

# **Seeing new landscapes, or having new eyes?**

**How does the meaning we make from language impact on the therapeutic relationship in counselling and psychotherapy?**

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## ***Abstract***

Seeing new landscapes or having new eyes?

### **How does the meaning we make from language impact on the therapeutic relationship in counselling and psychotherapy?**

This study explores the unique meanings made from language and whether a mismatch in meaning making and understanding leads to a lack of attunement between client and counsellor in counselling and psychotherapy. It explores the ways in which a perceived shared language can have a diversity of meaning and interpretation, with specific impacts on the nature of the therapeutic relationship.

A review of the literature indicates that the narrative methods of counselling research are under-represented in relation to the question being explored here.

The narrative based study takes the form of a series of unstructured conversations with five counsellors. All are qualified therapists with varying degrees of experience, and all share the researcher's interest in meaning making through language. It is based in the methodological paradigm of practitioner research, during which the researcher's own experiences of language use in the therapeutic process, not only significantly influenced the data, but importantly, provided some of the data and are part of the narrative.

Transcripts from the conversations were analysed for commonalities and differences in the experiences of the participants, using Sullivan's (2012) framework of 'key moments'. Emergent themes included aspects of power as experienced by the different players in the relationship, culture and religion, and the setting of the counselling, as all having influence on the therapeutic relationship. These themes illustrate how language is an integral part of the relationship and is a key component in establishing and maintaining an alliance that is accessible for both client and

therapist through recognition, even if the understanding of the words might be different.

The focus of the study is on psychotherapy and counselling, but it is anticipated that the findings will have significance across other allied healthcare professions, as these roles are likely to encounter the themes which emerged in the analysis.

**Keywords:** Counselling, psychotherapy, language, story-telling, narrative research, therapeutic relationship, autoethnography

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## ***Glossary of terms used in the thesis***

In this section I am providing the dictionary definitions of the terms used and also the origin of the word. I offer more than one definition to illustrate the potential for different interpretations of words. I am including the origin of the word to demonstrate how different meanings might arise. In addition, I have used the research literature to include a definition which I then link into my own use of the terms.

### **Discourse**

- Written or spoken communication or debate.
- A formal discussion of a topic in speech or writing.

### **Origin**

Late Middle English (denoting the process of reasoning): from Old French discours, from Latin discursus 'running to and fro' (in medieval Latin 'argument'), from the verb discurrere, from dis- 'away' + currere 'to run'; the verb influenced by French discourir.

(Source – Oxford Dictionaries – retrieved 08/12/2018)

In Young (1981) a distinction is made between the text, the work and the discourse. The author refers to Foucault in his 1970 lecture where Foucault talks of a 'method for the synchronic analyses and representation of the history of systems of thought' (Young, 1981, p 48). Despite the fact that this particular work is now quite outdated, the reason I chose to use the particular definition of discourse, is that I feel some resonance with the idea of language as a 'representation of systems of thought'. I see this as being central to the unfolding story of the thesis, moving around my thoughts and those of others.

### **Story and storytelling**

- An account of imaginary or real people and events told for entertainment.
- A plot or storyline.



- A report of an item of news in a newspaper, magazine, or broadcast.
- A piece of gossip; a rumour
- A false statement; a lie.
- An account of past events in someone's life or in the development of something.
- A particular person's representation of the facts of a matter.
- A situation viewed in terms of the information known about it or its similarity to another.
- The facts about the present situation.

### **Origin**

Middle English (denoting a historical account or representation): shortening of Anglo-Norman French *estorie*, from Latin *historia*

(Source – Oxford Dictionaries – retrieved 08/12/2018)

McLeod (1997) considers a number of different definitions of story and storytelling. There are similarities with all of the definitions he offers, and the basis of the ideas is that there are a number of elements required in order for a story to be a story. McLeod quotes Mandler and says that:

‘a traditional story begins with a setting, followed by an episode or a series of episodes., within each of which a protagonist reacts to events and strives to achieve a goal’

(McLeod, 1997, p 47)

This is the definition I chose from McLeod as I feel it guides the structure of storytelling in the thesis, as each of the stories unfolds. This includes my stories, those of the research participants, those of my clients and the story of the PhD, all of which contribute to the bigger ‘story’ of the counselling profession.

### **Narrative**

- A spoken or written account of connected events; a story.
- The narrated part of a literary work, as distinct from dialogue.

- The practice or art of telling stories.
- A representation of a particular situation or process in such a way as to reflect or conform to an overarching set of aims or values.

### **Origin**

Late Middle English (as an adjective): from French narratif, -ive, from late Latin narrativus 'telling a story', from the verb narrare (Source – Oxford Dictionaries – retrieved 09/12/2018)

Sticking with McLeod (1997) for an explanation of narrative, he offers the following:

'...the self can be seen as encompassing a multiplicity of narratives, attached to different situations and relationships, places and people....one important issue concerns the conditions under which people present themselves as unified or as 'distributed' selves. The 'distributed' or 'indexical' sense of self occurs when the person defines self in terms of external relationships and situations rather than an autonomous core.'

(McLeod, 1997, p46)

McLeod's assertion fits well with my own belief that everyone has a number of different narratives which all make up their own stories; (ones which can be authentic and ones which we can adapt as required). I recognise the idea as being present in the stories in the thesis and use this to underpin the language I use.

### **Metaphor**

- A figure of speech in which a word or phrase is applied to an object or action to which it is not literally applicable.

### **Origin**

Late 15th century: from French métaphore, via Latin from Greek metaphora, from metapherein 'to transfer'. (Source – Oxford Dictionaries – retrieved 14/12/2018)

In order to consider the dictionary definition of metaphor and to 'put meat on the bones', I turn to Lakoff and Johnson (1980). They refer to metaphor as being 'for most people a device of the poetic imagination and the rhetorical flourish – a matter

of extraordinary rather than ordinary language' (p 3). The authors then go on to explore metaphor as part of everyday speech, to the extent where it is used as the only way to describe some concepts. I also consider Ricoeur's (2003) definition, which I refer to later in the thesis: 'giving an unaccustomed name to some other thing, which thereby is not being given its proper name' (p74). On balance I prefer Lakoff and Johnson's definition as I like the 'poetic' nature of the words.

In my thesis I attempt to explore occasions where metaphor has become part of everyday speech, but I also consider times where use of metaphor can be less effective, where the client and the therapist may not have a shared frame of reference, for any reason, such as age, gender, ethnicity, or first language.

## **Synthesis**

- The combination of components or elements to form a connected whole.

### **Origin**

Early 17th century: via Latin from Greek *sunthesis*, from *suntithenai* 'place together'.

(Source – Oxford Dictionaries – retrieved 14/12/2018)

In applying a concept from the literature to the definition of synthesis, I found Moustakas' (1990) ideas of creative synthesis the most resonant with what I was trying to achieve through my data analysis. Moustakas talks of putting together the ideas from the data to develop a whole:

'The creative synthesis can only be achieved through tacit and intuitive powers. Once the researcher has mastered knowledge of the material that illuminates and explicates the question, the researcher is challenged to put the components and core themes into a creative synthesis'

(Moustakas, 1990, p 311-32)

In the thesis I have used my intuition in order to analyse the data collected and to bring the ideas and themes together. For example, the research question informs the methodology of the study, which in turn informs the structure of the thesis.

## Autoethnography

- A form of self-reflection and writing that explores the researcher's personal experiences and connects this autobiographical story to a wider cultural-political-and social meanings and understandings  
(Source – Collins English Dictionary online – retrieved 02/01/2019)

In order to offer an explanation of what this means from the research literature, I have turned to Tessa Muncey (2010) and the final paragraph of her book, *Creating Autoethnographies*:

‘In short, an autoethnography consists of:

- Identification of a meaningful experience that you are prepared to share
- An engagement in an iterative relationship between your research and your personal experience
- A selection of creative means to transform the experiences
- Showing, not telling
- An expectation of criticism and the ammunition to counter it
- Recognition of the role of the synchronicities in steering the development of your work
- Immense satisfaction from the personal growth that ensues’

(Muncey, 2010, p148)

I acknowledge that the definition I have quoted above from Muncey, is just one definition and it is rooted in her story and informed by her own experiences, but I chose the reference as I feel that it informs what I have demonstrated through the autoethnographic content of the thesis. Tessa Muncey had previously offered me feedback on an autoethnographic study I undertook, and these words reflect the ‘personal growth’ achieved from engaging with such a personal way of doing research.

## ***Setting the scene - The background to the research and an introduction to the thesis***

*'The most important thing about communication is hearing what is not being said'*  
(Anon).

The above is an ancient Persian proverb that I have used for the last seven or eight years usually when I am delivering training to groups of people where the essence of the training relates to communication in some form or another. Using it as the starting point for a game of Chinese Whispers, I ask the group to consider the meaning of the sentence and also the meaning, content and process of the game. I have used it to train interpreters to encourage them to think about their own role, and also with healthcare professionals on how to work with interpreters, to encourage the consideration of a holistic approach to communication. It generally stimulates much discussion about the ways in which the participants communicate, in addition to how they interpret the communication of others.

The title I have used for this thesis is taken from a quote from Marcel Proust which has long been a kind of mantra to me:

*'The real voyage of discovery consists, not in seeking new landscapes, but in having new eyes.'*

This quote is taken from the fifth volume of Proust's major work 'A la recherche du temps perdu' (*Remembrance of Things Past*, or latterly translated as *In Search of Lost Time*.)

The reference to this quote comes from a longer quote, also from this fifth volume of the work:

*'A pair of wings, a different respiratory system, which enabled us to travel through space, would in no way help us, for if we visited Mars or Venus while keeping the same senses, they would clothe everything we could see in the same aspect as the things of the earth. The only true voyage, the only bath in the Foundation of Youth, would not be to visit strange lands but to possess other eyes, to see the universe through eyes of another, of a hundred others, to see the hundred universes that each of them sees, that each of them is;*

and this we do, with great artists; with artists like these we really do fly from star to star.'

The text above is a translation by C K Scott Moncrieff (1929) of Proust's story *La Prisonniere* (The Captive) from *A la recherche du temps perdu*, and to me makes a statement about the explorations I am making in this thesis about seeing things in different ways. I appreciate that 'seeing' is not a verb normally associated with language, but I am choosing to use the word to get a sense of the importance of language in developing a world view.

I have always had a fascination for language and the ways in which we express ourselves. I was born and brought up in South Yorkshire (it was the West Riding of Yorkshire when I was born and so was part of an area which was much more diverse linguistically at the time), in the north of England, in a working-class family where there was a huge emphasis on being mindful of the way we spoke. My mum would have been horrified if we had spoken with broad Yorkshire accents, dropping words and letters, using slang and generally speaking in a 'sloppy' way. We knew this and very rarely tested this out. My mum recently reminded me of something that she told me many times as a child, and would tell others as well, that one of the first words I said as a child was 'supercalifragilisticexpialidocious' from the film of Mary Poppins. She was always proud of this.

Growing up I was greatly influenced by the older people who were part of my life. My parents separated when I was seven years old and I and my three siblings were brought up by my mother, with input from my grandfather (Grandpa) and a couple, of his generation, who lived next door to him, Auntie Dottie and Uncle Ernie, and who were a big part of our lives. All three were born at the turn of the twentieth century and had lived in Yorkshire all their lives. As children we loved to hear their stories. Auntie Dottie and Uncle Ernie had no grandchildren of their own, so they became 'surrogate' grandparents and their stories became our stories. When I meet up with my siblings these days, some 45 years later, we retell these anecdotes. Auntie Dottie and Uncle Ernie were from York in North Yorkshire and had a different accent and used different words from Grandpa, who was from South Yorkshire. Somehow, they had more enticing stories than Grandpa's because of this different use of language, and as children this difference was exciting. Grandpa was born in the same town as I

was, generally used the same words that my siblings and I did and had a similar accent. There seemed to be less excitement in the stories because of this, as they seemed somehow more mundane. Auntie Dottie and Uncle Ernie's words were sometimes unfamiliar making them seem more exotic and exciting. I remember as a small child, watching Uncle Ernie mend a piece of carpet by stitching it together. He explained to us, at the time, that he had learnt how to do this when he was sewing mailbags in prison. He had never been to prison and had learned to sew carpet during World War 2, out of necessity, but this story was told with such 'dead-pan' humour that we believed him and were enthralled by this idea. In the family we still use words introduced to us by Auntie Dottie and Uncle Ernie. For example, we often used to bake with Auntie Dottie, and she would impress upon us the need to be careful with knives. A frequent warning to us was to 'be careful with that knife – it cuts jagged!'. To this day, if any one of my siblings has a serrated knife in their hand someone will remind them that 'that knife cuts jagged' in the same tone of voice used by Auntie Dottie.

I moved to London at the age of 22 and found there were some words that I had always used which were not understood by people from other parts of the country. This difference fuelled my interest. So, for example, the word 'mardy' was used extensively in Doncaster, to mean miserable, sullen and maybe a little belligerent. Moving first to Cheshire to study then to London to work, I found that many of the people I came into contact with did not recognise the word. Some had heard the word but did not use it and had a variety of other words to express the same meaning. This quickly became a bit of an obsession of mine to find out what other people understood by mardy and what they used instead. After 13 years of living away from South Yorkshire, I returned to live in a different part of the county from the one in which I was brought up and was able to be understood again when I used this word that was so familiar to me in my childhood and teenage years. Several online dictionaries such as the Oxford English Dictionary and the Cambridge Dictionary, offer the definition as sullen or grumpy and all acknowledge that the word is peculiar to the East Midlands of England and in South Yorkshire. For me there was and still is something very powerful about regaining that attachment to the familiar. The language of my childhood acts as a transitional object (Winnicott (1971)), and this particular word offers me the location of that attachment. Winnicott makes it clear

that transitional objects do not have to be a tangible 'thing', he cites religion and communication as being meaningful objects as a child moves to adulthood. Taking this further, words can also become the phenomena which offer security. In turn the language I, and others, use becomes part of my identity, acknowledging my early experiences and the influences of others. This idea sits very firmly with my reminiscences about Auntie Dottie and Uncle Ernie.

When I came back to live in Yorkshire at age 34, I moved to a small town on the border of South and West Yorkshire, Penistone. A town that has Barnsley as its local authority, but Sheffield as its postal address. There is a very strong sense of its history, and this includes the language that is used. It is a very particular dialect, which was very difficult to understand for an 'in-comer' like me. I have lived there for almost 22 years, but still do not understand all of the language used. Quite soon after I moved to Penistone, I was introduced to someone, Neville, who had lived in the area all his life – he was in his 70s at this time. He had a fascination for the words of the area I had moved to and I chatted to him every time I saw him about the words used locally. He also explained to me the very subtle differences in the language used by the various surrounding villages. So many different nuances to the language, but ultimately everyone seems to understand each other here, except for me. I am from a different part of South Yorkshire, some 20 miles away. Twenty miles makes a huge difference. What I was doing every time I saw Neville was trying to bridge that gap. Reflecting on those experiences now I see a parallel process with what happens in my therapy room, as I work to bridge the language gap with clients, in order to understand them.

I had intended to study linguistics after A levels, but this did not happen as I did not achieve the required grades and found myself going down a path which I would not have chosen, but which seemed like my only option at the time. I went off to study for a Higher Diploma in Business and Finance. My interest in language did not subside, and I now find myself drawn more to the socially constructed aspects of language rather than what I perceive to be the science, by which I mean the studying of syntax, grammar and phonetics. The definition of the word linguistics from the online Cambridge English Dictionary refers to a science: 'the scientific study of the structure and development of language in general or of particular languages' (retrieved 12/01/2019). Other online dictionaries agree with this definition. Chomsky



(1968), refers to linguistics as ‘...the particular branch of cognitive psychology known as linguistics’ (p1). This definition feels to be situated in a scientific approach.

Chomsky then goes on to discuss the changes to the ‘scientific’ as he describes a particular phenomenon which he notices in the 1950s about the study of linguistics and the mind.

‘...there was a striking decline in studies of linguistic method in the early 1950’s as the most active theoretical minds turned to the problem of how an essentially closed body of technique could be applied to some new domain – say, to analysis of connected discourse, or to other cultural phenomena beyond language.’

(Chomsky. 1968, p 2)

This work by Chomsky begins to challenge the idea of linguistics as a science, and considers a more philosophical approach to language acquisition, but, to me, falls short of viewing language as art.

Some of the methodological aspects of linguistics are still of interest, such as the structure of words, but my passion lies with the meanings we make from language, and also the etymology and derivation of words. As I reflect on the passion, I find it difficult to pin-point exactly what it was that ignited the passion. One idea that comes to mind is the connection I have with the world of amateur theatre. From a very early age I have memories of watching my dad rehearsing for appearances in Gilbert and Sullivan operettas and of friends at our house singing the songs from these shows and others. I learned a great deal of new vocabulary from my love of these shows, as well as about history and culture. This was a memorable introduction to language and because of this, I think I see the structure and derivation of words more as art than science, in my own definition of the two ideas. This fits with the way in which I perceive my identity, as an artist rather than as a scientist.

Paradoxically, what I notice recently is the changing ways of communication, which seems to be increasingly driven by ‘technological communication methods’ – social media and ‘text speak’. This seems to reinforce the scientific nature of language on the one hand, as there is a reliance on technology to communication, but it also seems to be a way of stimulating creativity on the other, as we find more ways to

communicate. For example, the use of emojis has become a language in itself. One which is understood and misunderstood depending on factors such as age and cultural context. An emoji representing confusion, for example, in one culture may represent something else in another. I have an iPhone which suggests emojis for certain words as I compose texts. The suggestions often do not make sense to me and do not express the word for me. Having discussed this with my 21 year old niece, she interprets them in a different way from me, suggesting a cultural difference between a 21 year old woman and a middle-aged woman.

Over the course of my career, I have worked extensively with people who do not have English as a first language, but my first love is a passion for the English language and its many manifestations. This was initially stimulated by taking 'O' level Latin in school and being fascinated by the ways in which language changes and develops as society changes and people move around the world, taking with them their own language and mixing this with other languages. This mobility serves to also change culture. I also studied French and German and grew to notice the similarities in languages, as well as the differences, as I started to develop an understanding of the origins of words. This was followed by a degree in Social Sciences and a first Master's degree in Managing in Health and Social Care. I had just begun working for the National Health Service (NHS) at this time and felt that I was expected to pursue this particular course of study, despite feeling that it did not resonate with my desire for a different career as a therapist. I had intended training as a counsellor for a number of years but was side-tracked by the need to conform with what I believed to be the expectations of others. The language of the NHS as an organisation was complex for me coming to it from my previous areas of work and I had hoped that the Master's programme would help me to understand more of the 'jargon' used. The same was true for the language of management. There seems to be a deliberate attempt at creating mystique around the language used in order to confuse and remain in a position of power - doctor and patient, consultant and junior doctor, manager and subordinate.

As I moved from that programme of study to begin a Master's degree in counselling and psychotherapy, I was particularly struck by the differences in the ways in which language is used in different settings and in different contexts. My first impressions were of an over complication of language in management contrasting, as discussed

above, with attempts at simplification of language in the therapeutic context to be more inclusive - reflecting back the words of the client, paraphrasing the client to make concepts more straightforward, 'help clients to clarify key issues', as suggested by Egan (2007, p 207). With hindsight this is also an oversimplified view and led me to lots of thinking around the power dynamics in language and the way in which the dynamic is used, whether that is consciously or unconsciously. The power from language (or of language) is there in the therapy room, as it is in all relationships we have with others. Having looked up the word language in a number of dictionaries, the overriding definition is that language is a system of words that are used by humans to communicate. This seems like only half of the story, as language is much more complex. The definitions all mention that the words are written or spoken and imply that there is mutual comprehension among particular groups of people. My own view is that language is the way we communicate, but it is so much more. It can define social structures and cultures, in the micro, such as within a family, or in the therapy room, and also in the macro with different languages spoken in different nations. The way in which words are used can significantly change their meaning but can also be a determining factor in a person's identity, or the identity of a particular group of people. In my own experience, I am aware of my tendency to use language in a certain way to portray a particular aspect of my identity. For example, as I attempt to appear more confident in a certain context. This happens when I have to speak at large meetings in a business setting. This often can feel alien to me but is still a part of me. It feels to me like a role I need to play and is achieved by approaching it in this way. Over the years this has become slightly less alien but is still an aspect of me that feels slightly uncomfortable and challenging.

Having worked as a counsellor in a variety of settings during my training and since I qualified, I have become more fascinated by the differences in the use of language. The areas I have worked in have all given me different experiences which have stimulated my interest in the phenomenon I am considering in this study. These have included working with asylum seekers and refugees who have experienced persecution and a great deal of fear of authority, which has resulted in some trepidation about expressing themselves freely. In this work the language of the interpreter may have also been included in the relationship without me being fully

aware of that. I have also worked in a university counselling service with clients who were considerably younger than me and often spoke a different language from me. These varying experiences caused me to reflect on the ways in which any mismatch in language can result in a shift in the therapeutic alliance. The fascination and excitement created by noticing what was happening in my therapy room created a link for me into previous passions for examining the ways in which the English language is developed and employed.

### ***The aim of this study***

My fascination and passion for language has led me to this PhD study the aim of which is to explore the idea that the ways in which we interpret language differently from each other can have an impact on the therapeutic relationship in counselling and psychotherapy. It examines whether these differences can enhance an authentic therapeutic alliance, or whether the differences can have an adverse effect on the alliance, and consequently, on any therapeutic change. I had intended to examine a number of different aspects of the diversity of language. Because of this I took a more holistic approach to the therapeutic relationship, whilst drawing out the relevance of language. For example, looking at age or gender differences to the ways in which language is used, or the difference in regional language. The data revealed that my initial preconceptions were not always the ideas that emerged as being central to the experiences of the participants. This took me by surprise to some extent as my preconceptions had been based around what I thought would be the more obvious differences, used in the examples above. This became a lesson in allowing myself to let go of some of my own ways of thinking and using the 'surprise' to stimulate my on-going excitement. The reality was something much more nuanced as the participants revealed the subtle differences in the use of language by their clients, and by themselves. This is discussed in the Chapter Four.

If I unpick the aim of the study to provide a clearer research question, I can offer the following:

How does the different meanings we make from language impact on establishing and maintaining the therapeutic relationship in counselling and psychotherapy? My use of the word language includes communication in many different forms.

The study attempts to find links between the empirical data collected with theories embedded in my practice as a counsellor and psychotherapist. The theories which inform the study are ideas around attachment to a particular culture (in its broadest form), looking at the work of Bowlby, in the most part using his work on the secure base (1988). I will consider the notion of language providing a secure base for client. I am also informed in this research by Mearns and Cooper (2005) and their writing on working at relational depth. I had attended a workshop presented by Mick Cooper a few years ago where he used a number of examples from his work in this area and had become particularly interested in his way of describing the therapeutic alliance. As described above, I am also considering object relations theory, using language to fulfil the role of the transitional object. Winnicott (1971) talks about the 'symbolism of the transitional object' (p8) and also discusses the sounds which are made to describe the object, even at the pre-verbal stage. In my experience it is not uncommon for those early sounds to become the way in which an object is defined later in life. A personal example of this is something from my own childhood. A member of my extended family had a piece of fabric which was used as a comforter. The child did not have the language to name this piece of fabric and called it 'diss'. Since then the family word for anything of this type that is used as a means of comfort is called 'diss'. This name for the object can confuse can be misunderstood by people outside of the family.

Another area which I feel can be explored in the context of language and comprehension is the work of the Boston Change Group (Stern, et al, 1998). The idea of the 'now moment' transforming into a 'moment of meeting' by the recognition of mutual understanding through verbal (or non-verbal) communication:

'...when the social smile emerges along with sustained mutual gaze and vocalization, the parent and baby amuse one another with facial and vocal exchanges. They are moving along. Then, something unpredictable happens (eg, A funny facial expression or the unexpected vocal and facial synchronization, and all of a sudden they are laughing together). The interaction has been kicked up to a new and higher level of activation and joy that the baby may never before have achieved and which has never before been shared between them as an intersubjective context.'

(Stern et al, 1998, p305)

The above prelude to the thesis serves to outline the background to the research study and to outline the initial ideas I had about potential theories that I felt would link with what I intended to explore. I will now provide an introduction to the hypothesis of the research and to the process of moving this forward.

The ideas upon which this study is based are drawn from my curiosity about the extent to which the meaning we make out of words and language can impact on the establishing and maintenance of the therapeutic relationship. It also draws on my childhood experiences and my subsequent professional and personal experiences. All of which form part of my story, as well as the story of the thesis. Implied in this hypothesis is the premise that language is not solely about words, but encompasses other ways of making ourselves understood. For example, through body language, art and other ways of communicating. The autoethnographic elements of the study are used to consider my own language, as I tell my story, how I relate to the story of others and what sense I make of these ideas.

The next section provides some insight into the language I encounter from a small selection of clients with whom I have worked or am currently working with in some cases.

### ***Language in my therapy room***

This section follows on from the background to the study and considers what I notice about the language clients bring to my therapy room as they tell their stories and find ways forward. I am using these examples to describe my experiences with these particular clients and also to make connections to the research question with regard to examining ways in which clients and I find shared meaning or stark differences from words. The section provides similar sorts of data to that of the participants in the study and illustrates a snapshot of my own practice.

The reflections are very much from my own perspective and do not account for any intentionality from the clients. There have been occasions where I have brought the use of specific language to the attention of the client, but for the most part, I have reflected after the event, or as part of my process in the moment. The occasions

when I reflect on language with the client have generally been when the language used has been unusual for the situation, I will check the client's meaning to make sure I understand the client intentions.

I am going to reflect on a number of clients, all of whom have brought something specific and unique to the process. I have changed the names of all of the clients I refer to so as to make them unrecognisable and preserve their anonymity. I have also changed some minor details to preserve confidentiality.

I will start with a client who is a professor. I will call her Hilary. She is someone who comes from a 'normal' working class background (her words) who does not regard herself as having any unusual privilege when it comes to her upbringing or her education. These perceptions are her own and she has used these descriptions frequently. She talks a lot about the fact that she did her first degree at a polytechnic. It seems important to her to be clear about her 'humble' background. Hilary has worked hard to get where she is and comes from a family of hard workers, albeit in a more 'manual' way. The language she uses in the therapy room reflects a number of different aspects of her, both from her upbringing and from her current position. Her family script is one of stoicism and controlled emotion and this comes across in her own reflections. She talks of emotive subjects but often is unable to get in touch with that emotion. It is almost as if she is fighting to be a good girl and to not get upset. On the rare occasion when she does allow herself to get upset, she seems to shut that down very quickly, as if she is only allowed to cry for a very short time, rather than to just feel the emotion of a specific 'story'.

As Hilary talks about these emotive subjects, I notice that she uses the language of an academic, a grown-up who is having to control herself so that she doesn't upset others in her life who may not be as grown up. She intellectualises things so that the emotion seems removed from the narrative and this feels uncomfortable for both of us. For me this is because I struggle to find her emotion and hence get a sense of her true self, considering Winnicott's ideas about the True and False Self:

'..it is easy for me to see the defensive nature of the False Self. Its defensive function is to hide and protect the True Self, whatever that may be.'

