you?
4 probe: how satisfied and fulfilled do you feel?
5 probe: what is it about your home/family role that causes you......?
6 probe: are there any particular pressures or tensions in being.....?
7 probe: why is that?
8 probe: how do you deal with or manage these difficulties?
9 prompt: do you talk them over with anyone, and if so who?
10 probe: if you could change anything what would it be?
11 probe: why is that?

2 To whom are you closest to in the family?

1 probe: why is that?
2 probe: what sort of things do you talk about?
3 probe: what sort of things do you do together?
4 probe: do you talk about your feelings?
5 probe: if not why not?

3 What kind of relationships do you have with other male members of the family?

1 prompt: sons and/or fathers?
2 probe: please describe these relationships?
3 probe: do you talk about your feelings?
4 probe: if not, why not?

4 What kind of relationships do you have with female members of the family?
1 prompt: daughters/wife/mother?
2 probe: please describe these relationships?
3 probe: do you talk about your feelings?
4 probe: if not, why not?

5 Some people find it easy to balance their home/family roles and professional roles, while for others this may be a difficult issue.

1 probe: how do you balance your work role with your home/family role?
2 prompt: is it balanced easily or are there particular pressures or tensions?
3 probe: why is that?
4 probe: how do you deal with that?
5 probe: how do you feel about this?
6 probe: as you have progressed or been promoted in your career (if you have), has this had an impact on your relationships at home?
7 prompt: have you developed any particular strategies to contain this change?
8 probe: how do you feel about this?
9 probe: do you talk to anyone about this?
10 probe: if so, who?
11 probe: what benefits do you get from this?
12 probe: alternatively, do you experience any problems?
13 probe: if you could change anything what would it be?
14 probe: why is that?

6 What plans, if any, do you have for the future within your home/family relationship?

1 probe: are there any factors that have influenced these plans?
2 probe: why is that?
3 probe: have you had to change your plans in any way?
4 probe: why is that?

7 Are there any other difficulties that you've experienced in your home/family role that you would like to tell me about?

The following probes and prompts will be used with the questions to elicit further information: Can you tell me more about that? Why do you say that? What makes you say that?
Appendix C

Questionnaire

There are twenty numbered blanks on the page below. Please write up to twenty answers to the simple question 'Who am I?' in the blanks. Just give up to twenty answers to this question. Answer as if you were giving the answers to yourself, not to somebody else. Write the answers in the order that they occur to you. Don't worry about logic or 'importance'. Go along fairly fast for time is limited.

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18.......................................................................................................................................
19.......................................................................................................................................
Demographic Questionnaire

The information that you give here is confidential. If you feel some of these questions are intrusive, then please do not feel obligated to answer.

How old are you? ……

How would you define your sexual orientation?

Heterosexual ……
Lesbian/Homosexual ……
Bisexual ……
Other (please specify) ……

What is your current/legal marital status?

Married ……
Engaged ……
Divorced ……
Separated ……
Single ……
Cohabitating ……
Widowed ……

Which of the ethnic groups listed below would you say you belong to?

Black-African ……
Black-Caribbean ……
Black-Other ……
Chinese ……
Indian/Pakistani/Bangladeshi ……
Pakistani  
White  
Other (please specify)  

What is your highest educational qualification?

None  
GCSEs; O-levels; CSEs  
A-levels  
Diploma  
Degree  
Postgraduate degree/diploma  

Please state your current occupation and job title and your two previous positions.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

How long have you been in your present employment?

Years  

Approximately how many hours do you work a week?  

Are you the major earner in your household?  

Yes/No  (delete as appropriate)

THANK YOU FOR YOUR COOPERATION
Research consent form

The aim of this research is to explore the psychological, emotional and socio-political aspects of identity, your sense of self. Specifically, the study is concerned about how you see yourself as a person in terms of your identity. You will be asked to take part in an informal interview about your views and feelings on the above subject. To ensure confidentiality, your name or any other identifiable factors, will not appear in the final research report. Audio tapes will be destroyed following transcription. Some of your responses may be reproduced in the final report, but confidentiality will be maintained; pseudonyms will be used throughout. Any other names or places that may arise in the interview will also be replaced by pseudonyms.