(Winnicott, 1990, p142)

Moving on from the above statement, Winnicott goes on to classify False Self organisation and his first classification seems to me to resonate with Hilary's defence in the therapeutic relationship.

'At one extreme: the False Self sets up as real and it is this that observers tend to think is the real person. In living relationships, work relationships, and friendships, however, the False Self begins to fail. In situations in which what is expected is a whole person the False Self has some essential lacking. At this extreme the True Self is hidden.'

(Winnicott, 1990. Pp142 – 143)

The phenomenon described by Winnicott is one which I see clearly when working with Hilary. It is something that I am familiar with because I recognise some of this in myself. I know that I can use language that can be elitist and closed off in order to keep others at bay. Maybe Hilary and I both hide behind our language to some extent. It feels as if it may be difficult for her as she has become used to expressing herself in this way as a means of being heard amongst the loud voices of colleagues who may have had a better education or a more privileged start in life. I once asked Hilary what this use of academic language meant to her to try to determine whether it was a deliberate act to keep me out (and probably others too). She said that if she tries to use emotive language then it doesn't feel like her and she is not able to connect with that person. She talked about the lack of emotion in her childhood, although she has no doubt that she was loved (both parents are now dead). The way in which Hilary speaks about her husband is as a parent would speak of her child, and she talks of a dynamic in the relationship that seems to reflect a lack of emotional connection on some occasions. At other times her language will change, and she will speak of him as her husband and an adult. The change in her language and expression is very marked.

Hilary is a similar age to me (a couple of years younger) and has possibly had some similar experiences in terms of our upbringing and earlier education, but it feels as if we are eons apart in many respects, particularly in terms of our self-perception as



academics. She uses the language of the academic to support her defences, whereas my defences are to 'dumb down' and deny my academic achievements. This creates confusion in connecting with the client, as I allow myself to feel inferior to her and a little in awe. She is a professor in a subject that is not my area, and I allow this to distance myself from her in some ways. She sometimes talks about things that I do not understand. As I reflect on this, I wonder if this is a deliberate ploy on her part as it feels to me on occasion that she tries to create a mismatch in order to resist a connection. This may reflect her feelings towards me as I struggle to understand her.

I find Hilary's way of presenting herself particularly interesting in terms of the research question as she sometimes seems to deliberately choose language which I may not attune to, as mentioned above. From what she tells me, I suspect that this happens a lot in various areas of her life, as she strives to defend her positions as a professor, a mother and a wife (and to protect these roles).

In contrast to Hilary, I have a client who I will call Tina. Tina is in her mid-twenties and made a decision at 16 to leave school having achieved good results in GCSEs but chose not to go on to do 'A' levels and at the time, thought that university was not for her, despite the school encouraging her to go further with her education. Tina lives with her father and his wife and works for her father in his bar. She has a volatile relationship with her mother and older sister, and spent some time living away from home and at the other end of the country. She appears to be quite directionless in her life and her use of language reflects this. She uses the language of someone who is much younger than her age and much of this is from a very angry viewpoint. Her current battles with her family are because she is 'moody' (her word) and they do not want to have to deal with this. There is a sense of her being told to pull herself together and her language suggests that she is fighting this, as she feels she should not be told what to do at her age. Her way of expressing herself is that of a stereotypical 'sulky' teenager and this makes it hard for her to be congruent in her presentation in the therapy. The impact of this on me is that I find it difficult to fully accept her as an adult as she does not present herself as one. She frustrates me, and I find myself using the sort of a language I might use with a child who is stamping her foot and not engaging with her adult self

My snobbery around correct use of language is often stimulated with Tina as she uses the idiom of younger people, which is outside of my frame of reference. In many cases when this happens with other clients, I am more congruent and will check out their meaning. In the case of Tina, I find myself getting frustrated almost as if I see her use of language as a lack of commitment to her education, her professional life, or in fact to herself. This is quite a strong reaction and one which has brought me some considerable reflection. What does achievement mean to me in terms of how I see others? I don't think I usually make a distinction between people who have achieved in a particular field and those who haven't. I like to think that I am more accepting of different experiences than that, but Tina evokes something in me by her language and her way of being that frustrates me. There is something about the negative language that she uses that irritates me and makes me want to challenge her to use different language. She is an intelligent person who dismisses that intelligence by her words and her non-verbal language.

Another client, Megan (not her real name) is a 16 year old girl who has, what I would consider from my frame of reference, a very privileged background. Both parents are highly respected professionals and Megan goes to a fee-paying school, with a lifestyle that is outside of my experience. The interesting thing for me about Megan is how her language is clearly negotiated in a much more adult environment than that of Tina. She has a higher degree of emotional connection with her way of expressing herself, even though she sometimes struggles to say things out loud. Her body language shows her emotions and she works hard to express what she is feeling. This impact on me is a very interesting one, as I would expect myself to feel very maternal towards her. This is not the case, as I feel that she has the language to ask for what she needs and to express what those needs are. My sense from the work with this client is that her parents and others around her do not see the young adult who is able to express herself, but still see a young child who they can almost 'tell' what to feel. In the work with Megan, I often have to remind myself that she is only 16 as she articulates herself as an adult.

There are times during the work when I am starkly reminded of her age when she talks of her self-harming behaviour and her upset about her relationship with her

mother, which is very difficult. At these times her language, both verbal and non-verbal become those of a much younger child. There a sense of her difficulty in being that child and she will often quickly try to switch back to using more 'grown up', formal language. It is almost as if she wants to leave the hurt child behind.

I am aware that my own educational and professional experiences mean that I often work with clients who meet a certain profile. This can mean that I will be contacted by clients with a high level of academic achievement and also clients who do not have English as a first language. One such client, Juan, was a Spanish professional living and working in Leeds. He reported that he specifically wanted to have therapy in English, despite an availability of Spanish speaking therapists, as he perceived that this would be a good way of connecting with his emotions if he had to think about them more deeply in a language other than his own. This was a surprise to me, as I had assumed that he would find it easier to express his emotions in Spanish.

As a child he had not been encouraged to express his emotions. Juan's father died when he was young and he grew up with his mother, his grandmother and his sister. He was always told that he was the man of the house and as such had to be strong. He was later bullied at school and this reinforced this notion that showing emotion was a sign of weakness. I worked with Juan for almost two years until he moved back to Spain and one of the things he reported as finding most powerful was having the experience of being able to allow himself to be emotional with an older woman, instead of others in his life who tried to stop him expressing his emotions. He was able to go back to some of his experiences as a child and find a place for those feelings in his adult world. He sometimes struggled to find the words to express those feelings in English, but he enjoyed the challenge to himself of really digging deep to find the words which matched the emotions of the child. He used metaphor quite a lot in his reflections and we both expressed some concern that his metaphors would not translate. I also had that fear about my own use of metaphor in the sessions, as I thought that this might cause a rupture in the therapeutic relationship if I was not able to 'speak his language'. My fears were generally unfounded as we were able to meet with the emotion even if sometimes the words were harder to negotiate. I occasionally asked him to express a particular emotion in Spanish if he

was finding it difficult to access the right word in English. I speak no Spanish, but the impact of this intervention was very powerful. I shared this technique with two of my participants when I was carrying out my research conversations and they were going to try using it with their own clients. It is something I have noticed when working with clients using interpreters. Sometimes the interpreter becomes redundant when the emotion is so great that the words need no translation.

With Juan, one of the most powerful metaphors I recall was an idea that he had of being in a dark, wet tunnel where he was not able to see the end, but all around him were the dark thoughts that he had felt at various points in his life, after the death of his father, being bullied at school, being dominated by the wishes of his mother and sister, and his current struggles with his wife's unhappiness with being in the UK. The dampness of the tunnel represented the emotions he had. Eventually he was able to feel those emotions and feel his way out of the tunnel. When the work finished and he moved back to Spain, he gave me a card expressing how it felt good to see the light at the end of the tunnel.

Angela is also Spanish and is an associate professor. She has studied extensively in the UK and has worked in British universities. She had a long-term partner and the language of that relationship was English. Angela is able to express herself in English for most situations. She also has a more relaxed attitude to her status as an academic than Hilary. She comes from a fairly privileged background where all members of her family have had professional jobs (doctors, lawyers etc). This comfort both in her language and her way of being seems to enable her to articulate her emotions very clearly.

Angela relies on metaphor quite often to express herself in English. She finds creative ways of describing her feelings about particular aspects of her life. Angela has given me express permission to share the metaphor which she uses to describe her life.

She talks of her life as a garden which is divided into different areas. Professionally she is very successful and sees that area of the garden as green and fertile with an abundance of flowers. This is the part of her life which is fulfilling and fulfilled and

seems not to hold any specific challenges, other than those of an ambitious person striving to develop a career through hard work and commitment. The words she uses to describe the other side of her garden paint a picture of an arid lawn that has turned brown and all of the flowers are wilted and dying. This side of the garden represents certain aspects of her personal life. She is not in a relationship at the moment, and this frustrates her as she longs for a child. She talks frequently of the need to water and feed this part of the garden. This is Angela's story, but the metaphor she uses for the dry side of the garden is taken from the beginning of the fairy tale of Rapunzel by the Brothers Grimm in the nineteenth century.

Angela uses this metaphor frequently as a type of shorthand for describing her emotions. After explaining what the feelings were when she first used the idea in therapy, she now refers to it in the knowledge that we both understand the significance. This contributes to the sense of relational depth in the therapy (Mearns and Cooper, 2005). I enjoy the work that I do with Angela as, despite the huge differences between us, I also see something in her which seems somehow familiar. I like the fact that she is articulate and is imaginative and creative in the ways she uses language. I believe she trusts that I will understand, or empathise, with what she is bringing to therapy, and that I will follow her frame of reference.

The reflections I have provided above on my clinical practice aim to show a number of considerations for the hypothesis of the study. Firstly, they show a snapshot of the ways in which clients will tell their story and the language they use to do that. They also examine some of the impact these ways can have on the therapeutic alliance, as I have considered my own reactions to the ways in which clients have spoken and the language they have used. This demonstrates a reflexivity in my practice, in addition to illustrating the reflexivity of clients as they use linguistic devices in their story-telling, such as metaphor and emotion in their words. Secondly the observations show the variety in the ways in which clients might present themselves. Different story-telling from different clients, but all with an impact on the therapeutic relationship, from my perspective. I have deliberately chosen a mixture of clients I felt very attuned with and others where I felt the attunement was difficult to maintain, such as with Tina, resulting in a premature ending to the therapy.

### ***How to read this thesis – the chronology and connections***

In undertaking this PhD study my intention was to examine the ways in which words often have different meanings. This can be influenced by different factors, such as someone's background (in the broadest sense, encompassing culture, education and other factors). My hope was to examine how we make sense of the different meanings in order to create a therapeutic relationship that helps the client to feel listened to and heard. As the research progressed what became apparent was the extension of this idea into how we all tell the story of our lives, including the clients I work with. A part of the question became about what the language is that we all use to tell our own story, and whether others will have the same understanding of that language and that story. I was particularly interested in how we use the language that is familiar to us to tell that story, whether that is our complete, authentic story or one in which we protect ourselves, or somewhere in the middle. This is explored in greater depth in the section below which looks at how we tell our stories, which also provided a lens for the analysis of the data.

In order to explore these ideas, I considered a number of different aspects. I reflected on my own experiences of telling my own story. This raised questions for myself that led to reflections on my client work and how my clients tell their stories. Do I tell my story honestly, or is it different in different circumstances? Do I tell the 'true' story to anyone? What is the true story? Do I tell it to myself? I also reflected on what my expectations are of others in telling their story. Do I expect them to tell the truth? Could any mismatch in the ways in which they use language compared to my understanding be a deliberate attempt to distance the listener from the story? Through the process of this thesis I hope to be able to answer some of these questions, but I must acknowledge that I don't have the answers to all of them. I also did not expect to have all the answers by the end of thesis, as this seems to be only a snapshot of the whole story.

One of the first things I read about when I began my training as a therapist was Winnicott's (1990) ideas around the True and False Self. This resonates with me here as I consider the ways in which language is used to tell our story. As I have previously mentioned when discussing my client Hilary, above, Winnicott talks of the

clinical assessment of False Self, but the part which feels most relevant is when he examines the different extremes of the manifestation of the False Self. This seems to describe a phenomenon which I have noticed when considering the ways in which stories are told and how people present themselves in therapy. The quote used above in relation to Hilary confirms this point.

Moving forward, I will give a guide to how the thesis takes shape, bearing all the above in mind. The thesis began with an introduction, including the background to the study, which identifies my own interest in language and how this has motivated me to learn about the language of others and what this means to others. Chapter 1 examines the literature that has informed my thinking and identifies where the gaps in the literature do not address my hypothesis. The literature review in itself became a voyage of discovery in to the different types of 'academic' stories which use different language, some more accessible than others, but all of which say something about the author.

Chapter 2 takes us on a journey before I get into the detail of the data collected from my participants. The chapter is pretty extensive and reflects on the idea of storytelling, as previously mentioned. It examines many different ways of telling stories and includes autoethnographic content about my own stories. Chapter 3 details the methodology of the study, providing a narrative of what I intended in my data collection and analysis and what actually happened, including my reflections on the conversations with my participants. It is important that I call them 'conversations' rather than interviews, as they were unstructured and followed the flow of a story, although this story was not constructed in the way of a formal story, more as a loosely woven, meandering narrative. This reflects the ways in which clients will often present in therapy and seems appropriate for the study.

Chapter 4 goes on to detail the findings and discussion through the analysis of the data collected from the research conversations and reflections on my own client work. The chapter extracts a number of themes which emerged from the data. This emergence occurred during a process of immersion into the interviews through listening to them and reading the transcripts repeatedly. The methodology chapter describes this process and the analysis and findings chapter gives the details of the outcomes, synthesising with the literature.

The thesis also contains journal entries and other artefacts which all add to my story of carrying out the research and of the connections made along the way to the whole idea of the PhD as part of the story of my life.

In Chapter 5 the thesis concludes with a focus on the application of the findings and some ideas about how they can be incorporated into the practice of counselling and psychotherapy, and into communication in all areas of healthcare. The conclusion will also consider how the thesis has made an original contribution to knowledge for counselling professionals and healthcare professionals, both nationally and internationally.

This introduction has presented an outline as to the chronology of the resulting thesis and so begins the story of the PhD...



## Chapter 1

### ***What others say about language – A review of the literature***

As I began the task of reviewing the literature for my research, I adopted a fairly traditional method of identifying the gaps and limitations of the existing literature on the subject of language in therapy. The method I used for the search followed the structure that I had been taught through workshops held by the Library at the University of Leeds, using PsychInfo and Medline as the main databases for my search. These particular databases were chosen as those which are most closely linked to the study of counselling and psychotherapy, and I felt would provide the richest source of relevant literature. With regard to the linguistics literature, this was undertaken by adopting keyword searches on the University of Leeds library. I chose this approach as I was less familiar with databases outside of my usual area of study, and I felt that a keyword search would be a more thorough way of overcoming that deficiency. The following search terms were used in various combinations:

- **Language**
- **Counselling/psychotherapy**
- **Relational depth**
- **Therapeutic relationship**
- **Meaning making**
- **Culture**
- **Diversity and difference**

I began with the terms 'language' AND 'counselling' OR 'psychotherapy'. This initial search delivered texts that were mostly concerned with therapy in other languages, which were not all relevant to my hypothesis, as I was more interested in the differences in meaning when the language appears to be the same. Using Boolean operators AND and OR, I then augmented my searches by adding combinations as follows:

Figure 1 – Search terms for the literature review

Language	AND	[counselling	OR	psychotherapy]	AND	relational depth
Language	AND	[counselling	OR	psychotherapy]	AND	therapeutic relationship
Language	AND	[counselling	OR	psychotherapy]	AND	meaning making
Language	AND	[counselling	OR	psychotherapy]	AND	culture
Language	AND	[counselling	OR	psychotherapy]	AND	[diversity OR difference]

The term ‘therapeutic relationship’ was substituted by different synonyms, such as therapeutic alliance and working alliance, in order to broaden the search.

These searches led to the identification of literature which reflected the structure of words and language from a formulaic and scientific perspective, such as phonetics and language families and groups. This has been explored widely in the linguistics literature, but did not seem to explore the more nuanced emotional and social aspects that I am particularly interested in. I then incorporated additional search terms into the strategy in order to move away from the structure of language and more into the use of language. The terms I added, using the same technique described above, included ‘metaphor’ and ‘story-telling’, as supplementary fields. This was successful in yielding additional materials to be explored.

Once I had carried out my initial scoping of the literature, I developed an exclusion strategy to enable me to focus on resources which felt most relevant to my hypothesis. This was led by a desire to move away from the linguistics literature and from that which had on a focus on the use of languages other than English in the therapy room. These were excluded after reading abstracts and making decisions based on the content of the abstract. Not all of these resources were rejected, as I felt that there was some value in including some for a wider view. After further reflection, I did include some sources which talked about the use of English in the therapy room by clients who do not have English as a first language, as my perception was that my participants were likely to have had these experiences as all are working in multi-cultural cities. I also considered my own client work when making this decision.

From this initial, structured approach to the review, I found myself getting drawn into all sorts of different directions, as the more I read, the more my curiosity grew, and I wanted to divert and explore other landscapes. The exploration was also driven, to some extent, by everyday events and tasks, such as listening to the radio while driving to and from work, having conversations with colleagues in unrelated areas which have triggered my thoughts. My work in equality and diversity in the NHS has been a fertile ground for noticing how others use language, and this has often led to consideration of how these uses develop. Within my role in the NHS there is an expectation about being cautious when using some language, in order to make sure one does not inadvertently 'get it wrong' by lack of understanding of how some may use particular words. One example of this would be developing a Trans Equality Policy for my organisation. This introduced to me some very new language, and new ways of using language. I was motivated by this, and by the hypothesis for my thesis to explore some of these ideas about language use in the literature.

I have followed my curiosity as it meandered through the different landscapes of the literature and some of these have been more fertile than others. My usual way of being is to resist moving too far from the parameters of a subject for fear of drifting 'out to sea' with things I may find difficult to understand. (This drifting metaphor is a deliberate one, as I have always been too frightened to learn to swim). This was something which I found difficult when giving myself permission to 'meander'. Once I gave myself this permission, I found the task of holding back quite a challenge, until I made a further decision to allow my curiosity to dictate a freedom to explore different types of 'literature' as a part of the study. 'Literature' does not just include books and articles, but a variety of different sources, both written and spoken (hence the use of inverted commas). My meanderings were, to some extent, driven by references from other texts, listening to the radio, discussions with colleagues (as previously mentioned) and being inspired by my clients to think about how they use language. During this time, I also attended training courses and events and considered how different disciplines use language. An example of this was a short course I attended on the basics of Cognitive Analytic Therapy (CAT). One of the techniques for this kind of therapy is very explicit story telling as a way of analysing a client. This caused some renewed reflection on the language used in the therapy room, and I feel this experience of the workshop added to the review of the 'literature' in the

broader sense (thinking of literature not just as books, but as experiences to be acknowledged). The CAT workshop influenced the methodology of the study; it offered clarification and cementation of my ideas around the ways in which we all tell our stories and how this is one of the key elements of therapy. I had already decided that I wanted the thesis to focus on the telling of stories and the workshop confirmed that this felt like the right approach for me. Below is a reflection I wrote afterwards:

31/01/2015

*Lots of thoughts about metaphor in fairy tales. The recent CAT course I went on where we used Cinderella (the Grimm version) as the client for a case study has made me give a lot of wondering about the interpretation of fairy tales. The course caused a difference of opinion about the tree as a metaphor. I felt it was a metaphor for the dead mother. The tutors felt it was a metaphor for the fairy godmother. My assertion was that fairy god-mother is a metaphor for the mother and this did not seem to be accepted by the tutors or the group.*

*This has made me think lots about the meaning of stories and metaphor. I like it when a client challenges my understanding of interpretation of their story – when I misunderstand their metaphor. It highlights the difference in our understanding.*

Around this time, I also attended a therapeutic writing course and, again, consider that experience as part of a review of the literature. It encouraged me to pay attention to the idea that we are all authors of our own story, and this becomes an integral part of the literature, albeit informally and usually unpublished. The workshop was entitled 'Expressive Writing' and encouraged participants to use writing to express a variety of different scenarios, including some very basic poetry. It was intended for a wide audience, including therapists who wanted to use some of the techniques with clients, as well as people just wanting to write for themselves. (I will share more about the writing workshop in my chapter on story-telling (chapter 2), where I have included some of the writing that I developed on that day.)

Other sources were explored, as I became totally immersed in my subject and would find relevance in everything I read or heard. I was able to begin to see connections with the materials, as well as connections with my own thoughts and ideas on the subject of language and therapy. This was partly achieved by finding that, what I perceived to be the more formal texts, became more meaningful to me as I linked my exploration into my everyday experiences. As my synthesis between the everyday experiences and the literature (in all its forms) developed I was able to focus back on a critique of these formal sources by looking in an alternative way (with a renewed or different lens) at literature that was suggested by my reading. I have been drawn to a number of different genres when exploring existing thinking about the subject of language. This diversity has followed a fairly broad reflection on my part which has got wider and wider as it has developed. The main foci for the review centred around linguistics, psychology and philosophy. For the purpose of this review, I have chosen to concentrate on areas that have particularly captured my attention as being most relevant to the hypothesis that is being examined. By most relevant, I am referring to materials which speak to me of something that is connected with the work of the therapeutic relationship, using my experiences and perceptions of the relationship. This has led to some difficult decisions on my part around having to make choices about what to include and what to exclude as I reviewed the literature, in order to maintain the focus of the hypothesis, despite my innate temptation to be drawn away from the subject. My hope is that, as a reader of this thesis, the literature connects with experiences of your own, whatever your profession and whatever your relationships might be. In this way the literature becomes relevant to many different people and scenarios.

One of the things I noticed as I discovered the literature in all three areas of psychology, linguistics and philosophy as they relate to language, is the marked lack of any very up-to-date writing on the area which is of particular interest to me. The emotional impact of the ways in which language is used and received is something which I feel is a key consideration in relation to the language used in the therapy room by both client and therapist. From my search of the literature this would appear to be limited in the ways in which relate to my hypothesis, with most texts focussing on understanding rather than mismatch and misunderstanding; on

cognitive rather than emotional and relational. The original contribution I would like to make to the knowledge is focussed on the misunderstanding and the emotional.

I am particularly drawn to the connection between linguistics and psychology, as this seems to be the key to the question of misunderstanding and mismatch in language in the therapy room. This is dealt with at length in Thom (1981) and his ideas resonate with my thinking, although not without a caveat (explored below the quote). He uses the Lacanian idea of 'the unconscious structured like a language':

'The analysable symptom, whether it be normal or pathological, is distinguished not only from the diagnostic index but also from any imaginable form of pure expressivity in that it is supported by a structure that is identical to the structure of language. And by that I do not mean a structure to be situated in some sort of so-called generalised semiology drawn from the limbo of its periphery, but the structure of language as it manifests itself in the languages which I might call positive, those which are actually spoken by the mass of human beings.'

(Lacan, cited in Thom, 1981, p9)

The idea of the structure of the unconscious appeals to me as I consider some of my initial thoughts about the importance of language in psychotherapy which were outlined in the introduction. My critique of the above extract, and Thom's chapter from which it is taken, is the disconnect between the desired authentic nature of therapy (in particular the notion of congruence as determined by Rogers (1951) as one of the core conditions required for therapeutic change), and the over complex language used by Lacan (and the translator), which seems alienating and adds to the notion of elitism. I hope to make the idea of this unconscious structure of language more congruent in the therapeutic relationship by exploring the lived experiences of therapists working with clients and defining it in terms which feel more relevant to these experiences.

Thom goes on to discuss the Freudian notion of the 'thing-presentation' (*Sachvorstellung*) and the 'word presentation' (*Wortvorstellung*) (Thom, 1981, p10). This fits well with my research hypothesis about the different interpretations of

words. The unconscious 'thing-presentation' is what precedes the word presentation and is the point at which the interpretation is made. I want to explore the differences in those interpretations. This concept overlaps between linguistics and psychology/psychotherapy, which seems to validate my thoughts around my study, and gives me some personal insight into my long-time love of language and my passion for therapy. Lacan's ideas and Freud's ideas both resonate as a link between the unconscious processes of therapy and the overt process of the client expressing their feelings and thoughts out loud in order for therapeutic change to occur. The gap in the literature from my reading is in how these other ideas join together with the more contemporary ideas of intersubjectivity and of working in a relational way, discussed in the work of Mearns and Cooper (2005), amongst others.

As my reading continued on this voyage, I refamiliarised myself with the realm of metaphor and through this I discovered the concept of metonymy, described by Lakoff and Johnson (1980) as 'one entity is being used to refer to another' (p36). This fits well with what I am exploring in my research, as I wonder if there is a universal understanding of metonyms. I feel that Lakoff and Johnson almost make an assumption that this is the case, but I would question this. They talk of metonymy allowing the use of one word to describe something more complex, using the example of colloquial expressions that are peculiar to the culture in which they live (and with an expectation that readers will inhabit that same culture). They do offer the assertion that 'metonymic concepts are grounded in our experience' (p39). That experience is likely to be different for everyone and suggests that use of particular metonymic phrase will not necessarily be understood by diverse communities. I find that this is an important consideration when reflecting on language use in the therapy room, as some clients will find it challenging to move away from a literal way of speaking or understanding, especially if their first language is not the language of the therapy. This is explored above in the section on the language I notice in my therapy room.

Reflecting on the cultural aspects of language and the need to be able to communicate and make meaning out of the words of others led me to Chomsky (1969) who offers the question 'What contribution can the study of language make to our understanding of human nature?' (p1). He ponders how scholars during the

nineteenth and twentieth centuries had (in his words) brought about a separation between linguistics, philosophy and psychology resulting in a lack of focus on the convergence of disciplines. Chomsky's assertions were that the writers at the time struggled to find ways which gave structure and direction, wanting to separate out the disciplines to allow a more polarised way of thinking.

He goes on to say that this was beginning to change around the time in which he was writing, acknowledging the ways in which the 'artificial separation' (p1) was coming to an end. I was disappointed to find that this assertion then focuses on the linguistic aspect of the narrative, rather than the philosophical or the psychological.

Following on from Chomsky's comments about human nature and the nature of language, Birch (1996) explores the cultural context of communication which acknowledges the individuality of language. 'People can be both informed and manipulated by language, and of course can inform and manipulate others' (p65). He cites Kress and Hodge (1976) by defining language as 'an instrument of control as well as communication'. Thinking about this definition, there is some correlation with the process of counselling and psychotherapy, as both counsellor and client may use language as an 'instrument of control. Some of these ideas emerged from my research conversations and are explored more fully in the findings of this research in Chapter four.

I have always had an interest in the structure and origins of words, and this led to me being swept along with the linguistics literature, as mentioned above. This in turn led to increasing frustration with what I was reading. It seems that most things that are available are written at least 30 years ago and are written in what I perceive to be a very staid and slightly pompous style. By this I mean that they appear to attempt to be very scientific and use language which exploits the view held by some (and possibly by me) of academia being impenetrable and complex. Sometimes I feel that the language used can be alienating and can feed my view of my own lack of ability to understand. This makes it more difficult to understand and to process the words of the writers. Anecdotally, I believe that I am not the only person who feels this, through conversations with colleagues who have also had this experience. Whilst I acknowledge that the nature of the subject of linguistics is scientific and as such



contains phenomena that are, by their very nature, complex and impenetrable, the language used does not always have to reflect this. It reinforces the notion of the instrument of control (see Birch above) of language as power and elitist, by making it inaccessible to all but a select few. I feel that these explorations of what language is about are restrictive and do not reflect the creativity of language as a way of communicating a multitude of different phenomena, including emotions and experiences. I continuously review my exploration in order to reiterate creativity in language, by looking at different types of writing, such as fiction, poetry and song lyrics, amongst others, and the power that they might hold.

The search for creativity took me to Lacan (1968), translated by Wilden. Once again, I felt that the style of writing had a pomposity about it, which is the reason I have referenced the translator, as I feel that the style of writing may be influenced by the writing of the translator and I feel that I have to accept this translation. I have also reflected that this work was written 50 years ago, and expectations of academic writing may have changed since then. (This assumption is based on my own experiences of studying a discipline where difference and creativity seem to be encouraged, allowing for a more approachable and accessible style of writing.) Lacan (1968) discusses interpretation of language and links this into resistance and defence, citing Freud. This extract shows the power of the use of language:

'We can see therefore that Freud, far from failing to recognise the resistance, uses it as a propitious predisposition for the setting in movement of the resonances of the Word, and he conforms, as far as he can, to the first definition of resistance, by making use of it to implicate the subject in his message. In any case he will change tack abruptly from the moment he sees that, as a result of being carefully manipulated, the resistance is turning towards maintaining the dialogue at the level of a conversation in which the subject would from then on be able to perpetuate his seduction while maintain his evasion.'

(Lacan, 1968, p 55)

This would appear to reflect a desire to manipulate the client by manipulating the language used, which I would suggest is not a collaborative way of working. Much of

the psychology literature that looks at language used in the therapy room uses this manipulation as its premise. Avzaradel (2011) talks of the manipulation of therapists by clients through their use of language. I feel this does not fully appreciate the relational and intersubjective nature of therapy, although there is some acknowledgement of this here as Avzaradel suggests that clients are able to manipulate the therapist to reinforce their own defences, through attempts at collusion. This does not mean that I do not recognise that intersubjectivity can also result in manipulation, but I am interested in the idea of using language as a means of resistance and would like to discover if this can be achieved by an intersubjective approach. My engagement with much of the literature has not identified this

Levinas (1992) has a way of describing the importance of language which fits with the idea of noticing language in therapy and how this is part of the premise of the therapeutic relationship, and of intersubjectivity:

‘...the other’s actual presence does have its importance in social interaction. More importantly, however, it means that, far from expressing a pure and simple coexistence with the ‘I’ or far from being justified by the romantic metaphor of ‘living presence’, that presence is achieved through hearing and draws its meaning from the role, played by the spoken word, of a transcendental origin. It is because the word will not become incarnate that it achieves its presence among us.’

(Levinas, 1992, p149)

The ‘living presence’ and the idea that it is achieved through hearing suggests that the ‘hearing’ of the language is as important as the ‘speaking’ of it in the therapeutic relationship. For both therapist and client, the way to ‘hear’ is to feel understood. As I considered Levinas’ concept of the ‘living presence’ I discovered a poem from Rumi which seemed to give the idea some ‘presence’ in my own notion of the therapeutic relationship:

‘There is a kind of food  
not taken in through the mouth:

Bits of knowing that nourish love.  
The body and the human personality form a cup.  
Every time you meet someone, something is poured in.'

(Rumi, 1991, p 50)

Levinas then goes on to speak about the living word, as opposed to the written word. I intend for my study to focus on the 'living word', as spoken by clients, to tell their story and reflect on their experiences. The ways in which we use language evolve over time and this is often as a result of different interpretations which allow the language to live and not become a finite thing.

My consideration of changing language and how these changes can be universal or peculiar to one individual's interpretation of particular language led me to Jung. Specifically, I am drawn to the ideas of the unpredictability of the psyche (Jung, 1969). The notion that bringing something into consciousness does not give it a total meaning fits well with the ideas around meaning made from language and the non-static nature of it, as it suggests that each experience is different:

'The moment one forms an idea of a thing and successfully catches one of its aspects, one invariably succumbs to the illusion of having caught the whole. One never considers that a total apprehension is right out of the question. Not even an idea posited as total is total, for it is still an entity on its own with unpredictable qualities.'

(Jung, 1969, p92)

There is something about using language to describe the psyche which seems to be insufficient as means of expression. This seems to be what Jung alludes to when he talks about:

'...the psyche, [were] in fact a veiled form of existence not immediately accessible to consciousness, then all our knowledge must be incomplete, and moreover to a degree that we cannot determine.'

(Jung, 1969, p 93)

This quote from Jung may go some way to explaining the complexity of some of the literature I have encountered and may also mean that the hypothesis explored in my research will add to the knowledge that I feel has been difficult to identify. In particular I am interested in the notion that the mismatch of language may not be 'accessible to consciousness' as it may be largely ignored (or resisted). I have been unable to find anything to substantiate this assertion either way.

This concept merits further investigation as a link into the different interpretations of language as a way of gaining knowledge, even if that is not the 'whole' knowledge. There is something exciting and challenging about investigating what cannot be fully known as it relies on the perspective of many, not just one. The challenge comes from finding a way to be comfortable with what cannot be known and how that is integrated into one's interpretations of wording and into meaning making. I would request that, as the reader of this thesis, you take up this challenge and allow your curiosity to be led through a landscape that might not be familiar, in terms of the use of language.

Lockhart (1938) develops Jung's ideas and talks about his understanding of the history of his own words. He uses these ideas in the context of understanding dreams, but it seems to me that the same philosophy can be applied to the ways in which we use words, and the fact that we all have a different history for the same word.

'Language functions archetypally; and of course, the ego is pitifully unaware of this and so uses and abuses this gift of the gods at will...  
...it excited me to hear him [Jung] talk about how words carry the totality of their history with them...'

(Lockhart, 1938, p 92)

This excites my curiosity to explore these different histories and the ways in which they are experienced in the therapy room by the research participants and by myself as therapists. The idea of telling different stories became a thread in the story of the research as the differences were revealed. I am mindful of the fact that Lockhart's book was written almost 80 years ago, but it still seems very relevant and exciting. He also talks of the 'other' speaking in us, where the 'other' is the archetype. This

leads me to think about the learning of words and meaning and how much the language we speak is influenced by others. This may impact on the meaning we make, but may also impact on our own misunderstanding, both as therapist and client and hence the impact on the therapeutic relationship

Here I took a detour to the education/child development literature and to Edwards' (1978) discussion about language acquisition and the early meaning children make from language. The discussion focuses on the source of their early utterances and how the cognitive and social influences work together at this stage of the child's development. This may account for early language development, but this will change over time as different influences come into play. These ideas link into my earlier discussion in the introduction about the words used for certain objects as a child who was unable to form intelligible words but was able to make herself understood with recognisable utterances. As this material focuses on child development, I chose not to pursue this line of enquiry as it does not fit with my line of enquiry and felt like it was aligned to a very different hypothesis from what I was exploring in the hope of making new discoveries.

In his introduction to Bohm (1985), Donald Factor talks about how

'thoughts are coloured and conditioned by such limits as our language and our culture. We interpret our experiences through a mixture of conscious and unconscious memories, imaginings and desires and with these we organise our world'

(Bohm, 1985, p.ix)

Bohm talks about the meaning of the universe in many different ways, but my thoughts immediately relate this to how we communicate this meaning to each other, so that others can get an insight into our interpretation of our universe – vital for the therapeutic relationship. This quote suggests to me the idea of a freedom of the client to tell their story in a way that highlights their experiences and frame of reference, but also helps the therapist to understand sufficiently to be able to walk along side; what Spinelli calls 'narrational scene setting' (personal communication, 20/10/2018, Hebden Bridge, West Yorkshire, UK).

Following on from Bohm's statement about 'organising our world', Forrester (1996) examines Frawley's Five approaches to indirect meaning, which implies a creative approach to meaning making in words that points to the different ways in which language can be used as a way of bringing together 'our experiences', as described by Bohm, and thus, interpreted:

1. 'Meaning as reference
2. Meaning as logical form
3. Meaning as context and use
4. Meaning as conceptual structure
5. Meaning as culture'

(Forrester, 1996, p 42)

He goes on to discuss power relations in language which feels like a vital concept to be aware of during the process of the empirical research for this project. It informs my analysis of the data as I consider whether I make the same meaning as my participants of their interpretation of their clients. He also discusses the intersubjective nature of language and mutual understanding. He cites Cameron (1989)

'Conversational rules are postulated on the basis that orderliness can only proceed from our sharing the same view of what is going on [the architecture of intersubjectivity]; without some means of bringing about the shared understanding, communication will break down. But the literature on unequal encounters suggests that this is not necessarily the case. Communication does not depend on perfect mutual understanding and awareness....'

(Cameron, cited in Forrester 1996, p 116)

This seems to be the essence of part of what I am exploring in this project. How important is it that I understand things in the same way as my participants do and is the mismatch, they may feel with a client enhanced and intensified by that I might experience with them? This question is something I reflected on as I immersed myself in my data, and consider in the light of Frawley's approaches, above.

My attempts to revisit the linguistics literature to try to grasp a sense of the meaning of language from a more structured approach has led me to reflect on how impenetrable some of this more scientific literature can be. Piattelli-Palmarini and Berwick (2013) try to link the neurology of language with developmental stages. On the surface this appeared to resonate in terms of the developmental stages of how we learn to relate to language as we increase our vocabulary and our ability to express ourselves. The writing seemed to sap any creativity out of that concept, and, disappointingly, pointed to an approach far removed from my own interests and way of exploring the subject. I felt distanced from the writing because of the language that was used by the authors to describe some fairly complex ideas. Instead of using language that offers a more accessible way of approaching the subject, I felt as if I was being deliberately pushed away as not being in the elite club that would engage with these thoughts and ideas. This lack of accessibility seems to alienate me and reminds me of what it feels like to have conversations with people when I feel that they are cleverer than I am or have a greater vocabulary. This is often about my image of myself and is explored more in chapter two when considering the way in which I story my life and in the stories of others, given that I am projecting my own story on to theirs.

As I reflect on my critique of the literature, specifically on my feelings about exclusive and elitist language, I notice that I often use this sort of language myself, particularly in my writing. I feel that my script about my way of being dictates that, as I try to portray a confidence in my ability that I do not feel, as mentioned above. In writing this thesis, part of me wants to be part of the 'club' that uses the intellectual language, as I see that has how it 'should' be, but a bigger part of me wants to challenge this and to write in a more accessible way. Somehow, I get stuck in the middle of this when I write, although I am more confident with the accessible way of presenting myself and my ideas when I speak. That feels like a more authentic version of me, although not completely authentic.

Looking at other areas of literature, for example, in trying to find recent journal articles which address the issue of language in therapy (using the search terms listed above but keeping the focus on journal articles rather than on books), there seems to be a scarcity of this. In searching for further literature from journals I

examined the reference lists of the different authors I was engaged with to find links to other works. This became a circular process as I moved backwards and forwards between different authors. The majority of recent literature seems to focus on working with clients who do not have English as a first language and the practical problems associated with this, or alternatively with the use of interpreters in the therapy room. Some of these articles also miss the point of the relational nature of communication. However, Tudor (2010) discusses the idea that the 'relational has many meanings' (p260). He cites Orbach who argues that 'relational psychoanalysis has a democratic co-created view of the therapeutic relationship' (Tudor, 2010, p 263). It seems to me that it is advantageous to the relationship if there is a democratically co-created understanding of language, although not necessarily essential if the relational nature of the therapy can overcome any misunderstanding, perhaps through joint exploration of meaning-making to discover where differences might lie, and how they are negotiated. Orbach's approach, as discussed in Tudor, above seems to fit well as a starting point, along with my own hypothesis, and will be useful as I explore this co-creation through use and understanding of language to determine whether this fits with the experiences of the participants in this study, or if their experience is something different.

Litowitz (2014) discusses the importance of language when considering intersubjectivity. She talks about the earliest learning of rhythm and sound from mother to infant as the precursor to verbal communication and about the mediation of the relationship from these non-verbal interactions. This conveys language and relationship in its very simplest form, which somehow gets lost when examining the 'science' of linguistics. Litowitz poses the question:

'But what would our conception of intersubjectivity be like if we did not artificially separate interaction from communication but kept language in mind from the start?'

(Litowitz, 2014, p298)

Litowitz (2014) generally poses a number of questions which I feel are what I want to explore in my study about the shared (or not) experience of language. Some of these questions are initially about how we define intersubjectivity. She discusses the



historical perspective of the psychoanalyst's focus on the individual and then on the 'object'. She cites the language used as being very much concerned with this, words such as 'ego' and 'self' being prominent. Litowitz (2014) goes on to discuss the idea that language must be 'kept in mind' when mediating intersubjective experiences:

'A body cannot be in two places at once, but through language we can be, because units of language (e.g. a word) are never *only* in one mind'. It is through language that mind can be distributed (Colapietro 1989, pp 102 – 104) forming the basis for intersubjectivity.'

(Litowitz, 2014, p 299)

The idea that the mind can be distributed through language is very key to the role of storytelling in the therapy room. The client tells their story in a particular way and through witnessing this, the therapist becomes a part of the story and the distribution of the mind.

In addition to academic reading, I have found myself in reading other types of material, for example, some fiction, in particular in revisiting the work of Paulo Coelho, who was a key part of my inspiration when I started to think about this study. My introduction to Coelho was through a seminar during my therapy training given as a one-off by Professor Dawn Freshwater. She spoke of the book 'The Alchemist' and this led to me reading this book and then others by Coelho. At this point I felt a connection between Coelho's writing and his ways of telling stories. It is also the point at which I decided that if I ever did get around to embarking on a PhD, I wanted Professor Freshwater to supervise the research. I felt that what she had said about Coelho spoke to me in my language and this felt like a good connection with which to develop the relationship of student and supervisor.

If I consider what inspires me about Coelho, I feel that his style of storytelling is flowing and rich, with a warmth to his use of language. The use of the word warmth here is entirely subjective and is based only in my own experiences of his writing. There is a gentleness to his words which convey this warmth to me. His stories may inhabit different worlds from my world, but I feel very connected with his characters and his landscapes when I read the books. I love the interactions between the

characters and how these connections are transformational for the characters. I feel this has been reflected for me in the transformational nature of this PhD, particularly in the writing of this thesis. Coelho has helped me to look at my own writing style, which has tended to be reserved and tight, and to get a sense of how it is possible to use different and creative styles and still retain a sense of the importance of what is being said. I feel that reading more creative writing is important for me to challenge my own expectations of the way I present things, by giving myself permission to be more creative and freer in my choice of language.

As a result of reading other sorts of literature, my focus shifted very much back towards the idea of story-telling, which had been a key part of my initial thinking about the use of language. Laszlo (2008) talks about the importance of the co-creation of the story in therapy:

‘Ricoeur’s (1965) interpretation of psychoanalysis is a classic example of the psychological use of postmodern narrative theories, which sees the patient’s various manifestations not as symptoms of a biologically determined instinct dynamics but rather as a text that the analysis should interpret together with the patient. Joint text construction – therapy – results in a new, more coherent story.’

(Laszlo, 2008, p 116)

Laszlo goes on to talk about the use of stories in revealing a person’s identity and, thus, providing the reflective space for therapy to take place.

‘...in psychology the main questions we need to answer are what conditions life stories originate from, what are the main functions and qualities of life stories and how they are related to various identity states, or how identity states manifested are related to problems of social adaptation.’

(Laszlo, 2005, p7-8)

As I consider the above quote in the context of both my therapy practice and this study it very much resonates with the hypothesis I am exploring. Namely that of the

language we all use to story our own lives, what that tells ourselves and others about our identity, and if 'others' understand our way of telling our own story. In his chapter on Language and Soul, Laszlo considers language as a 'cultural object form which psychology can be unfolded through interpretation' (p129). These ideas were reinforced by my own thoughts when reflecting on my practice, but also through the reflections of my participants. Spinelli (2005) extends the notion of language as a cultural object when he discusses the 'relationally dependent selves'. He counters the idea of a 'unitary core self', which he believes to be the common assumption, with the idea of self as a 'series of impermanent *relationally-dependent selves*, each of which appears and interacts with its environment according to the circumstances that have arisen and whose function is to interpret and respond to the current impact provoked by the presence of others or the world in general' (Spinelli, 2005, p80). This suggests the co-creation of shared understanding in story-telling through the relationship in which the story is being told. For the purposes of this study, that is in the setting of the therapeutic relationship.

My reading around the interpretation of language took me to Bruce Chatwin and *The Songlines* (1987), and one section in particular stands out as being a great example of the different meanings made from one word. Chatwin has a short section headed 'A Very Short History of the Skyscraper' where he talks about the connection between skyscrapers and the story of the Tower of Babel, which was conceived as an attack on Heaven. The legend tells that this could only happen because all of the workers could work together as they spoke the same language and the only way in which God was able to stop this attack was to intervene to make all of the workers speak different languages and to scatter them all over the world. This lack of ability to understand others meant that the workers were not able to work together, and the construction ended. The ultimate story about the mismatch of language and misunderstanding. Using the building of the tower as a metaphor for the therapeutic relationship, the lack of understanding can signal the end of the alliance and the therapy. The very word Babel has some confusion over its meaning, which I think somehow proves the point about the importance of having some shared understanding. 'To the Babylonians 'bab-il' meant 'Gate of God'. To the Hebrews the same word meant 'confusion', perhaps 'cacophonous confusion'.' Chatwin (1987, p189).

Chatwin's writing in *The Songlines* focussing on Nomadic experiences (his and others) stirs something in me about the experiences of some of my clients and also some of my own longings, which have failed to be realised. The story of the Tower of Babel reminds me of a line in the Joni Mitchell song 'Song for Sharon' which is discussed in the next chapter.

'Little Indian kids up in Canada  
The can balance and they can climb.  
Like their fathers before them  
They'll walk the girders of the Manhattan skyline'

(Mitchell, 1976)

These lyrics refer to the Native Canadians who were drafted into New York to build the skyscrapers. They were Nomadic construction workers in the same ways as the builders of the Tower of Babel.



The above picture is a very powerful representation of those Nomadic workers. I have included it here as I was struck by the similarity in the stories of these workers to those of the Tower of Babel. These were scattered from their homes in search of work and were brought together with a common aim. Unlike the workers in the story of the Tower of Babel, they were able to retain their common language and share their story. (This is a photograph which is freely available on Google images and no sources seem to be able to provide a reference for it.)

In this chapter I have explored different sorts of literature which have informed my thinking as I considered the gaps in the literature for the way I wanted to tell the story of the thesis. What I have discovered is a wide variety of interesting and relevant ideas, both in the academic literature and in other sources, but what I have not discovered is anything which is a perfect fit for the hypothesis I am exploring. This is encouraging as it suggests that my contribution to the knowledge is original.

This leads us on to Chapter 2 and the exploration of storytelling, both my own story and those of others. I will pay particular attention to the language I use to tell these stories, which I acknowledge as one of the lenses used to inform my analysis of the data in Chapter Four.

## Chapter 2

### ***Telling stories – how I story my life and how clients might story theirs***

I wonder if it is ever possible to be even a little bit objective about one's own story?

This chapter takes a look at the language I use to tell the story of my life – or at least some of it. In order to do this, I have used a number of different devices. I have used song lyrics that mean something to me for a specific reason, pictures and photographs which say something about my identity, and also journal entries that have been written during the course of undertaking this PhD study. Some of the entries refer to the process of writing the PhD, and so become part of the story of the study, and the last five years.

By including this autoethnographic content in the thesis, I am demonstrating my own internal process of how I make meaning of my own story and language in my interactions with others and with myself (part of my own therapeutic process). I feel that this is relevant to the hypothesis of the study as it reveals the potential for deliberate making of misunderstanding that is present for clients. As the study relies on the storytelling of others' experiences through the narrative methodology, it felt important to me to be able to examine my own experiences. The content used here has been written over the whole period of undertaking the study. Some of the excerpts quoted were written at the very beginning of the process as I gave a good deal of consideration to my own experiences of language and of the journey that led to the PhD. Other sections of the chapter were written 'along the way', as I experienced the stories of others. These stories were inspired to some degree by my participants, as I reflected on their experiences with clients, as they related them, but also by my clients, my friends and colleagues, and also by casual encounters with strangers. All of these people helped me to reflect on myself and my story; very much in the spirit of autoethnography which fits my experience with the wider cultural and social context.

The ways in which we tell stories is a vital component of our identity, our histories and our here and now experiencing. They can also play a role in our fantasy, either

as a version of ourselves, or as a part of ourselves, or of our aspirations. My own way of telling stories is to try to amuse the listener, by using language in ways which can distract the audience so that they do not see what impact the story is having on me. I am fully aware that this is often the way I have told my stories when I have been a client in therapy, and I also notice this in my clients. With my story, I recognise this as a defence to revealing some, more authentic aspects of me.

During the research for this study I have been able to indulge in one of my favourite hobbies of 'people-watching' and have been particularly interested in watching how people interact with others in a variety of settings. This has been a satisfying activity to engage with, as I can observe the stories of others without having to engage myself. One of the places where my 'people-watching' activities take place is in coffee shops. These are places where I spend a lot of time. There is something positive for me about being where other people are, without having to engage with them, and keeping myself private. The following journal extract was written in a coffee shop early on in my research, as I considered how people connect through their storytelling:

**27 January 2014**

*So here goes, finally I am writing down some of what I see about the ways in which people around me are communicating. What better place for me to start than a coffee shop. Not my usual coffee shop, but one deliberately chosen because of the customers I knew would be here. It is Monday afternoon and the majority of the customers are older; either couples, or groups of female friends. Some of the couples have grandchildren (or even great-grandchildren) with them.*

*The pairs or groups of women are the most earnest in their conversation. I can't hear what they are talking about, but one group seem to switch between expansive talking, seems to be descriptive, as if they are talking about decorating the house or a recent holiday. They then switch to a more conspiratorial way of talking. Maybe they are gossiping about a mutual friend. They lean closer across the table and no longer use their hands to express themselves so frantically. Now their hands are still, only occasionally moving to drink their tea, but not to talk.*

*The couples around the room are not talking for the most part. They are concentrating on eating their lunch, just with the occasional comment to each other, either about the food or to decide what they are doing next. It makes me wonder if the length of time they have been together has given them a way of communicating that transcends words and language. I hope that this is the case, and not just that they have run out of things to say.*

*One group comprises a younger man and an elderly couple, probably his parents. The younger man and his mother have exchanged some conversation, but in quite a stilted way, but for the most part, ignored the older man, who is in a wheelchair. They just left the cafe, and as they did, seem to speak to him as one might a child.*

*To me, a coffee shop is a place for socialising. Meeting friends to chat and catch up. I think that is why I see it as such an integral part of communication. For some it seems to be just about food.*

This extract has been recreated as I wrote it at the time, with all the grammatical errors and lack of sense. I have done this deliberately to demonstrate an authenticity with the writing, as author.

As I consider all of the things that influence **my story**, I find it difficult to separate out the authentic parts of me from the false, 'performed' parts of me. They are all part of my story, but the authentic is the hardest to expose. This refers neatly back to the ideas described by Winnicott in the opening section to this thesis. I need to have validation for those parts, but ironically, I fight against any kind of validation or positive feedback. The 'performed' parts of me have the loudest voices and can undermine and discount any authenticity. If I think about this in terms of Transactional Analysis and the idea of ego-states, my own internal Critical Parent is acting with my own Adapted Child to create this unhelpful scenario. Stewart and Joines (1987) refer to this as a 'double contamination' (p52). To me this is an unhelpful process which perpetuates this resistance to allowing my own story to be coherent. Maybe this is the same for everyone.



Much of the language I use about myself has its origins in the old and well-worn scripts of my position in my family. For example, I describe myself using negative adjectives, as this has been my experience growing up in a family where academic aspiration was confused with achievement. This was perpetuated by the school, where teachers often called me by my older sister's name and compared my achievements to hers. This instilled in me a sense of something that was not attainable and led to a self-deprecating way of telling my story, keeping myself in a 'one down' position. The position leads me to choose language about myself when telling my story which can be deliberately misinterpreted in order to retain my position as expert on myself, once again linking to the idea of False Self (Winnicott), but also links to the research question, as it suggests that not all mismatching of language is by accident. This does not diminish my genuine feelings, but it does keep me in a position of familiarity. This is even reflected in my journals which are written only for myself. I only write about those things that reinforce this view of myself. I write when life is not going too well, and then fail to celebrate the aspects that are better. I have included a couple of journal entries here which particularly illustrate this point. Both were written over the Christmas holidays in 2017 and are very reflective of my way of punishing myself:

**25 December 2017 (Christmas Day)**

*Is this a good day to start writing morning pages? I am not sure. It feels like a task I have set myself and a discipline that is going to help me. I am feeling a huge amount of ambivalence to the writing as it feels that I should make it meaningful when I actually don't know where to start.*

*The word resistance comes to mind, as it often does. Writing stuff down makes it real and making it real is exposing and permanent. This makes me feel vulnerable and out of control.*

*My life is one long round of misery. I don't take any risks because of my fear of exposure, so instead I live a life that becomes a waiting game where I avoid everything that can have an emotional impact on me. This is not living and it doesn't even keep me safe. I am punishing myself by playing stupid games with myself. Keeping myself isolated and alone (lonely). I tell myself that this is what is best for me. I don't really believe that. I tell myself that it stops me from getting hurt, but I am in constant pain from these feelings of rejection,*

*resistance and aloneness. Keeping busy does not help even though to the outside world it looks like I have it sussed.*

### **31 December 2017 (New Year's Eve)**

*Scammonden on New Year's Eve with a coffee and a pen and paper. Feels like a good place to start.*

*When I decided to drive up here earlier the sun was shining, and the day seemed bright – like I needed to get out of the house and feel the wind and the sharp cold. Now the sky is overcast and dull, almost as if somehow me being out in the world has dulled it somehow. I realise this is ridiculously fanciful and grandiose, but this whole sense of sadness that I am feeling seems to be influencing everything I am thinking at the moment. The feelings influencing the thoughts, or the other way around.*

*From up here I can see the cars, coaches and lorries trundling along the M62. Visiting family and friends for New Year, going shopping? Or further afield to the airports? I made some interesting choices about how I would spend the holiday based on some strange notion that I have to suffer, to be unhappy. I have no idea why this should be so, but it is unbelievably painful.*

If I consider this way of telling my story in relation to experiences with clients, I am drawn to thinking that some of the ways I view myself are replicated in my clients. When the therapist and client meet to initiate a therapeutic relationship there is something fundamental about the interaction between two people that joins together all previous stories and turns it into a new story (or a part of a story – a snapshot in time). Each session with a client is a new story that may only be relevant in that moment, although it forms part of a bigger story of their life and experiences. In the relationship the client stories their life, or the particular part of their life that is troubling them, without any obvious reciprocity from the therapist. However, in order for that story to be a story there needs to be some kind of witnessing of the telling of the story, affirmation or validation which brings the story to life and helps the client to understand their own narrative. This witnessing creates the reciprocity with the presence of the therapist and the client in the relationship. The therapist becomes a part of the client's story. For me this is illustrated beautifully by Petruska Clarkson

(2003) in her 'story as medicine, narrative to sing for the world'. One extract in particular demonstrates this need for witnessing and co-creation for a story:

'...Until the  
vitality of its life is  
distilled in the telling the construction of a bridge across a gorge cannot become the  
bones of a life. Until a  
heartbreak is fashioned into pearls of remembrance, there is only the heartbreak.'