If you have any questions, or feel that you would like more information about the study, then please do not hesitate to ask before signing the form.

Please read the following paragraph and if you are in agreement then 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 the characteristics and management of my 'sense of identity'. I also consent to an audio tape of this interview being made and to all parts of the recording to be transcribed for the purposes of this research.

Name (capitals).......................................................

Signed............................................................ Date..........................

Contact telephone no..........................................................
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 the same 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.

Name (capitals)....................................................

Signed.....................................................   Date................................

Witness

Name (capitals)....................................................

Signed.....................................................   Date................................
Appendix F

Copy of contributors notes from the *Journal of Community and Applied Social Psychology*, used to guide the submission format of ‘Living in the postmodern world: Implications for psychological theory, practice and research’; ‘Fulfilled or threatened men in a postmodern age? The management of identity among a group of economically successful men’; and ‘Career women - fulfilled or threatened in a postmodern context? The management of identity among a group of economically successful women’.
NOTES FOR CONTRIBUTORS

1. Submission of Manuscripts
Manuscripts should be submitted to the Editor or Associate Editor with the closest subject interests, as follows:

Editors:
- Jim Orford, Professor of Clinical and Community Psychology, School of Psychology, University of Birmingham, Edgbaston, B15 2TT. Subject Interests: Community Psychology, Community Mental Health, Prevention, Families, Addiction.

Associate Editor:

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Manuscripts must be typed double-spaced with wide margins, on one side of the paper only, and submitted in 3 copies. Manuscripts should normally not exceed 10,000 words in length. The Journal of Community & Applied Social Psychology operates a "blind" reviewing system. All information about authorship must, therefore, be confined to the title page, which will be removed before the paper is sent to reviewers. The title of the paper should be repeated at the top of the first page of text. In order to enable the publisher to do everything to ensure prompt publication, the full postal address should be given for the author who will check proofs, along with telephone, telex and telefax numbers where possible.

2. Title Page
The title should be brief, typed on a separate sheet, and the author's full name should be typed on the line below the title. The affiliation and address should follow on the next line; in the case of co-authors affiliations and addresses should be clearly indicated. A short running title of not more than 40 characters should be placed at the foot of the page and identified. Correspondence and proofs will be sent to the first-named author unless otherwise stated.

3. Abstract and Key Words
The body of the manuscript should be preceded by an abstract (200 words) which should be a summary of the entire paper and not of the conclusions only. Below the abstract provide, and identify as such, 3-10 Key Words that will assist in cross-indexing.

4. Text
The paper should be reasonably subdivided into sections and, if necessary, sub-sections. Figures, tables and footnotes should be supplied on separate sheets grouped at the end of the manuscript. Their location in the text must be indicated in the manuscript by such as 'insert Table 1 here'.

Mathematical symbols may be either handwritten or typewritten. Greek letters and unusual symbols should be identified separately in the margin. Distinction should be made between capital and lower-case letters; between the letter O and Zero; between the letter I and the number one and prime; between K and kappa. Computer programs should be given on an original print-out which should be clear and sharp.

5. References
References to published work must be in uniform style in the text and footnotes; the Harvard System (name, date) in the text and an alphabetical list at the end of the manuscript thus:


(NB Journal titles must not be abbreviated.)

For more than one work by the same author in the same year, identify each citation thus: (Smith, 1970a), (Smith, 1970b), etc.

6. Tables
Tables should be consecutively numbered and titled. All table columns should have an explanatory heading. Redundance in data presentation should be avoided when possible.

7. Figures
Line drawings should be supplied on a separate sheet at the same size as the intended printed version (no enlargement or reduction is required); maximum width 126 mm. Lettering on the artwork should be set in 8pt type. Computer-generated artwork must be submitted as laser printer output at a resolution of 600 dots per inch on high quality paper. Dot matrix printer output is unacceptable. Tints are to be avoided; hatching should be used instead. Drawn artwork should be carefully lettered and drawn in black ink. Provide copies as well as the originals.

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