(Clarkson 2003, p110)

A client will tell their many stories in many ways, all of which are as important as each other. The story will emerge from a collaborative process between the client and therapist, as the stories weave around each other and client and therapist reflect individually and together. As a singer, I can compare the process to that of a piece of music, each orchestra part or singing part is a separate entity which may not make sense on its own. Once all the parts are played together, or in sequence, the music comes together and forms something meaningful and beautiful. The way the 'story' is interpreted and delivered by the singer has a profound effect on the relevance of the song's meaning in their own life. Some of the greatest storytellers and poets I know of are singer/songwriters of the recent past – Bob Dylan, Joni Mitchell, Carole King and James Taylor, to name a few. The words of these songwriters resonate because they are recent enough for me to understand the cultural references and language, but distant enough from me in age as to provide me with an idealized view of the time in which they were most prolific. This seems to be illustrated for me in the following quote from Gladding et al (2008) who say the following about the resonance of song lyrics as a therapeutic 'tool':

'Regardless of their structure or the mood conveyed, lyrics are important in the many individuals' lives because they serve as anchor points to significant times and events. They bring back memories, emotions, and thoughts of highs and lows of people's lives that may lie dormant or unexpressed otherwise.'

(Gladding et al, 2008, p213)

My introduction to some of the songwriters I enjoy was by sharing a house at college with a woman who had lived in the USA in the 1970s and had been exposed first-hand to this music. For her listening to the music took her back to that time. For me it takes me back to the experience of living in a big shared house as a student in my early 20s, and all that that involved. The placing of the lyrics was outside of my experience, but the emotion is evocative of a later time.

For me, Joni Mitchell's 'Song for Sharon' is an evocative story that is set in a specific time and place, which is poetry and a story rolled together:

### Song for Sharon - Joni Mitchell

I went to Staten Island, Sharon  
To buy myself a mandolin  
And I saw the long white dress of love  
On a storefront mannequin  
Big boat chuggin' back with a belly full of cars  
All for something lacy  
Some girl's going to see that dress  
And crave that day like crazy

Little Indian kids on a bridge up in Canada  
They can balance and they can climb  
Like their fathers before them  
They'll walk the girders of the Manhattan skyline  
Shine your light on me Miss Liberty  
Because as soon as this ferry boat docks  
I'm headed to the church  
To play Bingo  
Fleece me with the gamblers' flocks

I can keep my cool at poker  
But I'm a fool when love's at stake  
Because I can't conceal emotion  
What I'm feeling's always written on my face  
There's a gypsy down on Bleecker Street  
I went in to see her as a kind of joke  
And she lit a candle for my love luck  
And eighteen bucks went up in smoke

Sharon I left my man

At a North Dakota junction  
And I came out to the "Big Apple" here  
To face the dream's malfunction  
Love's a repetitious danger  
You'd think I'd be accustomed to  
Well I do accept the changes  
At least better than I used to do

A woman I knew just drowned herself  
The well was deep and muddy  
She was just shaking off futility  
Or punishing somebody  
My friends were calling up all day yesterday  
All emotions and abstractions  
It seems we all live so close to that line  
and so far from satisfaction

Dora says "Have children"  
Mama and Betsy say "Find yourself a charity  
Help the needy and the crippled or put some time into Ecology"  
Well there's a wide wide world of noble causes  
And lovely landscapes to discover  
But all I really want to do right now  
Is find another lover

When we were kids in Maidstone, Sharon  
I went to every wedding in that little town  
To see the tears and the kisses  
And the pretty lady in the white lace wedding gown  
And walking home on the railroad tracks  
Or swinging on the playground swing  
Love stimulated my illusions  
More than anything

And when I went skating after Golden Reggie  
You know it was white lace I was chasing  
Chasing dreams  
Mama's nylons underneath my cowgirl jeans  
He showed me first you get the kisses  
And then you get the tears  
But the ceremony of the bells and lace

Still veils this reckless fool here

Now there are twenty-nine skaters on Wollman Rink

Circling in singles and in pairs

In this vigorous anonymity

A blank face at the window stares and  
stares and stares and stares and stares

And the power of reason

And the flowers of deep feeling

Seem to serve me

Only to deceive me

Sharon you've got a husband

And a family and a farm

I've got the apple of temptation

And a diamond snake around my arm

But you still have your music

And I've still got my eyes on the land and the sky

You sing for your friends and your family

I'll walk green pastures by and by

© 1976; Crazy Crow Music

<https://youtu.be/X1UXqTDIfIY>

I have included the lyrics in full to give the whole story, although there are a number of smaller stories contained in different sections of the song. The structure of the song does not follow the usual pattern of a pop song (chorus, verse, chorus, middle eight, chorus), which gives more of a progression of the story, rather than the repetition of the song.

The traditional form of a pop song makes me reflect about the ways in which clients tell their story. There is often a lot of repetition (the chorus) as clients become stuck in their old patterns. This can be likened to the Shakespearean use of the chorus to recap the story and move it on. The client may sometimes use this device to regroup their own thoughts and find the safety in reiterating the familiar parts of the stories. For me the real work sits in the 'middle eight' where the theme is often very different and helps the clients to find other ways of being.

The elements of the story of 'Song for Sharon' which I find the most powerful are those which resonate with me, despite it not being my story. The cultural references

are not mine and yet the sentiment could be anyone's. For me the song talks about a time in a young woman's life; a time of dreams and hope, and then moves to a later time when the reality of her life is very different from the earlier expectations. This feels like something that could be part of anyone's story. The time passes in the song and things move on, but at the end there is still hope:

'And I've still got my eyes on the land and the sky  
You sing for your friends and your family  
I'll walk green pastures by and by'

Clients may often come to therapy with desire for change and a different future. There may be some thoughts of hope, even if it just for small changes which can make a small difference to their lives. They trust that by telling their story, they will 'walk green pastures by and by'. The way in which they tell it is their own. I don't know if this is part of Joni Mitchell's real story, as it is written, but I like to imagine that it is in some way.

This song is from the album *Hejira*. The meaning of the word *hejira* is a flight or a journey to a better place, and this, to me, is a meaningful metaphor for the journey of the therapeutic process. The story of the client emerges as the journey moves from place to place, revealing more and more of the story as the therapeutic relationship develops. As the client's many stories emerge, they become part of the therapist's stories and vice versa, becoming a collective, collaborative story, either by recognition of the content or recognition of the emotion behind it, or merely by the contact between client and therapist. This becomes a part of the intersubjectivity and relational depth of the work. Mearns and Cooper (2005) talk about the 'moments of intense relational contact and enduring experience of connectedness within the therapeutic relationship' (p1). The story can offer a connectedness or a disconnect, both of which can be valuable to the client and the therapist. The connection comes from the notion of some shared experience, even if the content and context are different, and the language is different. It is of a felt sense of understanding the story from each world view, through the contact and subsequent connection.

In October 2018, during the writing up of the thesis, I attended a workshop by Ernesto Spinelli on Existential Therapy which further distilled some of my own

thoughts about story-telling as therapy (or vice versa). He talks of the therapist creating the conditions so that the client can hear themselves more honestly, by the process of describing the narrative and also the feelings associated with that story. He also discusses how an open dialogue with an unknown direction can find its own directions, as the client will be open to possibilities (Ernesto Spinelli, personal communication, 20/10/2018, Hebden Bridge, West Yorkshire). This idea of an unknown direction is becoming more and more appealing to me and seems to reflect some of the curiosity that was present in my review of the literature. Spinelli also discussed the meaning of the word therapy, from the Greek *therapeia* meaning 'the attempt to stand beside the other'. I felt unsure about this definition, as generally the dictionary definitions of 'therapy' seemed to all lead to 'treatment'. Extensive searches on online dictionaries to confirm Spinelli's definition resulted in finding the translation of the ancient Greek as 'providing a service to another' ([www.biblestudytools.com](http://www.biblestudytools.com)).

One final comment on my learning from Spinelli's workshop was his assertion that 35% of therapeutic change is as a result of life and what happens outside of the therapy room. I use the word assertion here as Spinelli did not provide any specific evidence for the comment and so I am including it as an unsubstantiated comment (personal communication). If this is the case then it would seem to be a key part of the client's story, as it is the part that happens naturally without the scrutiny of the therapeutic relationship.

Thinking about my own language and that of clients, I am put in mind of Kim Etherington:

'Memory is not necessarily a factual, coherent or linear record of something that actually happened. Rather it is a process of bringing together parts of our experience to create a coherent and organised whole'

(Etherington, 2003, p32)

The language of telling the stories of memories does not always reflect the actual event. 'Bringing together parts of our experience' can often be articulated in a way that can alter the memory, as we try to make sense of it for ourselves and for others. My own stories as a client are sometimes pre-planned and these tend to be the ones which do not fully reflect any kind of authenticity. The pre-planned stories are



rehearsed and are used to deflect any attention or 'realness' when things are difficult. It can also create distance between me and my therapist, which I strive to cross, but I also need to keep myself safe. Sometimes the stories of my life are unfolding and emerging. They catch me by surprise, and this feels more truthful, but often quite exposing.

As a client I once took a number of photographs of myself as a child to therapy, to discuss with my therapist. The idea behind this was to try to unlock some of the carefully structured stories and to reconnect with the carefree child who was spontaneous and did not overthink her story. There was one photograph in particular in which I was about two years old, wearing red and running down the garden. For me this represented a person I did not recognise and for a long time I carried the photograph round to remind me of that freedom of expression. I thought that I had lost the picture, which was very upsetting as it felt like I had lost an important part of my story, but my mother found the original colour slide and had it printed for me. It is inserted below:



(Photograph taken by my father)

In my search for this picture I came across another which also expresses my freedom as a child. This one shows me and my siblings playing a game of ring o'

ring o' roses. It is an action shot and is one which does not feature in my memories.



(Photograph taken by my father)

I am the one who is second from the right with my face towards the camera. The picture was taken in 1971 when I would have been almost 8 years old. (I sought the permission of my siblings to include this picture.)

As a therapist my contribution to the client's story is likely to be freer than my own story, as I fully engage with the client and allow myself to be with the client and in the relationship. This is contradictory, but it is often easier to sit with the client's story than with my own. A kind of spontaneity is something which seems to happen with clients sometimes, as they tell their story. These are the moments when they use the words which have meaning for them, rather than the formal language, such as that I perceive from the client Hilary, described above, that can sometimes get in the way of the storytelling. This always feels like a true and honest part of their narrative and usually has the most impact for the client.

My language manifests itself in a number of different ways. The most obvious is through words, those I use with others and those I keep for my own self-talk. As with many people, my words are different for different audiences and I tell myself this is about being adaptable and inclusive. In reality this can often be a role that I play with others to demonstrate to myself the position I give myself – the thought that somehow people will engage with me more if I do not appear to be articulate and in control. I recognise this as my own defence. This in turn means that I don't have any expectations to live up to. Use of humour perpetuates this behaviour and I see that as part of the way in which I tell my story. Humour can be used to deflect from authenticity very often and I recognise this as a way in which I do this. Interestingly,

I see it also in my clients and will often reflect on the client's use of humour with them, to draw attention to this particular defence, for example, the client who comes to the session saying that she does not know how to get in touch with her emotions and that she does not know how to feel. She makes jokes and makes light of any hint of emotion. Sometimes I have to guard against getting drawn into that as I recognise this in myself, and this leads me to question my own congruence in that moment. With this client I am clear that I will not collude with this deflection, as it does not seem to help the client, more keeping her where she says she does not want to be. Thinking about the congruence of my reactions, I quote Jeannie Wright:

'A first step in recognising an emotional state, and therefore to work congruently in therapy, is being able to identify exactly how you are feeling and why. Some feelings are more acceptable than others. For each of us there may be some particular emotional states which are not easy to own'

(Wright and Bolton (2012, p123)

If I consider other roles which I have and the language I use in those circumstances I notice that there is an element of performance. The performance is a way of fitting with others and is another aspect of me. As a teacher my way of using language is often about keeping control for myself by letting students believe that I know what I am talking about and earning their respect. This can sometimes take me away from the authenticity I would expect from them. This seems to be a part of my story; to make things seem amusing and relevant. This is also something that I notice in others.

Referring back to Gladding (2008), who talks about specific songs having particular resonance with clients and he appears to be saying that there is a pattern to the songs clients would choose to use to demonstrate aspects of their life. He suggests that there are certain types of songs clients will reference and these are the obvious ones of sad songs for sad feelings etc. My feeling is that this is not necessarily the case as songs and lyrics can often surprise us in their resonance. An obvious lyric may not have an obvious impact. As a lover of musicals, I see how songs which are part of my story may have a very different meaning within the story of a musical. These form part of my language and my history, both from a practical perspective as

different points in my life are punctuated by a musical I have been performing in at that time and the resonance of those songs, and also from an emotional perspective as memories of relationships and connections as those particular times, either as a performer or a member of the audience.

Something I notice about the language I use to story my own life is the use of external prompts to enable me to express an emotion felt about a particular state of mind. A long association with musical theatre has encouraged me to use the story-telling song lyrics as a way of connecting with my own emotions. One of my favourite musicals is *Guys and Dolls*, by Frank Loesser. This connects with me in many ways even though the story has no resemblance to my life. The story is that of a group of New York gamblers and the Salvation Army group that are trying to 'save their souls'. One branch of my family was very involved in the Salvation Army, although it was not something I ever engaged with. There is still some resonance there, even though it is something that I cannot define. The jazz style in the music with strong rhythms as well as powerful lyrics evoke a time in American history that is very far removed from my life but is somehow something I aspire to. My first public performance as a singer was with a song from *Guys and Dolls* and this is one of things which defines me. The song is called 'If I Were a Bell' and the lyrics are about letting go and letting out the authentic person:

### **If I Were a Bell by Frank Loesser**

Ask me how do I feel  
Ask me now that we're cosy and clinging  
Well sir, all I can say, is if I were a bell I'd be ringing!

From the moment we kissed tonight  
That's the way I've just gotta behave  
Boy, if I were a lamp I'd light  
And If I were a banner I'd wave!

Ask me how do I feel, little me with my quiet upbringing  
Well sir, all I can say is if gate I'd be swinging!  
And if I were a watch I'd start popping my springs!  
Or if I were a bell I'd go ding dong, ding dong ding!

Ask me how do I feel from this chemistry lesson I'm learning.

SKY (spoken) Uh, chemistry?

SARAH (spoken) Yes, chemistry!

Well sir, all I can say is if I were a bridge I'd be burning!

Yes, I knew my moral would crack  
From the wonderful way that you looked!  
Boy, if I were a duck I'd quack!  
Or if I were a goose I'd be cooked!

Ask me how do I feel, ask me now that we're fondly caressing  
Well, if I were a salad I know I'd be splashing my dressing  
Ask me how to describe this whole beautiful thing  
Well, if I were a bell I'd go ding dong, ding dong ding!

<https://www.youtube.com/watch?v=KMLq68cMMNk>



(Photograph taken by a guest at the wedding)

This picture was taken in 2008 when I sang this song at a friend's wedding. For me this demonstrates the freedom of telling my story. The story becomes mine through my interpretation of it. I sang a number of other songs, including 'If I Were a Bell', as above, which all were interpreted through my eyes and, despite the event being frightening, using the words of others gave me a confidence to expose myself.

In musicals, often the songs are a way of moving on the action of the story. It is an interesting device as it can perform a number of functions. On the one hand, it can allow a character to express much deeper emotion through the combination of music and lyrics, but on the other hand it may also be seen to trivialise the emotion through a mismatch with words and music.

For me classical music can have the same effect, even without words. I have always been moved by Rachmaninov's Piano Concerto no.2 as I feel that it has a very distinctive story to tell me without the need for words. The three movements of the work bring a sense of different emotions as the story unfolds. The first movement brings emotions to me of reflection and consideration of things that are troubling me at that time, the second movement allows me to fully experience any sadness I may be feeling by giving a sense of brooding and darkness. The final movement is the one which always helps me to lift the tension and feel hope and calmness. The music was famously used for the film 'Brief Encounter' which was based on the Noel Coward play 'Still Life'. The music was integral to the plot of the film as it expressed the emotions of the characteristics. The effect the work has on me, described above has been with me since I was a teenager and still has this impact now. The interesting thing for me, as I relate this idea about the story telling aspect of classical music, without words, to my research question, is that the mismatch in meaning making can be even more pronounced where there are no words to give a structure to the interpretation. As I listen to Rachmaninov as I am writing this, it is the lack of words which allows me to feel what I feel, and this is likely to be felt differently by everyone who listens to the piece.

People may tell their own stories by music and song, and I seem to attract a number of clients who are musical, from the professional musician to the amateur singer who feels a sense of release and relief from singing. As a trained singer, I understand both the physical and the emotional manifestation of this. One way to engage with music as a form of language and storytelling is through music therapy, but on a simpler level, it can be a way in which anyone can connect with their story in talking therapies.

While I am still with the idea of song lyrics as being a way of storytelling, I am reminded of an image that popped into my Facebook newsfeed recently. It was from



*Earth or sky or  
Light or dark  
Yearning for something or someone*

### **Anger**

*Always  
Noisy  
Goading and  
Entreating for attention  
Relentless*

Six months later I revisited poetry writing to engage with another low point in my life. I had discovered a new way which to write my story, but unfortunately the words did not change that much.

**5 June 2016**

### **Abyss**

*Abandoned by myself  
Bringing unhappiness and  
Yearning. For what?  
Something unreachable  
Something undefined.*

Another exercise which I undertook at the workshop was to write a letter to myself in which I tried to admit some things to myself that I had been ignoring:

**15 November 2015**

Dear Suzy

I know it is a bit tricky for you at the moment, despite the fact that you are refusing to admit it to yourself. You appear to be determined to pretend that everything is as normal and ignoring the fact that things are about to change. G going away is going to have an impact and pushing away



prematurely is not going to stop that happening. All that will do is stop you from enjoying the last couple of weeks. A bit of a pattern here – believing that you can make someone else hate you so that you can pretend it won't be painful when they leave. Somehow you can then blame them for your unhappiness and be angry instead of honest.

You need at least to be honest with yourself.

Suzy

On revisiting this letter to myself in order to include it here, I am struck by the harsh way it is written and the fact that I just sign it off with my name – no love or even kind regards. This seems to very much reflect the way I talk to myself and the language I use to punish myself.

A couple of months after that I had a very positive experience when I was offered a job as tutor at the University of Leeds on a fixed term contract for a year. This was something that I really wanted, and I was delighted that this was happening, and yet my journal entry reveals something quite different – language that shows the lack of trust I have in myself, as well as some words which show how euphoric I was feeling at the time. It is difficult for me to determine which voice is the stronger, particularly as I feel more comfortable with the negative:

**21 August 2016**

*What a couple of weeks I have had. I am still not able to get my head around the fact that I am going to be teaching at the university. I am almost waiting for someone to take it away from me. Or for me to sabotage it and take it away from myself. It scares me that people are trusting me to do this. I am so scared of being out of my safety net [of the NHS].*

*Don't get me wrong, it is not all about fear. I am excited for this opportunity. I am going to miss [...] and [...] being there, and that is hard...*

*...Never in my wildest imagination did I ever think, when I started at the Uni seven years ago, that I would be where I am now. It is too huge for me to get my head around and comes with huge expectations.'*

A year later my contract ended and my journal a couple of days after I left reflects the sadness I felt. Rereading now I see the language in this very short entry is very honest and heartfelt, and says something quite clear about my identity and my story – a feeling of confusion:

**9 September 2017**

*It's hard to accept that my year at the University is over. I feel like I found the place I belong and that has been taken away from me and I have no proper place again. Going back to [the NHS] seems like torture to me and I really don't understand how I can slot back into that. It was somewhere that I had left in my head a long time before I left physically, and now I have to go back to something that doesn't feel like me.*

I notice the words I have used in these extracts and I am struck by the feeling contained in the words, but I am reminded that stories to me are not just about words. They can be about pictures or images, and often this type of storytelling can have quite an impact on my client and on me as the therapist. Some of the most powerful moments for clients have been when they have drawn pictures or brought in photographs which mean something to them. These things are part of their story. I remember one client who came to see me after the death of her father. Her mother was selling my client's childhood home and she came to one session with a bag full of artefacts which had formed the story of her childhood and teenage years. Words were not necessary for her to tell this part of her story. One of the things she brought was a grey soft elephant with pink ears. Years later, if I see an elephant stuffed toy I still feel a connection to that client. Her story through the objects created a lasting impression and also helped her to understand her own story.

Another powerful example of ways in which stories can be told is through other art forms and I was recently struck by the use of dance to tell a particular story. The extract from my journal, below was written after watching television recently:

***The Dance – Saturday 10 November 2018***

*One of my guilty pleasures is to watch Strictly Come Dancing on the television on an autumn Saturday evening. On this particular evening I took a break*

*from writing my thesis to tune in for some light entertainment. In the current series the dancers are permitted to do one dance that they call 'the couple's choice'. This is a dance that is in a style other than the usual ballroom or Latin style and allows a freedom of expression that is limited in other dance styles, where technique is more important to the judges.*

*One of the couples chose to dance a contemporary dance which was inspired by the celebrity's grief for the loss of her father. The routine was complex and strenuous, but most of all it was an amazing illustration of emotional storytelling. Every nuanced movement of the dance portrayed a story that was inspired and inspiring. The dance involved many lifts and it was very clear to see the trusting relationship between the professional dancer and the celebrity. I sat on my sofa feeling some of what the dancers may have been feeling and found that I had tears streaming down my face.*

*The experience of watching this dance was poignant for a number of reasons. The way in which the couple were able to trust each other and to share that emotion is an alien feeling to me and reminds me of my inability (or unwillingness, or fear?) to give in to what I feel and also to trust that someone else will catch me if I fall. I felt that I was grieving the person that I am not - a person who is secure and open at the same time. I know that I will never be able to dance in a way that lets go of my fears. I can't even see myself trust myself or anyone else to make that OK. I want to be able to do. I want to feel that emotion from being with myself completely, rather than my endless censorship and control.*

*The dance also drew me in by telling an amazing story and led me to reflect on more ways of telling stories than had been in my mind. My only experiences of ballet dancing is of a scripted story, one that may be familiar in some way, and one which is often the choreographer's, rather than the dancer's. Here was something that, despite being choreographed, was intensely personal to the dancer, and reflected a deep understanding of the celebrity's emotion by the professional dancer. I don't remember ever feeling that emotion in myself from watching someone else dance like that.*

This experience reminded me of what little I know about the power of Dance Movement Therapy, and how that had had a profound effect on some clients. This led me to contact someone who I know had written about this type of therapy and practices it, to get a better idea of what dancing meant to clients.

In her doctoral thesis, Dr Bonnie Meekums worked with women who were adult survivors of childhood sexual abuse, using Dance Movement Therapy and other art forms. The participants reported that they felt that they were able to make a statement about themselves through movement that they did not have the words for – telling their story – and that these stories were witnessed. They also spoke about how it helped to tell their story in other ways when words were not enough, and this brought about a way of connecting with the feelings involved with the therapeutic process and the traumatic past. Meekums suggested that for the participants it felt like they were able to ‘able to move the story on, like a repositioning the needle on a stuck record’. This enabled them to become an adult and see their story from an adult perspective, looking to the future. The above paragraph is derived from personal communication from Dr Bonnie Meekums, 21 November 2018.

In my conversation with Bonnie, she introduced me the work of choreographer, Christopher Bruce and his work called ‘Ghost Dances’. I had not come across this, as ballet and contemporary dance are not art forms that I have resonated with, but I watched a section of it called ‘Sicuriadas’ danced by Ballet Rambert, for whom he created the piece. I found it difficult to connect with the story being told as it felt like there were too many people in the section to give a sense of one person’s story, although, having read what Bruce has to say about the work, I feel disappointed in myself that I do not feel the emotion he is portraying. The work uses traditional folk music from Chile as its background as the story was inspired by one from Chile, but Bruce says that it can be based anywhere:

‘The great strength of dance is its ambiguity. You’re not dealing with words but with movement and the audience can read that on different levels. One piece can mean different things to different people.’

(Bruce, [www.rambert.org.uk](http://www.rambert.org.uk), accessed 21/11/2018)

Despite my feeling of a lack of connection with the piece, these comments resonate strongly with my feelings about all forms of language and reinforces the idea of language transcending words. The lack of connection I felt with the dance is an example of interpreting language differently. As I read about the piece it was generally thought of as being powerful in its storytelling, and Dr Meekums had also mentioned its power, and yet I felt something quite different. I felt cold to the emotion of the piece.

Dancing for me holds a good deal of anxiety and does not feel like a way in which I could reveal my story, so it is hard for me to feel what it is I am seeing for others. When I examine my own thoughts, I have a constant struggle to reveal too much of my story in any way. The short piece below seems to reflect my own inhibitions about telling my story which is very much present as I searched for the words to consider my connection with the writing of my thesis. I am including it here as I feel it is a useful part of my process with being confident in my own language.

### ***The Fear***

*What is it that I am so scared of? It should be a straight-forward process to sit down and write about something that I feel so passionate about, but every time I sit down and try to get something down on paper, my head shoots off and finds all thoughts crowded out by some archaic demons which frustrate me. I know that these are my demons and I have it within my power to shut them up, but somehow knowing that does not help. I guess there must be some payoff for me as I allow those thoughts to dominate. Maybe by focussing on the fear then I can deal with it once and for all. Admitting to the fear means I can face it head-on instead of it being this insidious wallpaper music to my story. A client of mine recently said that writing something down means that you have to acknowledge it. Maybe she has a point and I should have a go with this, from the heart!*

*Actually, the 'from the heart' bit is a main component of the 'fear'. Any writing feels like a terrifying exposure where I lay myself bare to other people seeing me. I don't want to be seen! I can create an illusion by talking and making myself 'fun', but writing things down commits me to taking a chance, to being*

*criticised, to being acknowledged. Deep down I know that I not stupid, but it I let go of that illusion, then I have to keep on proving that I am worth something. That's the hard bit.*

*Lily Allen's song 'The Fear' puts this well for me:*

*'I don't know what's right and what's real anymore*

*And I don't know how I'm meant to feel anymore*

*And when do you think it will all become clear?*

*'Cause I'm being taken over by the fear'*

*(Allen and Kurstin, 2009)*

*Not wanting to be seen is completely incongruent with the ways in which I often behave – loud and brash and not very nice. A trusted friend recently told me that I use language as defence – making things funny rather than showing the real emotion. Showing the emotion is the fear!*

*I can stand in front of a class of student, or a different kind of audience at a conference or similar. I can stand in front of an audience and sing the words of others. These hold an obvious immediate (stage fright) fear for me, but that is over once the event is over. Writing with an emotional connection is much harder and way more scary. It is a permanent commitment to something which opens me up to others and to criticism. As I write this, I realise that generally I get good feedback for my teaching, my conference presentations and my singing, so I am wondering why it is so hard for me to believe that I might get good feedback for my writing. I guess the question is whether I believe any feedback or whether I discount it. I think I know the answer to this!*

*It is Christmas Day as I write this, and I feel sad and alone. This makes me wonder why I refuse to engage with others on Christmas Day. I refuse all invitations because I have convinced myself that I 'should' be working today – anything else would show lack of commitment to my PhD, but the reality is that I am punishing myself for my lack of ability to connect with people on an emotional level. That is too scary. I also convince myself that nobody really*

*wants to spend the day with me – the spectre at the feast. Cold and stupid. I have spent the last few Christmases alone and I convince myself that this is OK because this is what I deserve. Really it is the fear of making an emotional connection and then being let down in some way. In the same way, writing something that is not good enough I let myself and everyone else down. This makes me angry, as it is such a familiar feeling and one which I know does not help me in any way.*

*I mentioned the pay-off earlier and I think that this has something to do with trying not to feel any pain. Ironic really because this pattern is extremely painful and probably more painful than letting go! I am just reminded of an Anais Nin quote my therapist once told me and which featured in my MA dissertation:*

*‘And the day came when the risk it took to remain tight inside the bud was more painful than the risk it took to blossom.’<sup>1</sup>*

*This made a huge impression on me at the time, but I had somehow forgotten this until now. Now it feels relevant again.*

During the course of this PhD I have spent a great deal of time considering how others tell their stories, and few of these stories have been more powerful than a recent exhibition I came across on a visit to the Tate Liverpool (an art gallery in the North West of England). The exhibition featured work by refugees who depicted their struggles through art, and I was lucky enough to meet one of the artists who was there on the day. He is an Iranian Kurd and his first language is Farsi. We had a brief conversation, but his confidence with his English was not very high. It was when he showed me his pictures that I was able to understand his story. The artist gave me his permission to use his name and his pictures in this thesis, as I explained to him about my research.

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<sup>1</sup> I have searched extensively online to find the source of this quote, including looking at forums and blog posts where others have also tried to determine the source. I have been unable to find anything which gives the reference. This was also the case when I included it in my MA dissertation.

The artist's name is Afshin Amini and he was persecuted in his own country because of his father's political activity. He was in prison in Iran and eventually got out of Iran and came to the UK as an asylum seeker. He was granted refugee status, but because of some confusion with his papers he was sent back to Iran just as he was getting his life in the UK on track. He created two pictures when he was first in the UK and these are inserted below. Next to the pictures in the gallery was an empty space. This space represented the work he was about to create when he was sent back to Iran. This would have been the last part of the story. It is still not there.



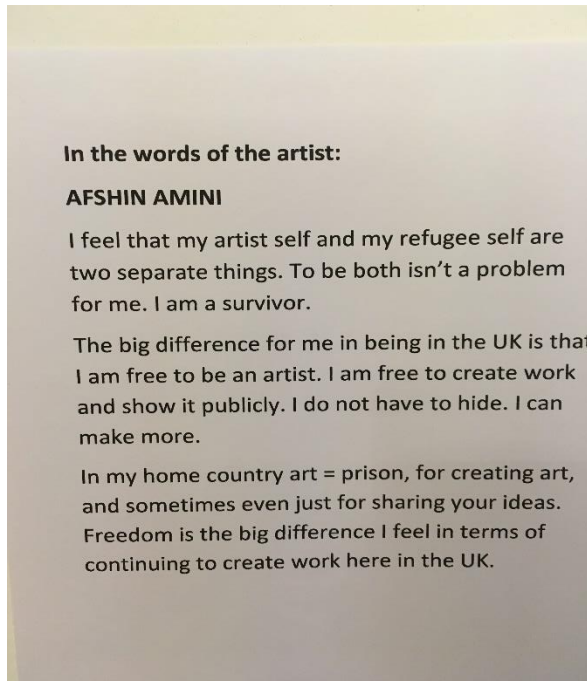
This image is called Prisoner of My Mind and Afshin told me that even when he was in the prison of his life in Iran, he could see the potential in his mind, hence the greenness through the bars.



This picture is called Hope and shows Afshin's journey from the darkness into the light, through the hardship of the desert and the rough seas.



I am also including here a caption that was on the wall at the side of the pictures in which Afshin tells his own story:



(I would like to mention that the pictures included here are photographs which I took using my mobile phone, which is why they are not straight and are framed by the white of the wall. Afshin gave his permission to take and use these photographs).

I have included Afshin's story here I was completely overwhelmed by his depiction of his journey. As someone who has worked extensively with asylum seekers and refugees throughout my career, I have heard lots of stories of harrowing experiences told in words. I think I have seldom been more affected than by the story of these images.

### **The story of my PhD**

As I reflect back on the process of researching and writing this most recent chapter of my own personal story, I am struck by how the language I have used with myself has been the language of resistance and struggle. (Even those words feel very dramatic). I also reflect the correlation between my language and that of clients, as I have explored in the section on the language in my therapy room.

In this section, I would like to share some of the process of the PhD, which has also had an influence on the content of the study. I use the word story in the title, as I see

the process and content as all part of the story and am choosing to use the word as a metaphor for the entire thesis.

I began the study full of enthusiasm and a feeling that I could achieve whatever I set out to do. This feeling is a curious one, because that is very unusual for me, but here I was with a supervision team who believed in me. That was a very powerful feeling. As I progressed on the journey, with my supervisors as travel companions, I began to put huge expectations on myself that I should be able to run before I could walk. My supervisors were very good at encouraging me to slow down and do some reality checking. I had to be reminded many times in the early stages of the project to play the 'long game' rather than try for instant gratification. As I reflect on that at the ending of the PhD, I notice how things changed and became a very different story.

One of my early struggles was my obsession with what I saw other PhD students doing – spending days in the PhD suite scratching away at who knows what. I likened them to 'lab rats' on a number of occasions, as what they seemed to be doing was very scientific. This began to give me a feeling of inadequacy and so began my own story of not understanding science and rejecting everything that I saw as 'science'. I was challenged to write something about what I understood by the word science. I have included this piece below, as it demonstrates an example of how I use language to reaffirm a particular idea I might have:

**12 November 2013**

***What do I think of science?***

*The first thing that comes to mind when I think of science is secondary school – the science labs, which were terrifying places which seemed to be filled with potential danger. The chemistry lab was full of things that could burn you or would explode and fear always overtook any inclination I might have towards curiosity. My fear of anything to do with fire always kept me well away from the Bunsen burners.*

*The physics lab and subject were so alien to me, and I did not engage at all. Physics did not seem to relate to anything in my life. Ironic really, as it is part*

*of everything. The teacher did not put that across so the message was lost. I did take 'O' level biology because the teacher was a little more accessible and it seemed more relevant, and we had to take a science subject.*

*I think these historical experiences shaped my view, so I have always resisted any ideas around being a 'scientist', despite having a BSc and MSc degree! I suppose my other constructed view of science is of cleverness and precision. That scares me and seems to go against my view of myself as a bit haphazard and not too focussed. Science for me is about labs and lab coats.*

*As I write this it occurs to me that I have created this childish stereotype as my constructed view and held on to that. If I move away from the child's perspective and try to use the perspective of the adult me, the one who has been educated to a reasonably high level, I see that this view does not take into account the wide variety of types of science. I like to cook and the process of this is scientific. Everything I do is about science in some way. Working on a computer, even using a notebook and pen – none of these things would be possible without science. I think I see the invention and development of these things as beyond my comprehension and so very clever, by default. This still fits in with the child's perspective.*

*My personal experience of science is so far removed from this 'creation', in terms of 'psychological' science that the two things do not connect with my traditional view. I struggle to accept my personal science as being science. As I write, I think about the opposite of science to see if I connect with that idea. I used to believe that the opposite of science is art, but this seems to be a very simple view, also, I wonder if both ideas are on a continuum and become interchangeable at some point.*

*I really do not consider myself to be an artist either. This seems to me to imply that I believe myself to be creative in some way. In reality, I have always had the belief that this definition places certain expectations on myself of behaving and achieving in a certain way, just as defining myself as a scientist would. I think this scares me, so I defend myself by resisting giving myself*

*either the scientist or artist label. This takes the pressure off celebrating any success for me and keeps me driving to achieve more.*

*An interesting thing is happening as I sit here writing. My intention had been to write a separate reflection about my thinking and writing process, but as I contemplate science, I find myself reflecting on my process and what is currently happening. I am particularly wondering if this is what usually happens, as my mind and thoughts broaden out.*

*I realise that I always start to write by examining my own experiences around a subject. In fact, I also start like this when I start to read. I try to connect with the material by finding some sort of mutuality and possible familiarity. This starting point leads me on to an increased curiosity and the making of more connections to places and things that are unfamiliar and challenge my ways of thinking. This seems to fit perfectly with the whole process of therapy. Generally, a client will start with presenting a problem in a way that seems obvious and familiar to them. This then leads to a voyage of discovery and curiosity about themselves.*

*There seems to be something scientific and creative about this thinking process for me. Scientific in the way the brain is working to link things together, and creative in allowing this to happen. Maybe I am a scientist and an artist after all.*

As time moved forward with the PhD, I notice from my journal entries that my story changes. I began to struggle with allowing myself the space to write and took to clutching at as many straws as I could to find a way of unlocking the blocks I was putting up for myself. I became adept at displacement activity, finding things to do which I told myself were enhancing my writing experience, but were in fact keeping me away from focussing. Activities such as cleaning my house and sorting out old clothes and papers. I thought that this would clear my mind as well as my house, but what happened was that I would become so involved with what I found (old photos and books), that I got stuck in reliving my story. This then resulted in further punitive journal entries, as I berated myself for not being able to write:

**31 July 2015**

*Trying a different tactic today. Have no thoughts about what I am going to write about. All I know is that I have to get over this writing paralysis. It is driving me mad. A friend came to me in my dream and told me to write about not being able to write, so I am going to give that a try.*

*Sitting here in the garage while my car is being serviced and I start to reflect on what I was listening to on the radio on my way here. Professor Brian Cox was talking about science and how it is about not knowing and about allowing discovery to happen. Interesting because of my resistance to accepting therapy as having any connection to science. There are so many possible answers or no answer. It is not about an answer, but a possibility.*

This extract reflects how the blocks felt. I was reluctant to sit with the process and to allow my writing to unfold. I put so much pressure on myself to get it right first time instead of a gentle emergence. An earlier journal entry had addressed a similar issue, but the difference in the earlier entry was that I was still in a state of extreme excitement about the PhD and my expectations of myself – more accepting:

**15 August 2014**

***Supervision by Skype***

*Pretty powerful stuff this morning. There is something about this Skype process which makes me work in a slightly different way. I seem to allow myself to process things differently. The slight time delay allows for more reflection, and also, perversely, more exposure.*

*Some of the discussion this morning has provoked thoughts about my way of being generally and how this is impacting on my writing. My tendency is to 'clean' everything up as I write. Dawn suggests that I have my internal dialogue on the page leading into this idea, or critiquing rather than criticising – the one is less destructive than the other. That feels like a good plan, if a*

*little scary. It will be a real test of will to allow myself to do that, to say nothing of the will involved in breaking that habit.*

*I think I need to hear Dawn and G in my head encouraging me to do this. Trusting them is slightly easier than trusting myself. This is just for now, but doesn't have to be for every. I like the idea that it is OK to start to challenge my supervision team. (Ironic that the tape in Costa is currently playing Journey – 'Don't Stop Believing' – maybe that is a sign of something.)*

*Dawn talking like my therapist unsettled me a bit. It seems that people can see straight into my head and all of the mess that is in there.*

One of the things I notice throughout the journey of my PhD is the way in which it has taken over my thinking in all areas of my life. Every conversation I have had, everything I have heard or experienced has been heightened by me noticing the language that has been used, usually verbally, but sometimes not. The following reflects an encounter with my sister's children:

### **3 July 2015**

*Brand new notebook, euphoric after supervision because I seemed to make some discoveries about myself. It feels like a good moment to write some things down.*

*I notice that everywhere I go my mind becomes embroiled in thoughts about the ways in which everyone (including me) uses languages.*

*It was interesting spending time with the children and listening to them talk. L [my nephew] at six years old seems determined to increase his vocabulary and to copy the adults and teenagers who provide his frame of reference. Starting every sentence with 'actually' and 'seriously' shows me that he is listening to others and makes his own sense of what they are saying. My guess is that these are words he chooses to emphasise his point and to make sure others are listening to him. It fits well with his communication style of trying to be a grown up. I wonder what meaning he will be making of these*

*words. They clearly have an impact on him and it seems his intention is that they impact on others as well – ‘actually, seriously Auntie Suzy!’*

Something that I notice about my thoughts about my nephew’s language is how similar he is to me in his way of trying to sound intellectual. The difference is it works for him in his world, it often doesn’t work for me as I sound pompous and confusing. My nephew is now almost 10 and is much more confident in his ability to express himself than I am as a woman in my fifties.

The final journal entry I would like to share about the story of the PhD is one which I wrote about a year and a half ago, at a time when I was struggling with lots of things in my life. What surprises me about this entry is that the thought processes are articulated in a more confident way than I actually felt at the time. Who is fooling who?

***Sunday 12 March 2017***

***Oh, the irony....***

*My thesis is about language and it is a subject that I am passionate about, but for some reason I don’t seem to be able to write. I spent hours sitting in front of my laptop staring at the screen. I write a few words which then get deleted. I go downstairs to make a drink and then come back and write a few more words. I am so desperate to get this right – to make it clever – that I am paralysed by the thought of committing something to paper that is going to be read by others. I don’t trust myself to be good enough. My own demons get in the way of writing freely. I am continually thinking of my immediate audience (my supervisors) and have to make it good so that it lives up to what I believe to be their expectations and would make it worthy of their time and support. This is causing me a huge amount of pressure and scaring me so much.*

*I sit here in the room that I call my study feeling stuck and inadequate. The room is depressing, small and cramped, with a desk that is too big for it and covered in books and papers. The room feels like a reminder of different aspects of my life, while still focussing on its current use as the place I sit to force myself to work. The shelves on one wall are full of songbooks from*

*when I used to do much more singing than I do now. That is a reminder that I am an adequate singer, but am never going to be great. The size of the room where I work reminds me that I am an adequate student, but never going to be amazing. This fills me with terror as I think about other people's investment and trust in me. For some reason the terror overtakes the sense of reason and my flight or fight response kicks in.*

*I try giving myself deadlines and targets as this usually works for me, but even that technique is not helping. The feeling of frustration with myself is greater than my feeling of trust in myself. I spend every weekend here feeling guilty feeling guilty about what I am not doing, instead of allowing myself to celebrate what I am doing. I spend each week thinking about the subject of language, coming up with interesting ideas and different, creative possibilities to be included in what I will write at the weekend. The weekend comes and I get bogged down in the thoughts of it not being good enough, that I am scared to let anyone see what I am writing. What if, heaven forbid, it is good enough? What then? Then I have to live up to that and that is just as scary.*

*So another wasted day. Sitting in front of the screen trying to process a week's worth of exciting thoughts and feelings, looking at all the little notes I have made to myself, but too scared to actually commit anything to paper for fear of someone else seeing it and judging me as harshly as I judge myself.*

I find it interesting to notice that recently I have not been writing much in my journal as I got through the process of writing up my thesis. It is almost as if I feel that everything I now write has to be serious and intellectual (my rules, nobody else's). One of the latest entries I have is from April 2018 and seems to be the language of anger and punishment for myself. I have had a conversation with myself about including it here, but it seems like a good example of the strength of feeling my language towards myself in my story:

**4 April 2018**

***Frustration***

*I am so frustrated with myself that this up, down, down process is so repetitive, and frankly, boring. I talk to people and feel enthusiastic and*



*determined – like I can do this, then I try to work and I get overwhelmed, drowned, in this sense of being out of my depth. I don't feel that I can do this and am actually cross with myself for even allowing myself to believe that I would ever be good enough to imagine that I can do a PhD. For crying out loud I am thick and stupid, and yet I have the arrogance to believe that I could somehow... I could be something else.*

And so the story continues...

In this chapter I have used my own stories, discussing the influences of others to examine the ways in which I use language. Sometimes the language is my own and other times it is my interpretation of the language of others. The idea behind this chapter was to provide an example of how a client may tell their stories, by using aspects of my stories. I wanted to demonstrate how sometimes the stories can be meandering and incongruent but are nonetheless real for a client. In considering the choice of methodology I wanted to feel that I was able to reproduce in my own stories what I was asking the participants to do. To experience what that felt like and to be as honest as I was able to be in my storytelling. One of the key ideas which has developed out of the thesis, through the research conversations and through my reading is the importance of language in storytelling. The writing in this chapter has followed that track.

In Chapter 3, I will tell the story of how I carried out my research and add the stories of my participants and their clients into mine, and document how I become a part of theirs.

## Chapter 3

# ***Research design and methodology***

## ***Establishing a relationship with the research***

My starting point for the design of this research project came from my personal philosophy, which has its foundation in being relational, and in my way of being as a practitioner and as a person. For me this is the notion of establishing a meaningful relationship with the participant, as I would hope to do with a client in the therapeutic relationship. Clarkson (2003) talks about the 'preconditions' for the therapeutic alliance:

'A well-functioning psychotherapeutic alliance is a basic precondition, which is rarely taken into account when it exists and yet can undermine the quality of the psychotherapy more seriously than anything else if disturbed.'

(Clarkson, 2003, p 38)

For me this translates to the relationship between researcher and participant in the realm of qualitative psychotherapy research that uses narrative for data collection. In my view Kim Etherington sums up this connection between client work and research perfectly:

'When setting out on my research journey I need to find ways of working that fit with who I am: my underlying values, my philosophies on life, my views of reality and my beliefs about how knowledge is known and created. My view of reality or the nature of being or what is (ontology), and my understanding of what it means to know (epistemology) are intertwined.'

(Etherington, 2004, p71)

This reflects the story telling nature of therapy and my sense that counselling and psychotherapy research should reflect the process of the therapy. I recognise that story-telling is an important part of who I am and the way that my personal culture has developed, as explored in Chapter 2, as well as being part of the traditions of

oral history in my background. My own personal culture has come about as a result of my family history and the place that I situate myself in that history. Storytelling was an important part of my upbringing, particularly from my grandfather and other older relatives and friends. Listening to stories and making meaning of them for my own life, as well as to understand the frame of reference of the story teller was a key part of my life, and one which, in some way, influences my chosen profession as a counsellor and therapist. John McLeod (1997) sums this up for me very early in his book on Narrative and Psychotherapy. He says:

‘My basic thesis is that stories and storytelling represent the primary connection between what goes on in “therapy” – whether contemporary psychotherapy or traditional religious healing – and what goes on in the culture as a whole. From a cultural perspective, a therapy session is a site for telling certain stories in a certain way. The telling of personal stories, tales of “who I am”, “what I want to be”, or “what troubles me”, to a listener or audience mandated by the culture to hear such stories, in an essential mechanism through which individual lives become and can remain aligned with collective realities.’

(McLeod, 1997, p 2)

This idea is key to my decision to develop my research design for this project as being centred around narrative approaches to research. Creswell identifies this as

‘a form of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives. This information is then retold or restoried by the researcher into a narrative chronology. In the end, the narrative combines views from the participant’s life with those of the researcher’s life in a collaborative narrative’

(Creswell, 2003, p 15)

I want the language of the story-teller to be reflected in the research, both from the therapist perspective and the ways in which they connect with the client’s language, as well as the content of the story. I also felt that it was important to allow the participants to tell their own story to an extent that they felt comfortable to do so. I

worked hard to silence my inner critic in order to allow the stories of the participants and my own stories to develop freely, without my own interference correcting grammar and sanitising the language, as is my habit. It is also important for me to reflect on my usual desire to write in a pompous way, when I have made the criticism in my previous review of the literature that the existing literature has a tendency to appear that way. (This criticism is voiced within the literature review chapter). This awareness helps me to let go of that and write in a more reflexive way – incorporating my experiences with those of my participants. I want the language used to be honest and authentic to reflect how I strive to be in the therapy room. I feel that I need to be able to find my voice on the page.

To enable me to find this voice, the design of the research project includes some autoethnographic elements, exploring my own experiences of working with clients where there has been a difference in understanding or meaning made of language. This could have been when the reason is obvious, such as when there has been a difference in mother-tongue, age, region, or other factor, but also when there has been no obvious reason for this - when I have noticed a mismatch in understanding between myself and the client. In using autoethnography as an element of the research, I am mindful of the elements of this type of study. I am drawn to a quote from Carolyn Ellis, as cited by Muncey (2010):

‘Well, I start with my personal life. I pay attention to my physical feelings, thought and emotions. I use what I call systematic sociological introspection and emotional recall to try to understand as experience I’ve lived through. Then I write my experience as a story. By exploring a particular life, I hope to understand a way of life.’

(Ellis, 1999, cited in Muncey, 2010, p35)

My autoethnographic content includes reflective journal entries and other pieces that I have written, where I examine my own perceptions of language and interactions with others. Some of the freedom I wanted to achieve through the autoethnographic elements of the thesis was inspired by the openness of some of my participants who seemed totally at ease with talking about some more personal aspects of their story.

This was particularly the case with Charles and Edward, who seemed to have found a confident voice when telling their story.

I have written some pieces on my observations of the ways in which others interact and this will extend into my observations of myself. I often write in places other than behind my desk. These pieces, along with photographs and other images are incorporated in this thesis. This has had the benefit of freeing up my thoughts and, more importantly, my story-telling. My own reflections also widen out to examining story-telling, as well as purely about words – the words that make up the stories.

Freshwater and Avis (2005) discuss the importance of critical reflection in research. They consider the use of a hypothesis as a chemical reagent to disentangle the elements of the hypothesis and allow other elements to reveal themselves through critical reflection. The alchemy Professor Freshwater spoke of in her lecture which started me out on this journey. I have tried to allow the unexpected to reveal itself in my research and the reflections of my participants and myself. Critical reflection allows me to think more broadly than the straightforward notion of proving or disproving my hypothesis, and also gives the participants the opportunity for their own critical reflection on their practice, and any potential assumptions made from the ways in which a client might express themselves. This provides an intersubjectivity borne out of the relationships between myself, my participants, their clients and my clients. I notice these relational and intersubjective dynamics in the reflections of my participants.

I am also drawn to reflect on Bager-Charleson (2014) and her ideas around realism versus idealism. The assertion that:

‘While evidence-based research is anchored in realism and strives to capture reality as such, hermeneutics, ethnography and phenomenology are examples of methodologies with an interest in people’s perceptions of reality.’

Bager-Charleson, 2014, p103)

These methodologies bring idealism which is reflected in the act of storytelling as a vehicle for reimagining lives. This is also reflected in the research process when the idealised perspective is a starting point for exploring and challenging reality.

### ***Ethical considerations***

Before the process of recruitment of participants began there were a number of ethical issues to be addressed in order for the empirical data collection to begin. This involved the process of applying for ethical approval from the University of Leeds, School of Healthcare. The response to this application is at appendix 4. The ethical issues considered were principally around the emotional safety of the participant as a result of the exposure they may experience through the research conversations. This was mitigated against with the suggestions around where they could get support if necessary (their clinical supervisors as were practising therapists) and also the offer of additional support should they need it as a result of their participation. One of the reasons I decided against working with participants who were clients was connected with this consideration. I had intended to hold conversations with clients who were trainee counsellors having therapy as part of a requirement for their training. In the end I felt that it was too much to ask of students who were in the process of exploring their own stories through therapy and personal development to then revisit the stories for the purposes of the research. It contradicted my own ethical stance of not causing harm to anyone. This aligns to the BACP Ethical Framework for Good Practice (2018) and the value of non-maleficence. In the future, I feel that I would like to revisit this and find a way of extending the research to include clients in a way which feels OK to me.

There was an additional ethical consideration around the venues at which the conversations would take place. In order for the participants to feel comfortable and safe, I gave the participants the option to hold the conversations at a venue of their choosing. I believe this reduced the possibility for a feeling of manipulation for the participants.

I also took into account the ethical consideration appropriate to the autoethnographic content of my thesis. I have tried to keep everyone alluded to in the piece anonymous, with the exception of the photograph of my siblings, for which I obtained

their specific permission to use it. I have not mentioned names of any other family members, and as they do not live in the same areas as I do, they are not known to any potential audience for the thesis. Auntie Dottie and Uncle Ernie who are mentioned in Chapter 2 do not have any living relatives and so would not be recognisable. In addition, these were the informal names that we gave to them as children. Aligned with this is the ethical consideration of using my own material to illustrate my experiences. Readers may consider this to be a truth rather than my perspective. Muncey (2010) sums this up with following:

‘The concern was that, without having an understanding of the researcher perspective a person reading the research would not be fully informed about how the researcher influences may affect what is portrayed...’

(Muncey 2010, p128)

Much of what I have found in the literature around the ethical considerations for research in counselling and psychotherapy, for example in Bager-Charleson (2014) is centred around using clients as participants. There is little I can find specifically about engaging other therapists in the research. For this reason, I have relied heavily on the tenets of the BACP Ethical Framework and applied those to the research.

### ***Engaging others with the project***

In addition to the autoethnographic part of the research, I held research conversations with a specifically selected group of participants. There were five such conversations in total and the small sample size was a deliberate choice made in order to allow for slightly longer conversations and deeper reflection without the pressure of tight boundaries on content. I wanted to allow content to emerge as a story or a series of stories, flowing as freely as possible. Again, this allows for a dance between reality and idealism with the content of the stories.

The strategy I used to engage participants was one which was purposive. I wanted to attract people who I thought would have particularly interesting and diverse things to say about the subject area, based on what I knew of them. Creswell (2003) talks about data collection for a qualitative study and the boundaries which prevail:

'The idea behind qualitative research is to *purposefully* select participants [...] that will best help the researcher understand the problem and the research question. This does not necessarily suggest a large number of participants and sites, as typically found in *quantitative* research. A discussion about participants might include four aspects identified by Miles and Huberman (1994): the *setting* (where the research will take place), the *actors* (who will be observed or interviewed), the *events* (what the actors will be observed or interviewed doing), and the *process* (the evolving nature of events undertaken by the actors within the settings).'

(Creswell, 2003, p185)

Participants were recruited from my own professional networks. This included from the professional organisation for counselling and psychotherapist, the British Association of Counselling and Psychotherapy (BACP), as well as alumni from the MA Psychotherapy and Counselling at Leeds University. In a purposive sampling approach, I approached six people at the BACP Research Conference in 2015 and initiated conversations to engage them with my research. The people who I approached were chosen as they were all practitioners who had previously written about topics that I felt resonated with my ideas about what I wanted to explore in this project. The areas of interest included narrative therapies, working at relational depth and also working with spirituality. This list is not exhaustive, but all had some 'hook' for me when I approached them. I introduced myself to the potential participants and had a brief discussion about the proposed research. I also presented a poster at this conference and used this as a way of introducing my work. Of the six people I approached at the conference one was about to move away from the UK and it would not be practical to carry out the interview, one proved to be logistically complicated to interview because of distance and other commitments and the other declared himself to be too involved in his own research to give time to the project. Three out of the five participants were recruited at the BACP Research Conference in 2015.

The other two participants were recruited as fellow alumni of the MA in Psychotherapy and Counselling at the University of Leeds. I was interested to



discover the differences in the interpretation of our training, and whether this would be something that would be reflected in the interviews.

Three of the participants were women and two were men. All were from different geographical locations originally, but all are now living and working in the North of England; one in North Yorkshire, two in West Yorkshire and two in the North West. I wanted to engage participants from different parts of the UK as this was important to me to see if regional differences would be a factor in understanding dialect. In addition to myself, only one of the participants was originally from Yorkshire. One of the participants does not have English as a first language but has trained and worked exclusively as a counsellor in the English language. She considers English as her second language, although she has been exposed to a number of languages in her life through her heritage and the places she has lived. Her 'native tongue' is Russian. This is explored further in the analysis of the data as it revealed a number of aspects of how she views her own use of language. As far as I am aware, all of the other four participants have English as a first language. I make this assumption based on my conversations with them but did not ask the direct question to confirm this. At the time this did not occur to me. Three of the participants are university lecturers, as well as working in organisational settings as counsellors, and some private practice. One worked in an organisational setting with the Improving Access to Psychological Therapies (IAPT) NHS setting and the other was a PhD student who did some voluntary work as a counsellor and a very small amount of work in private practice.

The benefits for me of purposive sampling were that I could make choices about the participants that I knew to have an interest in language. My preliminary discussions demonstrated that they had some passion for the subject I wanted to explore. They all brought a different perspective, but all shared an interest. In making the decision to recruit participants in this way I was aware of the limitations inherent in purposive sampling. There is a danger of bias within the process of recruitment as I will unconsciously be drawn to participants with whom I felt a connection. In fact this was not fully the case as I felt some disconnect with some of the participants, as I explored in my reflections on the data collection process which follows. I also acknowledge Creswell's (2003) words when he says:

'The purposive sampling procedure decreases the generalisability of findings. The study will not be generalisable to all areas of [nursing]'  
(Creswell, 2003, p148)

If I think about the ethical considerations of using a small sample of participants, I am drawn to the possibility (and perhaps, likelihood) of bias being present in the selection process. As with the purposive sampling strategy, the sample size does not allow for generalisability for the findings from the data. The reasons for a small sample size are outlined above and had much to do with logistics and depth of conversation. I stand by my decision to engage with a small number of therapists, and the ethical approval I obtained reflected that I had considered this.

### ***Collecting the data***

The participant research conversations were completely unstructured, and the intention was to focus on their experiences of language differences and interpretation of language when they work with clients. I chose to use unstructured conversations because I wanted the participants and myself to uncover ideas together as this very much fits in with my intention to be open to being led where the participants took me and allowing my curiosity to be stimulated. The rationale for unstructured conversations was explained to the participants and discussed before the start of the session. All were in agreement that this felt to them like the way that they would like to engage with the study. I will be using the word research conversations to define my encounters with the participants as I want to instil the sense of a two-way process which could meander in the ways of any other conversation. I considered Creswell's (2003) characteristics of qualitative research:

'Qualitative research is emergent rather than tightly prefigured. Several aspects emerge during a qualitative study. The research questions may change and be refined as the inquirer learns what to ask and to whom it should be asked. The data collection process might change as doors open and close for data collection, and the inquirer learns the best sites at which to learn about the central phenomenon of interest. The theory or general pattern

of understanding will emerge as it begins with initial codes, develops into broad themes, and coalesces into a grounded theory or broad interpretation. These aspects of an unfolding research model make it difficult to prefigure qualitative research tightly at the prospect or early research stage.'

(Creswell, 2003, p181-2)

Reading and recreating the process described in the above paragraph excites me. It helps me to appreciate that I didn't need to have all the answers at the outset. I love the idea of following where the research takes me. I have had to allow myself to suspend my need to hurry and let the process unfold. This has been a struggle, as my way of being is often to want immediacy in my answers.

I had given some thought to making the interviews semi-structured but felt this would make them 'interviews' rather than 'conversations' and would impede the freedom to flow wherever the conversation took us, within the boundaries of the research question. This felt like a more natural fit with the non-directive way I am with clients, and I would imagine my participants are with their own clients. To me this is a representation of the link between research and therapy. The only direction I put on the conversations was to open each one with an explanation of the research question, so that they were fully aware of the context (they had been given the information in the participant information leaflet at appendix 5). There was also a time boundary of 90 minutes for each conversation. This was because I wanted to ensure that each lasted the same amount of time, in order to give equity of opportunity to speak, and there would be a fair distribution of available data for analysis.

My strategy for carrying out the research conversations was to find the setting which was most comfortable for the participants. This was also a consideration in the decision to engage participants who are based within relatively easy travelling distance from my home, as the interviews had to fit in with the many demands of my work and those of my participants, as well as the research study.

For this reason, three of the five conversations took place in the 'natural' setting of the participant's usual place of work (Creswell, 2003, p181), although this was not

the place they saw clients. They were the places where all three taught counselling and psychotherapy, although that was a coincidence and had not been part of my original 'plan'. I felt that this allowed for a more reflective space for the participants, although this did not necessarily work as I anticipated for a number of reasons which are explored later in the chapter when I consider the research conversations. Kvale and Brinkmann (2009) also discuss the 'situation of the interview' and say the following:

'The personal consequences of the interview interaction for the subjects need to be taken into account, such as stress during the interview and changes in self-understanding.'

(Kvale and Brinkmann, 2009, p63)

Reflecting on this quote, I wonder if using the 'natural' setting was too full of distractions for me and for the participants. (I reject the word 'subjects' used by Kvale and Brinkmann as implying a power dynamic that I did not want to be in there.)

I interviewed one participant in my own therapy room and another in a small meeting room at the University of Leeds that I associated with skills practice during previous teaching experiences in the University, and also with my own training as a counsellor. I have included reflections on the conversations, which provide a vital part of the interpretation of the findings of the research, as my experience of all aspects of the interview will bring a subjectivity which must be acknowledged.

As a practitioner and researcher, it is important to me to use reflexivity to inform my methods and subsequent analysis. I refer to Kim Etherington's (2007) definition of reflexivity as this resonates with me and my own view on reflexivity:

'Reflexivity is therefore a tool whereby we can include our "selves" at any stage, making transparent the values and beliefs we hold that almost certainly influence the research process and its outcomes. Reflexive research encourages us to display in our writing/conversations the interactions between ourselves and our participants from our first point of contact until we end

those relationships, so that our work can be understood, not only in terms of *what* we have discovered, but *how* we have discovered it.'

(Etherington, 2007, p601)

Whilst I agree with Etherington for the most part in this definition, if I consider it in the context of my research question, it would appear that it makes an assumption that the researcher and the participants will understand any interactions. What I wanted to discover was to what extent this was the case.

Whilst trying to find a succinct definition of reflexivity, I came across one on the Cambridge English Dictionary online which referred to reflexivity as a bidirectional concept. Personally, I see it more of a circular concept that keeps feeding back into itself as the ideas of researcher and participant or client and therapist weave backwards and forwards. On a visit to the Hepworth Gallery in Wakefield, West Yorkshire I came across a piece of art which is called the Sphere, by Barbara Hepworth, who was local to this area. I have always been attracted to this particular sculpture, but on this occasion, it had a resonance for me which I was able to identify. Below is a photograph I took; this sums up for me the idea of the interaction of reflexivity, as a dynamic process which has no beginning and no end.



*(Photograph taken by myself on 3 April 2018, Wakefield, West Yorkshire)*

In engaging in conversations with participants, there is an inevitability of an intersubjective relationship, particularly as my participants were all therapists and are accustomed to working in a relational way. Acknowledging this and using reflexivity

to work with this offers benefits to the process of the interviews and subsequent analysis. Hollway and Jefferson (2000) say the following about this idea:

‘using reflexivity in this way can serve both to guard against bad interpretations and to assist with good ones’

(Hollway and Jefferson, 2000, p65)

I also strove to develop Hollway and Jefferson’s idea of ‘free association’ interviews as a way of allowing the Gestalt to emerge by inviting the participants to feel able to talk about language in a way which creates a picture for them of the therapeutic relationship and the therapeutic process. This solidified my decision to use unstructured interviews and fits well with the story-telling focus of my research. I did not want to include the restrictions of any kind of structure to the conversations through interview questions. The challenge has been to try to give ‘order’ to the stories to enable them to be meaningful as research findings, without losing the essence of the freedom and authenticity of the story-telling. That said, there is something appealing about a lack of order that will reflect the ‘disorder’ of people telling their own story. I feel that this approach allowed creativity for the participants telling their story, but on the negative side it also allowed for creativity for me in analysing the data, which has the potential to detract from what the participants may have felt about their story as I ordered the data from my perspective. It may also have created some bias in the analysis, as I use my own subjectivity in that process.

Creswell talks about qualitative research needing to contain multiple methods:

‘Qualitative research uses multiple methods that are interactive and humanistic. The methods of data collection are growing and they increasingly involve active participation by participants and sensitivity to the participants in the study. Qualitative researchers look for involvement of their participants in data collection and seek to build rapport and credibility with the individuals in the study.’

(Creswell, 2003, p181)

This fits with my intention of using a variety of media for my own reflections, as discussed earlier in this chapter. I used different ways of using words and language, for example with song lyrics and poetry. As a singer, song lyrics have always had great impact on me as a medium for metaphor and expression. I feel this kind of creativity (whatever form that takes for the participants) is potentially a source of material for others in their own understanding of language. I was also interested to see the ways in which the participants used their own language. I hoped for a similar creativity of expression from the participants and this is what I saw through the natural way of expressing themselves from some, although not all, as is explored in my reflections on the conversations.

In addition to their capacity as therapists, all of my participants also had been, and continue to be, clients, experiencing considerable therapy of their own. This was important to enable me to get a perspective of their experience of language as a client. I also reflected on my own experiences of being a client. My original intention had been to carry out interviews with other clients, recruiting from counselling training courses where therapy was a mandatory part of the training. I obtained ethical approval for this to take place but had a change of heart as I reflected that this may be a contrived way of interviewing clients, although potentially the most ethical. I also rejected this way of interviewing clients as I felt that the logistics of interviewing trainee counsellors would bring about some additional ethical considerations. For example, I would need to recruit participants from training programmes, and I felt this might impact on the authenticity of the participants. They may feel coerced into participation if they thought it might impact on their training; if they unconsciously felt that participation would impact on their assessments. At the time I was undertaking some teaching on the MA Psychotherapy and Counselling at the University of Leeds and so would not have felt able to recruit from these students. I made enquiries about other university training providers in the North of England, but some had no requirement for trainees to engage with their own therapy and others only required a very limited number of sessions. This felt as though it would limit the engagement of the students. I subsequently revisited this idea, in passing, but by this time I was teaching on the training programmes at both universities in Leeds, so I quickly rejected this idea as unethical. For these reasons, I

made the decision to use material from the existing participants who had all had their own therapy.

With all the elements of participation in the study there is an overarching premise of reflection and storytelling. My reflections on storytelling in Chapter 2 go some way to explaining what I have tried to achieve in exploring the language we all use. This informs my methodology as I entered into the research conversations, and subsequently, as I analysed the data. The conversations encouraged reflection from the participants to enable them to think about their own experience of language and what these experiences mean to them. I used my own skills as a counsellor to encourage this reflective and narrative approach. Skills of active listening, reflecting back, summarising and paraphrasing were employed to stay with the story and encourage further expansion. Participants reflected on the ways in which their clients tell the story of their own experiences, and in addition, on the mutual storying of the encounter with the client and the therapists' own stories.

### ***Analysing the data***

I firmly feel that analysis of the data began at the moment that I decided to undertake this research. I decided that this topic was something that I particularly wanted to explore and began to consider my own experiences and to note some of these thoughts, which were later used in the thesis. I also had informal conversations with colleagues and friends who gave their opinions, although these at the time, were just 'chats' and were not recorded as data. As I considered these reflections and 'chats', I began to make some sense of my experiences and those of others. Everyone I spoke to was interested in the subject and all had something to say. My connection with this material informed a lot of the decisions I took along the way, when it came to the literature I read, and the direction I began along for the research conversations. I wanted to work with the enthusiasm and passion of the participants.

The analysis of the data which came specifically from the research conversations almost became a part of the conversations, as they were a collaborative process which involved both myself and the participant. All of the conversations emerged as very reflective and reflexive, allowing the opportunity to consider the meaning as they took place – the next step in the analysis.



When considering the more formal process of the analysis of the data, my thoughts moved towards the idea of narrative analysis and its valuing of 'the messiness, depth and texture of lived experience' (Etherington, 2004, p81). I was also inspired by the definition of narrative analysis offered by Brinkmann and Kvale (2009), as it extends the theme of storytelling which underpins the thesis:

'Narrative analysis focuses on the stories told during the interview and works out their structures and their plots.'

(Kvale and Brinkmann, 2009, p222)

At appendix 3 I have included a worked example of how I undertook the analysis which shows the full extent of its messiness. I went through and numbered the lines on the transcripts in order to making coding the analysis more straightforward and then I worked through the transcript of each conversation using the track changes facility on MS Word to make initial comments on the conversation, determining the themes as they emerged and then to link the text to themes that had already arisen from other conversations. This provided an overall picture of the themes and the 'key moments' as described below. Simultaneously with this approach I made a series of handwritten notes, identifying the relevant key moments and line numbers from the text. This enabled me to keep a record of the relevant sections of the transcript to then cross-reference and to keep a instant record to use for checking against the pertinent literature. As I wrote up the analysis, I used the two resources together and also added in references to the literature and my own additional thoughts. The whole process was very organised to me, although it was in my own style, which may have not been easily followed by someone else. This may have increased my own bias in the analysis and provided limitations to the study, but it felt most comfortable to me in terms of working with the data.

Initially I had been of the opinion that I would use some kind of thematic analysis to analyse my data. This did not feel comfortable or quite right for what I was trying to achieve, as it seems to take away the intersubjective nature of the research conversations and the co-creation of those conversations. This felt like the analysis was being 'done' to the participant's stories rather than being part of the process in a

collaborative way. I have explored this further in Chapter 4. Ultimately the analysis carried out was a thematic analysis but was informed by Sullivan's (2012) ideas of using a dialogical approach to data analysis. He suggests that this approach allows for the exposure and understanding of rhetoric in the dialogue. Sullivan asserts that a 'dialogical approach provides tools for the methodological analysis of subjectivity in qualitative data' (Sullivan, 2012, p1) and this idea seem to be a good 'fit' for this study as it takes away the rigid structured approach to data analysis which feels too scientific. By this I mean that I felt that I wanted to allow my curiosity to not be restrained by structure and I wanted to be free to explore. This is ironic as I consider my fear of allowing myself to be free, as discussed in Chapter 2. For me the 'scientific' implies a more rigid structure that I wish to leave behind. The approach that I have described above, the 'messiness', illustrates a combination of structure and freedom in the analysis.

Sullivan describes a dialogue as where 'ideas are actually lived rather than abstract and are full of personal values and judgments' (Sullivan, 2012, p 2). In the design of the research and the analysis of the data, I very much took into consideration the subjectivity of the ideas of the participants, and also the intersubjectivity of my part in the research conversations. Sullivan goes on to discuss dialogue as both an epistemology (theory of knowledge) and an ontology (a theory of being). In constructing my research design, both of these ideas are key to the co-created nature of the conversations, as opposed to the idea of structured interviews. The interdependency of researcher and participant for the conversations to take place fulfils a need in both to hear and be heard – a dialogue, as opposed to a monologue. Taking Slevin's (2001) description of epistemology:

'Epistemology is one of those words that puts almost everyone off. Most people cannot even pronounce it...However, it is vitally important for all that...It is the study of what knowledge is, how we come to know, and the nature and terms that knowledge takes. It deals with the matter of justification, the arguments we can present to justify the belief that the knowledge is true or accurate. And it deals with how we accumulate knowledge, and how we classify this knowledge.'

(Slevin, 2001, p 144)

I believe that the methodology used for the analysis of the research conversations demonstrates how the knowledge for the hypothesis of the study comes to be known and how this can be justified, by acknowledging the subjectivity of the process.

With regard to the ontological framework of the research methodology, I believe that the process of the research conversations allows for the exploration of the world views and ways of being for all of the participants, although I acknowledge that the final phase of the analysis comes principally from my world view.

Whilst considering the design of the study I felt that I needed to have a clear plan for my data analysis, but I was able to let go of that pressure as I reflected on the spirit of this research as an evolving and emerging project. As McLeod (2003) points out:

‘The process of carrying out qualitative research can be divided into two broad types of activity: gathering data and analysing data. In practice these two activities will often be carried out as a series of cycles of inquiry, or may even appear to be happening at the same time.’

(McLeod, 2003, p73)

I quickly clung on to this perspective as McLeod seemed to articulate my own thoughts about the process of analysing during the time when the data collection is being carried out. I am aware that as the participants were talking, I was making connections and links in my head, many of which I articulated at the time to the participant to create the ‘cycle’ that McLeod speaks about.

McLeod also talks about the observer to the data gathering interviews. He suggests this as a third person, but I like the idea of the researcher being the observer, standing as witness to the story of the ‘story-teller’ (the participant). This gave me food for thought when considering the format of the interviews. As the project is about use of language, I wanted my participants to have as much freedom as possible to express themselves. I felt I needed to allow myself to witness the responses of others to what I am endeavouring to explore, and this seems to be a good place to start.

The process of developing the design of my research and its methodology has involved a good deal of reflection on the process of therapy as well as the process of carrying out a piece of research. I consciously did not want to move too far from the basic tenets of counselling and psychotherapy. This presented some challenges in developing something that is academically robust, but without the constraints of a formulaic process. One of the most important aspects of the methods was a desire to allow an organic process to emerge. By giving my participants the opportunity to freely explore the research question they were able to allow freedom for their own curiosity, as well as stimulating mine. This feels very much aligned to the process of therapy, while also reflecting the true art of conversation.

After engaging with the research conversations, I felt the challenge of analysing the data was to find a method which fits with the ethos of the conversational nature of the data collection. Immersing myself in the data, I found myself drawn to the idea of 'key moments' in the conversation and to Sullivan's (2012) discussions of dialogical analysis. Sullivan describes these as follows:

"Key moments" are an "utterance" of significance. An utterance is a significant unit of meaning, different from the sentence or the line and is defined by its readiness for a reply/reaction.'

(Sullivan, 2012, p72)

Identifying and extracting these key moments in the research conversation provide an ordering and distillation of the data which give a framework to the analysis. By examining all of the data and picking out the key moments for each of them, it becomes more manageable to analyse the intersectionality between the conversations and to identify the themes, commonalities and the overt differences. In order to identify the key moments, I am drawn to the examples given by Sullivan as a formula he used in a collaborative study with Anna Madill in 2010. This study was carried out with medical students, so the precise wording of the formula is slightly different in my adaptation of the idea. Here I quote from the original text and offer my own subject to examine how it works in the case of my study. Sullivan (2012) says the following:

'In terms of form, a key moment was given a boundary by a move in the interview relating: (1) an anecdote relating to self or someone else who had a personal impact; (2) a significant belief or expectation around [medicine]; and (3) a reflection on their own identity and practice in [medicine].'

(Sullivan, 2012, p73)

In the above quote I have put the word medicine in parenthesis as this is not relevant to my topic and would be substituted with a word such as counselling or psychotherapy. Using key moments will inevitably mean an imbalance in the amount of data to be used from each participant, as they do not all offer the same number of key moments, particularly as these moments will be identified by the researcher in this case. I have chosen to identify the key moments in order to have some continuity of perception with what appears to be the 'stand out' ideas.

Once the key moments had been identified I developed a table showing how these 'moments' highlighted a number of themes which were common to more than one of the research conversations. The table of key themes is contained within Chapter 4. I also identified a number of sub-themes to some of the master themes. The ways in which these sub-themes and master themes were synthesised, and, in some cases, overlapping is also explored in Chapter 4, below. The chapter also illustrates the themes by using examples from the research conversations and also from my own reflections on my client work.

In the next section of this chapter, I have included some reflections on my experiences of the research conversations with the five participants, to get a sense of my own subjectivity in the process. It was important for me to undertake this task of reflecting as I wanted to highlight to myself and to the reader some of the biases that were likely to impact on the analysis. One of the problems I found when writing my reflections of the conversations was separating out the process of holding the conversations from the methods of the research and the findings from the data. I have already acknowledged, above, how I felt that I began to analyse the conversations as they were taking place, and this is reflected below. I found that the

boundaries between the different aspects of the study were becoming blurred. I am pleased by this as it shows a synthesis of the data and the process.

Once the data from the unstructured conversations had been transcribed the formal, structured process of analysis began. As I mentioned in the previous chapter, above, I would have liked to have carried out the transcribing myself in order to have an initial review of the data in the wake of the conversations taking place. This was not possible and so they were professionally transcribed. This was disappointing because I felt that I lost out on some of the early considerations of the content of the conversations. It seemed to me (and still does) that hearing what was said through the transcribing process would have given an extra dimension to the process and to experience of analysing the data. The use of a professional transcribing service meant that the process of analysis took a different turn, as I listened to the recordings a number of times in order to achieve the connection with the data that would have come from the transcribing process. I feel that this process would have created a gentler, more unconscious approach to the analysis. Reflecting on this, I see that there is no right or wrong approach and that this experience was just a different one from what I might have had but is in fact the experience I had. The more I think about the process the more I feel slightly disappointed that the transcribing process was just a job to someone. They would not have listened to the content or had the experience of considering what someone is saying about language. This feels like a disconnect from what I have been interested in exploring. Here, as part of the research process, was someone (or more than one person) who was not hearing what was being said and not having the opportunity to make their own meaning from the data. This feels sad that the richness of language is lost on someone whose job it is to just type. In addition, there is the problem brought about by the lack of connection with the material that leads to missing some of the paralinguistic cues that are in the data. The particular ways of saying things, the nuances of body language which convey meaning. Sullivan (2012) reflects on this when he talks about transcription. He cites Mischler (1991), when he says:

‘...has shown how the same extract can be transcribed in different ways reflecting different processes. Moreover, what those sounds signify (e.g.,

does emphasis signify sarcasm or enthusiasm) is also a matter of interpretation and judgement'

(Sullivan, 2012, p 68)

This made it even more important that I listened to the recordings a number of times, in order to get back to the moment of the conversations.

### ***Research conversations – reflections***

I am surprised by the differences in approaches to the research conversations by the participants, and, as a result of that, the different ways I have interacted with them and reacted to the material that has come out of the conversations. I had thought that as I was the common factor in the process that this would create some commonality in the co-creation of the interviews. What I have noticed is that this is not the case. My own thinking and my own approach to the interviews has been strongly influenced by a number of factors, including the setting and my perception of the participants and this seems to have created a slightly different version of me in each of the conversations. Here I have tried to unpick some of the influences on the conversations, from my own perspective, without examining the content of the conversations, at this stage. The process of the conversations seems to be as important to the research as the content, as it demonstrates a great deal about the ways in which we communicate.

### ***The setting***

Firstly, I want to think about the settings for the conversations, as this has had more of an impact than I expected. The interviews carried out have all been in different locations. This came about as a matter of convenience, rather than any predetermined plan to experiment with the difference.

The first conversation, with Anna, was carried out at my own therapy room. The reason for this was that the only time when both I and Anna were available was at the weekend. I had considered whether the interview would be carried out at Anna's home, but decided this would be too distracting. Anna was in agreement that the best place would be my therapy room, even though this may create a slightly different relationship between us. In order for me to be clear about the relationship

for this process, rather than the usual client/therapist therapeutic relationship, I moved the furniture around slightly and did not sit in my usual seat. To some extent, this helped me to shift my perception of my role. What I did notice, however, was my own discomfort at the shift. As this was my first research conversation, I was nervous about how this would work. The discomfort I felt in the space I usually regard as a place of comfort, was a little unsettling. If I reflect on the video footage of the interview<sup>2</sup>, neither I nor Anna look particularly at ease. Anna is someone with whom I trained as a psychotherapist and who is a close friend. We were both determined to focus the conversation on the research question, but there is an inevitability that the boundaries would be blurred, even with the best intentions. I will return to this dynamic later, but for now want to concentrate on the physical settings of the conversations.

The second interview, with Beth, was carried out at the University of Leeds. She trained on the same programme as I did, but a year later. She is someone I know a little, but on a fairly superficial level. She was also a fellow PhD student in the University, although our paths seldom crossed. The room booked for the session was one which is currently used for skills practice for existing counselling students in the School of Healthcare. It was not a room used for this purpose when I was training, so did not have those associations for me. It was, however, the room where I had supervision meetings while I was writing my MA dissertation, and as such, brought back memories of the intensity of that process. It is also the room where I had assessed skills for counselling skills students, where I was the teacher not the student. I think I was surprised at how my mind makes associations to places with particular experiences and how they impact on the current situation. I generally felt the weight of a variety of memories in that room. I did not discuss this with the participant, but my sense was of the room creating a formality for the conversation which I had not expected. For me, there was something present that reflects a kind of Proustian idea of the association of places that evoke a particular reaction. The other thing that was very much in my awareness was the noise outside the room and the fear of being overheard by School of Healthcare staff, many of whom I knew,

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<sup>2</sup> It is worth pointing out at this point that Anna's interview was the only one that was video taped. After this one, I had some difficulties with the equipment and made a decision not to video record the others, but just to audio-record them.



which may expose my inadequacies. The choice of the University of Leeds as the venue was at the request of the participant. The actual room chosen was a combination of my preference for a room away from lots of student activity, and also what was available at the date and time.

The remaining three conversations took place at the workplaces of the participants. One was in the academic office of Charles in a university I was not at all familiar with. This was a shared office with two desks and very little room for anything else. This meant that the layout of the room for the purposes of the conversation was not flexible and not particularly comfortable. This, together with the fact that I was very much in awe of the participant had an impact on my own processes, making me anxious and determined to look in control. There was a sense of a difference in the power dynamic because of the position of the participant. A short question from Foucault comes to mind. He asks, 'who legitimises power?' (Foucault, 1994, p327). In the case of this interview, the party legitimising the power was essentially me, although I do reflect on the perceived expectations of the participant. I chose not to investigate this at the time, as I did not want to make this overt in the room. Unfortunately, I had a problem with the video camera for this interview, making me more anxious and increasing my feelings of inadequacy.

The next interview in Denise's workplace was in a meeting room in a university with which I have some small historical connection. Denise was someone who I had met briefly before. The setting for the session was the choice of the participant and felt very sterile and unwelcoming. It was a room also used for teaching small groups with a large round table and windows out onto a busy corridor. This made it quite noisy and a little distracting. This did not feel particularly conducive to a relaxed and spontaneous interview. I will reflect more on the impact I felt this may have had later. The setting of this university also had an impact on me as it was a reminder of how I had expected my life to turn out some thirty years ago. This had not gone to plan and so there was some sense of melancholy for me.

The fifth interview with Edward was held in the participant's very small and cluttered office at his place of work, again in a university that I was not at all familiar with. I had had some trouble finding the room in the university and this made me feel a little anxious before I even started the process. The room was very narrow and

claustrophobic. I had to climb over a bicycle to get into the room and sat, uncomfortably, wedged in by a filing cabinet. Edward seemed fairly relaxed as this was his own space. He filled the space, sitting casually and stretching out. I felt that there was no room for me in the office, and maybe in the conversation, which was quite intense, whilst also being scattered. Edward's casual demeanour did not quite match the flow of the conversation. I will say more about that later. During the conversation I realised that the bicycle is a significant part of Edward's identity. It almost felt like it offered a comfort and a freedom to explore the research question. This causes me to reflect if the conversation would have been very different without the bike being there.

The literature talks about the 'staging' of an interview (Kvale and Brinkmann, 2009) as the setting up of the interview: the briefing, debriefing etc. For me, this is only half of the story for the term 'staging'. The physical space is very important in therapy, creating and providing the ideal atmosphere for the work to take place. The same is true of a research conversation. Etherington (2004) talks about a research conversation being a snapshot in time. While Etherington refers to this in discussions about content of the interview, I feel that this also reflects the context, making the 'scenery' an important aspect of that snapshot. This theatrical metaphor appeals to me, as a link into the improvised nature of the 'performance of the interview'. I have a good deal of experience in amateur theatre over my whole life and can relate to the metaphor as one which I would probably use myself. The staging allows for a comfortable perspective in which to be authentic, particularly if the staging is determined by the participants. I think it is for this reason that I felt that my way of being during the three conversations in the 'natural setting' of the participants felt more of my performative self than I would have liked. The staging was their staging and I felt less able to be my 'real' self. This was compounded by the fact that all are much more experienced as therapists and teachers than I am, so I had to force myself to play a role. The conversations with Anna and Beth should have felt more real to me, as the setting was more on my terms, but my discomfort with being the researcher meant that I performed that role until I settled into my role.

***What did I notice about the participants and what was the impact on me?***

I have acknowledged that there feels to be a blurring of the boundaries in the content of my reflections of the conversations with the analysis of the data because of the way in which the encounters unfolded. It is most evident in this section as I am not able to move away from a subjective approach which begins to create an analysis of the data. My intention is not to confuse the reader, but to be transparent in the process of bringing the thesis together, whilst being congruent with the methods being used.

All of the participants offered a sense of how they had found the experience, and all commented that they had felt challenged to examine their experiences. Here I would like to concentrate on what my perceptions were of things I observed during the conversations. It goes without saying that what I noticed was created by my own reactions and a product of my existing relationship with the participants. I attempted to suspend my knowledge of the participants and make each conversation start from a point of parity. I soon realised that this is not possible to do, as the intersubjective nature of conversations 'gets in the way' of trying to forget what I knew. I am pleased about this, as it would have been unnatural to have it any other way. There has to be a relationship in order for a conversation – any conversation – to work. The language used is part of that relationship, but not all of it.

I will start with Charles, as this was the interview which I had been most apprehensive about. The person holds a position of authority and is also someone who has published very widely. He is considered to be a figurehead in the world of counselling and psychotherapy in the UK. This gave me a sense of nervousness and apprehension. I think I was a little in awe of Charles and I was concerned that this would get in the way of my own contribution to the conversation, making me tongue-tied and too accepting of things he said without offering any challenge. A degree of challenge felt important in order for me to be congruent in the conversation.

My experience with Charles was very positive. Charles was very relaxed and chatty, which enabled me to overcome my nervousness. There was no sense of hierarchy from Charles and the conversation was very collaborative. It felt like a conversation! Charles seemed to be very interested in the subject matter and seemed attuned to

the things I was interested in exploring. Charles was very open about his experiences and seemed comfortable with talking about the context of some of his own perceptions about language difference and the therapeutic relationship. I will explore the content of the conversation in my analysis in Chapter 4. For now, I will focus on the process of the conversation.

Charles is very much a story-teller. This is something I had been aware of from seeing him speak at a number of events, but I noticed that there is some vulnerability and insecurity underneath that confident raconteur. This was evident when we discussed the potential mismatching of understanding that he notices with clients who do not have English as a first language. I was encouraged in my own position by this admission of slight uneasiness, as I felt it as a levelling with me. I was gratified that I had had some experiences that Charles had not had – namely, working with interpreters in therapy. I was also able to share a way of working that Charles plans to try for himself. I think this was useful for me to reconfirm that we all have different experiences and they do not have a hierarchy. My sense of the interview with Charles was very much one of sharing. Kvale and Brinkmann (2009) talk about the criteria for the quality of an interview and refer to:

‘the extent of spontaneous, rich, specific, and relevant answers from the interviewee’

(Kvale and Brinkmann, 2009, p164)

The sense of sharing the experience of the conversation is embedded in the spontaneity and richness in the case of Charles.

My expectations of the conversation with Anna were very different. Anna trained as a therapist with me and we know each other very well. She is one of my closest friends. Initially I had been unsure about having Anna as a participant because of the existing relationship we have. After much deliberation I decided to ask her to participate as she was a therapist working in England in her second language. She works for a service where it is not unusual to have interpreters as part of the therapy process. I felt this would potentially make for interesting insights into how Anna is affected by language in the therapy room.

There were a lot of additional dynamics to consider in my conversation with Anna, compared with the other participants. As part of the process of recruiting Anna to the study, we had conversations about how this would feel, given our shared history. I felt determined to be led by Anna to make sure that the process was comfortable. We have subsequently discussed this and Anna reminded me that the dynamic of the interview was something we had navigated previously and had successfully negotiated. When Anna was doing her own research for her MA dissertation, she had wanted to have the same experience as her participants and asked me to interview her in the same way as she had interviewed the other participants. She wanted to be a participant in her own research. This worked well as we were able to maintain our boundaries, while still acknowledging the slightly different experience she had had from her other participants.

Anna also reminded me that I had once interviewed her for a job when I was the manager of the interpreting service for the NHS. During that interview we both managed the boundaries well, with me using the same process as I did for other interpreters and Anna also regarded the interview as a very formal process. Anna reports that during the conversation for my PhD study she kept those things in mind in order to maintain her boundaries. For my part, I think that using my therapy room for the conversation enabled me to maintain the boundary of participant rather than friend, despite this bringing other difficulties (discussed below). Ultimately, I think that it is unavoidable that there would be a different kind of relationship than that of researcher/participant, but we were both mindful of that and worked hard to manage it in the context of the research. For me there was also the task of managing the difference with the other research conversations to ensure that there was a commonality in my approach, even though there was a lack of commonality with the flow of the conversations. This was relevant to all of the conversations, not just with Anna.

As discussed above, the decision to interview Anna at my therapy room was made out of convenience to both of us. On reflection, I wonder if this was the best decision. What I noticed about Anna was a shift to a formality that was incongruent to our usual relationship. Anna used formal language when discussing her experiences with clients. I wonder if that formality is reflected in her way of being with clients? I notice that Anna's accented English can sometimes appear more

formal than is intended. There is also a preciseness in her use of language that is different from someone who has English as a first language. This is a phenomenon I have noticed before in people who have been educated to a high level in English. I noticed this and mentioned it to Anna during the conversation. She is not aware of the formality of her language. This leads me to reflect on how we must all hear things differently, as a reaction to our own worldview and experiences. A key point to remember when reflecting on the maintaining of the therapeutic relationship.

Another thing I notice about the conversation with Anna is something in myself that I had not acknowledged before and which is not particularly comfortable to admit. I notice that I feel some degree of power in this case. I am the one asking the questions for **my** research and we are using **my** first language for the interview. This surprises me that I notice this, but it does not surprise me that it gives me some discomfort. It is important to me to be accepting of everyone's way of being and I try to resist the power imbalance that I felt in this conversation with Anna. At the time I was not fully aware of this, it was only in my subsequent reflections that this was brought into my consciousness. As such, I did not share my reflections with Anna and so I am not aware of her perception. This seems to be part of my pattern of not feeling I had the freedom to challenge my perception for fear of drawing attention to something which feels uncomfortable to me. I also admit to being secretly pleased with this imbalance, as this was my study and I felt, at that point that I wanted to do it my way. It is interesting, with further hindsight, to consider whether I would have done things differently if this had not been my first interview.

My conversation with Beth threw up a different sort of power issue for me. Beth appeared to be anxious about the process and this was very much in the room at the beginning of the session. She sat very formally in the room and this had the effect of creating anxiety in me. Beth is someone who I know a little, as she is a fellow PhD student. My perception of her has always been of someone who is very measured and intellectual. I have always been a little intimidated by how I perceive her abilities. I guess this also made me anxious about my performance as the interviewer, as I wanted to 'do a good job'.

Beth had shown a genuine interest in my project and is very enthusiastic on the subject of language and language use. After the initial trepidation, the relationship

for the conversation settled into one of openness and collaboration. At the end of the session Beth commented that her anxiety had subsided and that she felt that she had experienced something on a par with a good session of supervision, as she had felt that she had been able to challenge her own thinking and perceptions. This comment helped my own anxiety to subside, as I felt that we had been able to create a relationship that was meaningful enough for me to get authentically reflected data from Beth. If I am completely honest, the comment also made me feel that I had been able to be 'in charge' with the conversation. I think this says more about my preconceptions about Beth than about the actual conversation, as this was rich and colourful. I also acknowledge, on reflection, that once again I held a degree of power in my encounter with Beth. I think I ignored that at the time, although I think I was probably aware of it. As with all of the conversations, the degree of anxiety I felt with others engaging with the subject meant that I did not notice some of the dynamics until afterwards when I listened to the recordings and read the transcripts.

I was least confident about my conversation with Edward. This was someone who I had met on one previous occasion and what little I knew of the participant made me feel that this would be someone with whom I might struggle to connect. Despite my lack of confidence, I did approach the conversation with some degree of excitement at the perceived challenge of connecting in a meaningful way. I found myself surprised at the lack of assurance in the ways in which Edward appeared to speak and express himself. The surprise was that this seemed to contradict the ease with which he filled the room. This perception of the participant speaking in an uneasy way had the effect of helping me to feel connected, eventually. I initially found it hard to feel connected because of the way in which he filled the room, physically (with his presence and that of the bike) and in his 'story'. I had to work hard to stay in the room with him and was only able to do this by staying with the story, despite the feeling that I had no space for me. Ultimately, I felt that there was a collaboration in the interview which helped me to feel a warmth to the participant, enabling what felt like a meaningful interview. This, in turn, detracted from an anticipation of feeling unworthy of inviting this person to participate. The vulnerability that we shared, for different reasons, created a 'convergence out of a divergence' (personal communication, Freshwater, July 2016).

The conversation with Denise came about following an initial conversation in which she expressed an interest because of her own background as a linguist. The interview itself did not feel like a conversation. I felt that both Denise and I both found it difficult to relax in the environment (or maybe the situation) and this had an impact on the session. My perception was that Denise was not comfortable and this resulted in me feeling on edge. This interview took place before the interview with Edward, and it is with later reflection that I am able to contrast the two and get a greater sense of divergence in this interview.

Interestingly, I am not able to pinpoint exactly what felt disconnected about this interview, despite a great deal of reflection. I am aware that there were a number of factors which I was carrying which I am likely to have brought to the session without intending to. I had had a tough week at work and in my personal life and felt tired. I was also sad and angry about things that had no connection to the research or the process, but which I was bringing into the room. This is interesting to note and to reflect on when analysing the data that came from the conversation with Denise. I wonder if my perception that Denise seemed to find it difficult to find things to say were more about my lack of connection. I had thought that it was as a result of Denise struggling to find her own reflections. I can acknowledge that the relationship there was co-created and probably reflected a struggle for both of us.

As Etherington comments:

‘Each story is told for a purpose, and how it is told, and how it is heard, will depend on the listener as much as the narrator’

(Etherington, 2004, p 78)

This to me highlights the intersubjective nature of the research conversations and also gives me permission to bring my own experiences into my reflections, and ultimately into my analysis. As I reflect on the interviews, I notice that I seem to be slightly different versions of myself in each of the conversations. I am strongly impacted on by the surroundings and my relationships with the participants. I have also reflected on my own use of language in the differing situations. I am aware of my desire to create a good impression with my words and articulated thoughts. This leads me to consider whether this could diminish my own authenticity in the research



relationship. I considered which parts of myself I 'used' in the conversations; whether these are real or performance. This reflection has caused me a great deal of soul searching, as it was never my intention to 'perform'. I believe that, for me, it was difficult to remain completely 'real' because of this desire to impress. Maybe the performative version of me is a fairly dominant part of me in certain circumstances where I feel uneasy or unconfident. At this point my reflections lead me to the thought that all these versions of myself are authentic, maybe just in different ways.

The conversations were all audio recorded and were then transcribed. Because I was experiencing some problems with a long-term condition with my wrists that my doctor suggested I should rest, I made the decision to have the transcribing done by an external agency. This had some knock-on effects for the process of analysing the data as discussed above. To some degree, one of the knock-on effects was the surprise I felt when I read through the transcripts. Despite having listened to the recordings before I had them transcribed, reading and listening at the same time gave me a renewed sense of the content and how some of my preconceived ideas of what the content might be, were challenged. These assumptions are explored above when I discuss what I thought might be the findings from the data at the start of the study.

As I discussed earlier in this chapter, the framework I used for the analysis of the data was thematic analysis informed by Sullivan's (2012) dialogical approach of key moments. After listening to the recordings and reflecting on what I heard and understood, there reached a point at which I felt that this process could go on indefinitely and so I made a pragmatic decision that the immersion was good enough. I believe that I could have continued to immerse myself in the data, but there was a moment when I felt that I had to stop, in order to process what I had taken from the conversations, including identifying what the key moments were. These are included in the table of themes below. This was the point at which the major themes had revealed themselves to me and I had a clearer sense of what the conversations were saying to me.

After I felt sufficiently immersed in the data, I began the process of analysing the data on a word by word and line by line basis. When I reflect on what 'sufficiently' was, I find it difficult to pinpoint an actual moment. It was more a sense of

understanding how the contents of the data linked more specifically with my research question. Using Sullivan's (2012) idea of key moments I filtered out the data that, whilst it was interesting, it was less useful to the study and focussed on the stories that seemed to connect with me and with the research questions. I acknowledge that this is a very subjective view, as I was the one making the decisions about what the key moments were, but there is a clearly a degree of opinion that comes into the choices made with qualitative data. Butler- Kisber (2018) makes the point that:

'In narrative work, the dichotomous distinction between fact and fiction is not a pressing issue. The boundaries of fact and fiction blur when we think of the constructed nature of narratives.'

(Butler-Kisber, 2018, p 89)

While I believe this quote relates to the data, for me it also reflects the process of analysis. A subjective view can be construed by others as fact or fiction, or as something between both. As the nature of my research is both subjective and intersubjective, there is no universal truth and so there are no boundaries between fact and fiction. I acknowledge that the decisions I have made about the data are my version of the facts. Having said that, the data was examined and subsequently synthesised from the perspective of different lenses and different roles, enabling the analysis to become multifaceted and richer. If I unpick what this means to me, I am drawn to the idea that there are different subjectivities within my own views, and this creates a richness of thought. My own various subjectivities are influenced by my roles as a researcher, as a practitioner and pretty much everything about who I am, which is part of the data for the research. These different subjectivities can define the different lenses that provide a framework through which I can look at the data. Specifically, the lenses which inspired this 'framework' were, in no particular order, the methodological lens which allows for the thematic analysis, the lens of the participants (and I include myself here as a researcher/participant), which allows them to tell their stories, and also the reflexive lens of the researcher, giving my own interaction with the data and the use of my own data. Reflexivity is defined by Etherington (2004) as:

'an ability to notice our responses to the world around us, other people and events, and to use the knowledge to inform our actions, communications and understandings. To be reflexive we need to be *aware* of our personal responses and to be able to make choices about how we use them. We also need to be aware of the personal, social and cultural contexts in which we live and work and to understand how these impact on the ways we interpret our world.'

(Etherington (2004, p19)

This definition resonates with me as I examine my own responses to the data and to my personal experiences. The data collection for the PhD became all-consuming and I found myself discovering that the research question was always in my head, noticing my responses to everything around me. In some ways this 'obsession' became a part of the data collection and enabled the various lenses through which I see the world (and the data) to become part of my constant thinking. This also helped me to draw together the different threads of the stories. This feels like a powerful reflection and one which fits with my personal philosophy about the synchronicity of all of life experiences being used to create us as a whole person

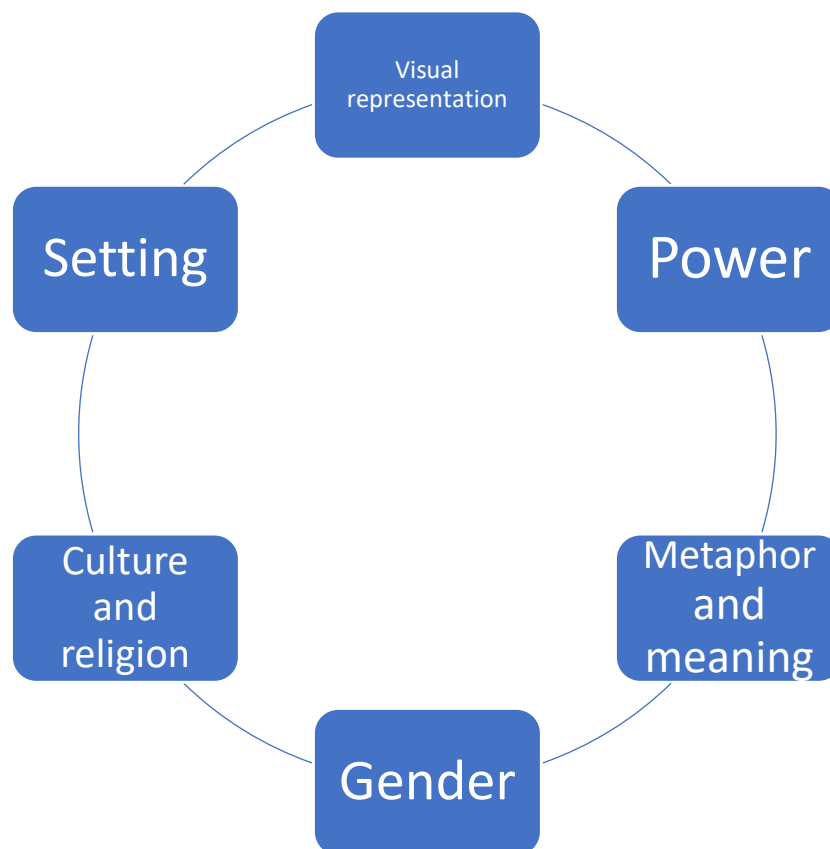
In this methods chapter, I have considered the use of qualitative methodology and narrative methods as being most closely aligned to the hypothesis I am exploring. I have described the process of the data collection (the ontological positions) and also reflected on that process using my own interpretations using the rationale of my epistemological position. Using these positions, I will now move to Chapter 4, where I offer my findings and analysis of the data.

## Chapter 4

### ***What the data revealed to me – findings and discussion***

The awareness of the three lenses described in chapter 3, above, (the methodological, the participants and the reflexive) in undertaking the analysis allowed me to concentrate my thinking, and my understanding of what the data was revealing to me. It also enabled me to see the words on the page as having a number of potential meanings, linking into the research question. Using the three lenses that were in my awareness, and maybe others that were not, helped me to determine a set of key themes which I have listed below. I chose to consider these particular themes as they were the ones which occur most frequently in my analysis of the data. In the diagram I have listed the six main themes which revealed themselves to me by the process described above. I will go on to discuss these themes with reference to the literature and illustrative examples from my participants. The major themes are as follows:

Figure 2 – Diagram showing the major themes



The themes are represented as a circular diagram to highlight the fact that there does not seem to be any hierarchy in the themes as they emerge from the data, although some are more prevalent than others, they do not take precedence. In order to demonstrate this, all six boxes are of equal size to represent an equity in importance but I used a variety of font sizes in the diagram to denote the prevalence. I feel that displaying the major themes in a list format would have created a ranking and hierarchy that I do not feel is appropriate to the analysis. For me there is an implied hierarchy in a list that I wanted to avoid. As I discuss each of the themes in turn, I will reflect on the sub-themes that arose out of the theme of power and also provide illustrative quotations from the research conversations.

In the table below, I have displayed the themes that emerged from the data, and a brief overview of the main aspects of the themes from the participants – the 'key moments'. These are expanded on in detail later in the chapter. I am not totally happy with this way of presenting the themes, for the reasons mentioned above. This table may imply a hierarchy that I do not intend. I have used this format purely for ease of reading and would ask the reader to not assume a hierarchy:

Figure 3 - Table of master themes and the key moments that arose from the analysis

Theme	Denise	Anna	Beth	Edward	Charles
<p>Power</p> <p><b>Sub- themes</b></p> <p><i>Power of the client</i></p> <p><i>Power of the therapist</i></p> <p><i>Power of the organisation</i></p> <p><i>Power of the setting</i></p> <p><i>Shifts in power</i></p>	<p>Therapist as perceived expert</p> <p>Clients using narrative of others about themselves</p> <p>Client who has had psychoanalysis and using that discourse. I am paying so we do things my way!</p> <p>Scripts Language of situation – manager, benefits system etc</p>	<p>Perception of words – burden. Difference in client’s perception</p> <p>Use of formal language by clients feels like it is distancing from A and emotion</p> <p>Simple language to reconnect.</p> <p>Intellectualising to disconnect – client and A</p>	<p>Client mumbling because nobody listens anyway</p> <p>Client using technical language</p> <p>Client speaking fast to get it all out</p>		<p>Adapting communication style to suit client/setting. Who has the power?</p> <p>Confidence and competence of the client with language</p> <p>Professional language – head and heart</p> <p>Anxiety of therapist and using language as a defence</p> <p>Institutional language</p>
<p>Religion/culture</p>	<p>Mismatch with D’s experiences</p> <p>Client can use language that is</p>	<p>Attachment to place/culture</p>	<p>Way of speaking – personal culture/family culture. For B as well</p>	<p>Interpretation of Bible different for different religions</p>	<p>Culturally different forms of language (Chinese)</p>

	<p>specific to culture or religion</p> <p>Words used around death and dying (euphemisms)</p> <p>Specificity</p> <p>Discourse around mental health is different in different cultures</p>			<p>Interpretation of religion different within a religion</p> <p>Shorthand through familiarity with culture</p> <p>Accent – shared colloquialisms</p>	<p>Formality of language when not first language</p> <p>Discourse around mental health is different in different cultures</p>
Setting	<p>Own homes – influencing the way a client will talk</p> <p>Links into power – therapist can be disarmed by client's own territory</p>	<p>Language of organisation/profession</p> <p>Formal business language of some clients</p>	<p>Physical setting of the room – closeness of chairs etc</p> <p>Language of profession</p>	<p>Language of particular activity – connecting through bridge</p>	<p>Different roles of therapist and adapting language to suit role</p> <p>University setting creates expectations</p> <p>Institutional language</p> <p>Example – using business language to connect with Chinese students</p>

Visual representation of language	Dreams			Social media	Lego
Embodied language	Emotional expression through body		Rhythm of language	Understand what is going on when therapist does not understand the words. Power of this	
Feelings about the client	Liking client	Motherly Language of a mother to a child	liking client feeling of warmth even though client initially did not let B in		
Metaphor and meaning		Metaphor as distraction from feelings Marker for story telling Collusion with metaphor. Is this helpful Perception of sameness where there is difference	Flights of fancy	Game of bridge as metaphor for connection with friend Language of specific activity Shorthand through familiarity	Metaphor as a distraction Suicidal clients and metaphor – detracts from what is going on Confusion of metaphor Moving out of metaphor



					Metaphor not working with clients with a learning difficulty or non-neurotypical, such as autism
Gender			Similarity between way of speaking between client and B's father	<p>Difference between men and women – inarticulateness of men when talking about feelings</p> <p>Discourse of being male</p> <p>Inarticulateness of male</p>	'Men don't do feelings'

The above table shows that some of the themes were not as present for some participants as for others. For example, Edward spoke very little of the notion of power in the therapeutic relationship, although this was implied in some of his data. Similarly, female participants, with the exception of Beth, did not speak of the issue of gender. This is explored more fully in the discussion around each of the themes. I also notice that, despite Beth saying that she was interested in working with metaphor, there were no specific 'key moments' that stood out as confirming this assertion, although there were some implied references to the use of metaphor.

I arrived at the themes by noticing the prevalence of some of the ideas that revealed themselves from the data through the immersion process discussed in Chapter Three. This brought about an overarching sense of the factors which had been noticed by my participants and what I noticed about their ways of telling their stories. The discussions about client work and their own experiences gave an impression of what they found to be worthy of note in the therapeutic relationships they were an integral part of. I will admit that when I began this research, I had some ideas about what I thought the differences might be with the interpretation of language, and although these were only vague ideas, they could be considered to pre-empt some bias into the analysis. These preconceptions are discussed in the opening prelude to the thesis and what surprised me were the ways in which these differences manifested themselves with my participants. For example, I had expected the theme of culture to be about the more straightforward differences between the languages and experiences and I was surprised by the different nuances that came out of the data. This is explored later in this chapter, as I work through each of the themes in turn. Towards the end of the chapter I will reflect on how the themes link together and some become entwined with others, both in the ideas behind the theme and the ways in which they were presented by the participants.

## ***Gender***

Although this was one of the least prolific themes to emerge from the data, I am going to begin my discussion with gender as there is an obvious gender difference in the participants who reflected on this as a key factor in making meaning of language. This is something that I find interesting in itself, as I think generally in many

situations, women are more likely to notice gender difference. For example, in the world of work there is much discussed about the 'glass ceiling', the 'gender pay gap', and specialist networks to support women in different fields to help with career progression. I notice this particularly from my work as an Equality and Diversity Practitioner in the NHS, where these subjects are frequently brought to my attention. In the data from my conversations, it appears that things are different from a male perspective. My participants Charles and Edward were the only ones who reflected that gender is an important issue in the meaning making with language and in their experience in the therapy room, mainly citing the perceived reactions of clients, rather than their own experiences as male therapists. Only one of the three female participants mentioned the theme of gender. Beth likened a client to her father and was affected by this quite deeply, but the theme was less about gender for her and more about the mismatch of language from the perspective of other experiences. On reflection it appears to me that it may have been that the male participants perceive themselves in a minority in the counselling profession. This assumption is based on my own perception through attendance at conferences and CPD events. I acknowledge here that this is purely anecdotal and not based in any robust data, only in my own observations. As a woman working in the field of counselling and psychotherapy, the gender difference has the potential to determine a bias in the analysis, as being male is outside of my frame of reference. I have analysed the data from my perspective as a middle-aged woman who has English as a first language and who is situated in a specific time and place. I think that my situation has an impact on the whole piece, as I have used myself as the benchmark for all of my opinions, thoughts and feelings. I believe it would be impossible to step out of my 'me-ness' and to observe things from the perspective of anyone else. That said, I am clearly a multi-faceted being and all of those facets become part of the process of analysis and of the research. However, being a man is not one of those facets.

I am drawn to this theme as I consider whether being a male client with a male therapist is different from a female client with a female therapist. Whether, or to what extent that relationship has differences that are about gender, and what differences may be attributed to something else. It is difficult for me to consider this objectively as a woman who always had a female therapist. As a female client I have always worked with a female therapist, but as a practitioner I have worked with an equal split

of male and female supervisors. If I reflect on this, I do notice something different in those relationships, but I believe that was more about the person than about the gender of the person. Having said that, I am not sure how I would know that for certain and surely the gender of the person is part of the person's identity.

As the theme of gender emerged from the data, I felt that there was a very clear synergy with the research question. It was one of the differences I have noticed in many areas of all of my experiences, from the companies who did not want a male secretary when I worked as a recruitment consultant in the 1980s to the medical professionals who did not want a male interpreter to work with a female patient in the 21<sup>st</sup> century, I have noticed people's perceptions about the ways in which the different genders show compassion through the ways in which they speak to others. Whilst I do not agree that this is necessarily the case, as I believe that things are not so bipolar as this perception, it has nevertheless been a part of my experience.

In considering this I came across a paper by Robin Lakoff from 1975 where she examines the differences in the ways in which men and women speak and express themselves. She also discusses the language that is used by women as opposed to language used by men to describe the same thing. Some of the examples given are designated by more aggressive language spoken by men, and softer language used by women. The paper gave some context to the phenomena I have discussed above, although, does not explain why the differences were so prevalent in some of my work areas. What was interesting to me about this paper was the discussion of the evolution of language use and communication over the course of the previous forty years. It is now 40 plus years on from the publishing of the paper and in my view changes in society have narrowed what Lakoff perceives as difference. There have been changes in what is perceived as acceptable in terms of gendered language, although some of Lakoff's examples still exist today in some situations. Zane and Ku (2014) examine the importance of ethnic and gender matches with Asian clients in America, determining that in certain aspects of a therapeutic process, a gender match is important to the client for them to feel able to disclose their thoughts and feelings. This supports the notion that a gender match can be vital in therapy from the client's perspective and suggests that clients may perceive a

difference in understanding, either from a language perspective or from something else.

Edward spoke about his relationships with men as clients, students and as friends and how the 'discourse of being male' often influences the language used in these relationships (i/v 5, L860). He also reflects on the 'curiously inarticulateness about men in male relationships' (i/v 5, L711). Later in that same paragraph he talks about having a specific activity to connect men together and how the language of that activity can be a way of breaking down barriers to talking more freely, often using the activity as a metaphor for other things, including emotion. The activity Edward refers to is a game of Bridge. This is not a game I am even remotely familiar with, but as I understand it, it is a game where it is vital to communicate well with your partner in order to outwit the opposing pair. This vital connection through the game can act as a conduit for other forms of communication. Edward talks of finding it difficult to interact with a particular friend without having the focus of the game.

The use of a specific activity in order to connect with a friend reminds me of some of my thoughts explored in Chapter 2 about telling stories, giving a synergy to the different parts of the thesis and the connection with the chapter, in particular, as it is used to inform the analysis. Edward's particular story with his friend was represented by the game – the language of Bridge tells the story. I am also struck how this story fits with the theme that is discussed later in this chapter; that of visual representation of language. I have struggled to be specific about this, as I have no knowledge of the game, but I can liken Bridge to my own experiences of other games. I think here particularly of childhood games and how the games of myself and my sisters were quite different from the games my brother played, and how the language used in the games was quite different. It strikes me that there is overlap here with other themes, specifically with culture – the culture of being a boy and of being a girl. My own experiences with my younger sister relate to the 'free' games of childhood. The games that involve making up and acting out stories from our own imagination. Re-enacting the stories of others. I was, and still am, very ambivalent towards board games, card games and jigsaws where there were rules and a predefined story to be told. From my memories it seemed to be quite different for my brother, whose activities were much more clearly defined. I have spoken to my brother about this

and from him I get the sense that even the freer, story-telling games always had a strong sense of competition. Someone would have to be the winner.

Charles also reflects on gender as an aspect of the therapeutic relationship. He links this in with culture - the culture of maleness – with an ironic cliched comment that ‘men don’t do feelings’ (i/v3, L329). He relates the story of a particular client who is a man from Rwanda:

“We don’t do feelings in Rwanda, men have a very particular role in Rwanda and we’re not encouraged and we’re scolded if we talk about feelings or if we do anything that is seen as women’s work, and I remember when I was ten doing the washing up and being taken out by my grandfather and beaten because that’s not what a man does.” And so he was talking about his very rigid kind of gender role expectations that were imposed quite forcibly on females and males when he was growing up and he says still now, and he was relating that to then how he talks about it. I think that’s partly true and I think that also suits him because he was very embarrassed about getting upset, really embarrassed, it was almost excruciating for him and I had to really kind of work to reassure him that you know that was okay, and again I did that a little bit with humour to try and just make it a bit more accessible. So I said you know, “This is why we have lots of boxes of tissues delivered here,” you know, “I’ll have more tissues than you will have tears,” and he kind of laughed at that a little bit.

This quote from Charles links together the themes of gender and culture – the culture of what it is like to be a man in Rwanda and the client’s discourse of his own experience which surrounds his interpretation of his culture, as described in the extract above. From Charles’ response to this assertion by the client and from the client’s own perspective there is a difference in the socially constructed view of maleness, dependent on range of other experiences. Barden (2006) comments on the meaning of gender across cultures:

‘Worldwide ethnographic studies on gender show consistent findings. One is that gender difference is an issue in every society. All societies to distinguish between male and female [...] The other is that there is little consistency in

the content of these roles, and it is impossible to give any but the broadest of generalisations regarding 'traditional' male and female functions.'

(Barden, 2006, p 47)

This quote from Barden substantiates my own thoughts below on how there is a cultural element to the discourse around the roles of men and women. Personally, I have noticed this discourse around what it is to be male and what it is to be female in my own work with people from many different cultures, and often this view has been held by women as well as by men. When I use the term culture here, I am not just referring different ethnic origins or nationalities. I am referring also to the many other aspects which make up culture, for example differences in socio-economic background or in educational background. The expectations of these cultures can also impact on a person's script about gender difference. For example, the client who I saw when I worked in the IAPT service who was being abused by her son and thought that this was OK because he was a man and that seemed to be her expectation of men. This was quite shocking to me, as it is a completely different way of thinking to my own, making it challenging for me to remain with her worldview. When this particular client did not come back, I wondered if she had sensed that I was not able to accept her particular way of using gender stereotypes. This is a good example of where there was a mismatch in our language and way of using language which feels like a rupture in the relationship. It was also a valuable lesson for me in putting my own worldview aside in order to be with the client. I work hard to not let my own stereotypes impact on my clinical practice, but I acknowledge this can sometimes be fallible.

I notice these differences in the therapy room and in other areas of my work experience. For example, the interpreters who have had very clear ideas about how they perceive the roles of men and women. I recall an elderly, male interpreter trying to talk a young woman out of terminating her pregnancy because his assumption was that as a young, uneducated woman she was not capable of making her own decisions. I was not in the consultation, but as the manager of the interpreting service, I had the conversation afterwards with the interpreter to explain to him that this was not appropriate. He did not see that he had crossed boundaries, as he was an educated man with a high social standing (he had been a diplomat) and he knew

best (in his explicit view). The challenge with the interpreters in these scenarios has been to ensure that they are aware that this is **their** opinion. In the therapy room, the client is exploring things from their own world view, and this is accepted as that. I offer this example as there is a link there to the use of language from the perspective of a different world view and the mismatch that can occur in settings outside of the therapy room.

Going back to the above extract from my conversation with Charles, he used his sense of irony, as an English person who uses his own humour to make connections with others, to assure the client that emotion was OK in the context of the setting, but this may have felt alien to the client and this could create the potential for a mismatch in the connection between the two of them. The laugh by the client at the end could have been out of a lack of understanding or of a connection. From my perception on listening to the recording of the interview it felt like a connection – a moment of meeting. The laugh was part of the language that was used in this exchange and conveys a part of the therapeutic process and the relationship. It feels like it demonstrates what Clarkson (2003) describes as the transpersonal relationship:

‘The transpersonal relationship in psychotherapy is characterised by the timelessness and, in Jungian thought, is conceived of as the relationship between the unconscious of the analyst and the unconscious of the patient not mediated by consciousness.’

(Clarkson, 2003, p20)

This suggests the connection was established through the relationship and not just the shared language of laughter. Even with reflecting on this a number of times, I am not sure whether or not Charles was colluding with his client in his adapted views on what it is to be male in Rwanda, or if it was the case that Charles was not confident in offering the possibility of another view. Either way, the exchange seems to have maintained the relationship in order for the work to continue.

Edward further explores the theme of gender in relationship, and in particular what he calls, ‘maleness’, when he describes a recent encounter with a former student



and finds that he does not have the language to describe his relationship with this other man, and how this confuses the ways in which they talk to each other and to connect:

‘Yeah, yeah, and not knowing how to do that, yeah, it’s like, I was, I went out walking with an old, ex-student of mine called Peter [*not his real name*] who lives in Sheffield and we were walking and yes, we went over on the train and we walked, had lunch and I was thinking, you know, I might put something on Facebook about him or I might not, not about him but about spending that time and I thought how do I describe Peter, you know, a friend, well it is a case, he is a friend but that’s not particular enough, you know, so I want other adjectives to put in front of the word ‘friend’ and I don’t know what those words are, so like you know, he’s not a buddy, you know he’s not a close friend, he’s a guy, we did a fair bit of fairly, you know, because he’s in the counselling world, you know, and because I was his supervisor, you know, and because he’s interesting, you know he’s very active in his own Church so he had quite a religious spirit, you know, so I opened up to him quite a bit and he opened up to me quite a bit so you know, it was meaningful but you know, I’ll probably, you know, he’s somebody I’ll probably see once in a blue moon, this is the second time I’ve met up with him in six months so it’s not, you know, it’s not... ‘

(i/v 5, L860)

This quote from Edward seems to confirm what he has said earlier about what he calls the ‘inarticulateness of men’ and the structure of his story demonstrates his confusion about the nature of the relationship with Peter; a lack of cohesion in the thoughts he is expressing and a struggle to convey his feelings. I am left with a feeling of not knowing if he wants to be friends with Peter or if the relationship is one of student and teacher. I am particularly struck by a need to name the connection (‘he’s not a buddy, you know he is not a close friend, he’s a guy...’). I wonder why it is necessary for Edward to give this relationship a name? My thoughts lead me to consider whether Edward feels that he has to find the right word to describe the relationship with Peter in order to categorise it in some way. He talks about seeing Peter ‘once in a blue moon’, making an assumption that I would know what is meant

by this expression, but also to confirm that this is not a close relationship. I wonder what that is important for me to be made aware of? Is Edward attempting to make sure that I have the same understanding of the meaning of his definitions as he does? This is an interesting concept as I had introduced the conversation by explaining the research question and aims of the conversation. It almost feels like Edward wants me to make the same meaning as he does, despite him not fully being aware of what that meaning is.

Almost as if to prove his own narrative about the 'inarticulateness of men', Edward's discussion sometimes strayed into areas where it was difficult to fully understand what he was saying. I am unsure whether or not this was actually because of our gender difference. I suspect not. I think it was more connected with our different experiences, but I cannot be positive about this. Reflecting on my conversation with Edward with some distance between when it actually took place and now, as I write, I still feel a sense of confusion about the language he used. I can visualise the room and even Edward's posture as he sat precariously balancing in his chair, but I get little sense of a flow to the conversation. He spoke and I listened, with an occasional interjection. Now I wonder if there is something in his posture (balancing on the chair that was not firm on the ground) and 'holding forth' in his monologue that feels a little to me about gender. I know it felt like a statement about power was being played out, and I now reflect that this power may also have been about him being the successful, powerful man and me being the nervous, insecure woman at a very different stage of her career. Reflecting on this, I believe that I handed over the power to Edward with my own insecurity. Even as I take myself back there, I am not sure whether I suppressed this feeling to convince myself that his power was not about gender, but about my view of the situation. I think I will never know for sure, because I can only use my experience as a benchmark. One thing I am sure about is the hypothesis I was investigating in this conversation was played out in this encounter as I ponder this mismatch and consider the impact it had on my relationship with Edward.

In contrast to Edward, Beth has a much clearer understanding of how she regarded a client who resembled some aspects of her father and was able to use her way of connecting with her father as a cue (or a clue) to working with the client. From the

examples in the conversation, this was about the client's male way of thinking, from the perspective of Beth:

'No, and that is interesting, isn't it, because I think what is normal to him wouldn't be, I mean, I don't like sport at all, I've no interest in it, and yet there was that, you know, that, because of the language, because of the shared, like he spoke my dad's language, that there was some sense of recognising his normality. And, you know, I'm really interested in how the words evoke mental imagery in me, and I sort of really thought about, when he was talking about being in the club, the club I saw was one that my dad used to go to when he was younger, and I saw it quite vividly in my mind's eye and I thought about it afterwards, and I thought, "Oh, that's interesting that I've put him in that club", I could have put him anywhere, but I put him in a place, no, I quite like that, actually, I put him in quite a safe place in my mind. It was a familiar, unthreatening nice club. So, normal, there was a link, that felt normal to me.'

(i/v2, L246)

Beth seems to be saying that she is adapting her own way of being to accommodate the client, although this came naturally because of his similarity to her father. She was able to connect with his experiences and language, and also adapt her own thoughts to help her to understand his world view, and thus enhance the therapeutic relationship. There is a moment of recognition here that unconsciously gives Beth an insight into her client. The possible danger with this is that the client is not her dad and she must not make too many assumptions. The recognition in itself may cause a mismatch in meaning making if Beth is not able to separate out the client from her dad.

In contrast to Beth's experience with the particular client, if I reflect on my own experiences of working with male clients, I notice that all the male clients I have worked with have been younger than me and I have universally felt that the connection in the transference from them has been with them seeing me as a mother. I have sometimes checked this out with the client, with mixed results. Some clients have rejected this idea, but this rejection does not seem to have had an

impact on the relationship, which makes me wonder if my intuition was correct, but they feel unable to recognise this experience. With other clients it has been more apparent to them and in fact, one client in particular has openly acknowledged this. This is often a feeling I also experience with female clients, so I could not categorically say that this shows any gender difference. With male clients it has often felt like some maternal transference (and countertransference) when the clients have been separated from their mother by living abroad, either the client is living abroad in the UK, or their mother has moved abroad. This has impacted on the language they use in the therapy room, which has often become childlike. Asking 'mummy' what they should do. No male client has ever called me mummy, but some have acknowledged that this is how they see me. I have had the experience of female clients calling me mummy, often with an ironic way of speaking, but with a little truth behind the irony. In order to bring this into the awareness for myself and the client, the language I use is generally aimed to maintain an adult relationship, but I know that I sometimes inadvertently get consumed with the desire to 'make it better' for them. This is ironic, as I am not a mother, but I have felt that this has been the dynamic in the therapeutic relationship and I suspect, this feeling is linked into my desire for children of my own. I am fully aware of this and have discussed this at length with my clinical supervisor to help me to be congruent with the client as to what I am experiencing (within the boundaries of the relationship with the client).

The clients I work with mainly in my private practice are people who have had a high level of education and are in professional roles and use the language that would portray that. This presents an interesting dynamic when they use very clear and articulate ways of speaking and yet the feelings behind the words express the confused child. This reminds me of the language of my childhood and being encouraged to 'speak properly' when that was not what I was feeling. This can create a gap in the congruence of the client as the language they use feels frustrating to them and to me, with a lack of connection to the emotion. In the client it feels like it is often a defence against revealing their true feelings. How will 'mummy' respond? Will she be angry? Disappointed? These thoughts have been explicitly uttered on some occasions. I find myself, on these occasions, being the 'mother' who just wants the child to feel what they are feeling and not to try and 'dress it up' with their education. Like my 6 year old nephew! There is a mismatch here in what I am

**hearing** from the client and what I am **feeling** from the client and this will sometimes elicit a confused internal response for me, where I am not sure which aspect of the client I am responding to. Again, I often feel this most strongly with male clients, but I suspect this is linked to the fact that the younger members of my extended family are all boys and some of my feelings are bound up with the feelings I have for them, even though I am not a big part of their lives. This is, again, something I would often take to clinical supervision.

Frequently these clients come for counselling because of a rupture in their relationship with their partner, and although the details of the rupture change, the ways in which they tell their story of the circumstances take them to a childlike and less articulate narrative, heightening this feeling of wanting 'mummy to tell them what they should do to make it better'. This is something I notice less with female clients. In considering the dynamics discussed above about the perceived child-like way in which clients will relate the therapist as the mother, I wonder if this is the same for male therapists. This is something that was not revealed by my male participants and so I have no evidence to suggest that this is or isn't the case. Do clients see their therapist as a father? My immediate feeling about that is that it is probably the case, but this is without knowing for sure.

The therapeutic relationships described above begin to lead naturally into the next theme I will discuss – that of power in language. The mother-child dynamic as it appears in the therapy room as an aspect of a power relationship, highlighted by the verbal and non-verbal language used in this instance. The following section of the chapter discusses the language and perceptions of power in different types of therapeutic relationship, not just that of the mother-child phenomenon.

### ***Power***

The most prevalent of the themes which was evident in all five of the interviews was that of power. I think I was not too surprised by this as I had expected it to be the case to some extent as power is often very present in the therapeutic relationship, without this being uttered explicitly. This one concept, however, manifests itself in the data in the form of different guises and is expressed in different ways. There is the

perceived power of the therapist over the client and also the power of the client over the therapist. The dynamic of therapy itself creates a power structure, as does the setting that the therapy takes place. All of these expressions of power will be explored below.

In considering the idea of power, I am drawn to Foucault (1994) in his lecture on 'The Subject and Power'. The text quoted below talks specifically of the power relations within economics and political arenas, and the lack of 'tools of study' for power, but I can see the use of economy and production as a metaphor for the power dynamics in relationships, including in the therapeutic relationship. This became an important reflection when immersing myself in the research conversations, although it not was always explicit in the moment:

'It is true that I became quite involved in the question of power. It soon appeared to me that, while the human subject is placed in relations of production and of signification, he is equally placed in power relations that are very complex. Now, it seemed to me that the economic history and theory provided a good instrument for relations of production, and that linguistics and semiotics offered instruments for studying relations of signification – but for power we had no tools of study. We had recourse only to thinking about power based on legal models, that is: what legitimises power?...'

(Foucault, 1994, p327)

In Danaher et al (2000), the authors offer the assertion that Foucault would make the point that people cannot 'hold' power and that 'it moves around and through different groups' (Danaher et al, 2000, p73). Whilst I am not sure I agree that people cannot hold power, I do agree that it moves around. My impression is that power can be held by people if others allow them to hold it, and that it can move around as first one person holds it and then it moves to another. I can relate this to the discussion at the end of the previous section about the mother/child dynamic in the therapy room. In the eyes of the client, the therapist will 'hold' the power, but then, as I explore later in this section, that becomes a fluid entity that moves back and forth between client and therapist. Historically, as discussed by Clarkson (2003), the power dynamic between therapist and client has been very overt. She cites a number of psychoanalysts who

are known to have sexual relationships with clients, including Jung and Perls (p27). This very much suggests that the therapist is holding the power, although it could be argued that it is the client who is taking control by their actions. Guggenbühl-Craig (2015 revised edition) discusses sex in the therapeutic relationship, as one aspect of power. He says:

‘...in the psychotherapeutic situation, a relationship must arise. Without this the patients cannot develop. If absolutely no emotion, no affect, flows between patient and therapist, the psychic process cannot get moving. Every psychotherapy is predicated on, at least, a minimal relationship. If it is present, it is not only psychic but must have a bodily, or physical component as well.’

(Guggenbühl-Craig, 2015, p 58)

This quote seems to suggest that sexuality is always a key part of the therapeutic relationship. I am not sure I agree with that, but there is certainly a suggestion of a power dynamic in this, whether that is the power of the therapist or the power of the client. Either one may use language which validates this idea.

In his 1994 lecture, as above, Foucault goes on to discuss the specificity of power relations, which, for me, defines some of what is demonstrated below in the discussions of how language may impact on the power that is present in the therapy room for my participants:

‘The exercise of power is not simply a relationship between “partners”, individual or collective; it is a way in which some act on others. Which is to say, of course, that there is no such entity as power, with or without a capital letter; global, massive, or diffused; concentrated or distributed. Power exists only as exercised by some on others, only when it is put into action, even though, of course, it is inscribed in a field of sparse available possibilities underpinned by permanent structures. This also means that power is not a matter of consent. In itself, it is not the renunciation of freedom, a transfer of rights, or power of each and all delegated to a few (which does not prevent the possibility that consent may be a condition for the existence or the

maintenance of a power relations); the relationship of power may be an effect of a prior or permanent consent, but it is not by nature the manifestation of a consensus.'

(Foucault, 1994, p340)

Again, in Danaher et al (2000), the commentary on Foucault talks about the Political power held in particular states and suggests this functions as a relationship between different fields, rather than people. I am not convinced that it is possible to remove the people from this dynamic and they are the cornerstone of any relationship. Relationships do not occur between concepts in the same way as they do between people, or maybe the ideas of the people are what a concept is all about, so perhaps they do.

The above quote presents an interesting idea about the changing dynamics within any relationship and how that is negotiated if there is no consent. From my own experiences as a therapist and as a client, and from the related experiences of my participants, this shift of power flows in and out with a kind of implied consent, by virtue of entering into the therapeutic relationship.

I will examine the major theme of power as a series of sub-themes to reflect the nuanced nature of the ways in which power revealed itself in the data. The sub-themes are as follows:

- The power of the therapist's language
- The power of the client's language
- The power of the language of an organisation
- Shifts in power

### ***The Power of the therapist***

First, I am going to consider the idea of the power of the therapist, as discussed by the participants, as a sub-theme of the theme of Power. I acknowledge at this stage that this is not a completely straightforward diagnosis of the themes, as the data suggests a fluctuation and oscillation between the power of the therapist and the



perceived power of the client. (I chose the word diagnosis here as a metaphor to encapsulate the idea that there is no undisputed definition for the idea of the power of the therapist, as I indicate the fluctuation in the relationship, in the same way there is no undisputed 'diagnosis' in the therapy room.)

My participants spoke, in various ways, of how they negotiate control with clients, both covertly and overtly in some cases. This is frequently achieved through use of language and so becomes Foucault's idea of 'tools of study' (as quoted above). The use of language in this way is explored as I work through the different ways which my participants report the presence of power in the relationship, either using the term explicitly, or from my interpretation and analysis of what was being uttered in the research conversation.

In the conversation with Denise, she talks of the client's perception of the therapist as the expert and how this can create a power dynamic which will impact on how a client views the therapist and potentially dismisses their own expertise on themselves. Denise talks of working for an organisation which provides a service for a specific client group:

'[the counsellors] were coming in as somehow some expert on bereavement, which sets up a particular kind of dynamic, as well, and I suppose it depends on what kind of counsellor you are, how overtly you work with stages and normalising...'

(i/v4, L367)

The idea of the organisation instilling a sense of the legitimacy of power has an intersectionality with the theme of the impact of the setting on the language used in the therapeutic relationship, and I will focus on this further on in this section, when I examine the power of the organisation in which the counselling takes place, and later still in the chapter when I explore the setting of the therapy as a theme which emerged from the data. For now, I reflect that the idea of counselling within a particular setting has its place within the theme of power, as the dynamics of the institution will impact on the therapist and the client, as both will be expected to conform to an ideology and ethos set out by the organisation and its stakeholders. I

have experience of working with the same organisation that Denise talks about, albeit in a different city and with a different set of parameters. One of the things about this particular organisation is that some clients are seen in their own homes, which has a tremendous effect of the power dynamic in the relationship, and on the confidence of the counsellor. I personally did not work in clients' homes, but I have had experience of this in other roles, and I am aware of the discomfort I felt.

This sub-theme of the therapist as the holder of the power is also reflected in a later comment made by Denise. She discusses how the situation of the client and their frame of reference can influence the language they will use and the appearance of handing over the power to the therapist. For example, the client who is in the situation where they are living on benefits may perhaps see any authority figure as someone who can help but also is a potential threat. In this case they see the therapist also as an authority figure. This notion resonates with Foucault's (1994) ideas about the 'tools of study' within a legal model and how this can be transferred to the manifestation of power within a therapeutic relationship. Denise works as a counsellor in a free therapy service where clients have often been referred by authority figures in their lives. I have previously noticed this in my own practice when working in settings which have provided free counselling, for example in the IAPT (Improving Access to Psychological Therapies) service, when clients often came for counselling because it had been suggested to them that it might help their living situation. I have found this to be a difficult basis for therapy when a client has found it difficult to be congruent, sanitising their own language and way of speaking that has created an intensified power imbalance. This is further intensified by the outcome measures used and the time-limited nature of the counselling. The language around this way of working puts me in mind of what Foucault (1994) calls 'production', as quoted above. If I consider this as the metaphor I spoke about earlier for the therapeutic relationship, it suggests to me a process of manufacturing, which in turn suggests a process which is about production rather than 'co-production', that is something being done to someone, rather than a collaborative process. Outcome measures are used in IAPT counselling as a way to provide a framework to the counsellors in order to work with specific diagnoses. For example, services funded to provide Counselling for Depression are required to provide quantitative data to maintain their existence. Therapists who work in these services are obliged to

tick boxes which in turn provide a manualised diagnosis, which is then monitored each session for improvement. The client becomes a statistic to the organisation and again this legal requirement becomes a 'tool of study' of power. Whilst I understand that this is an essential part of the service provision in order to maintain funding for this particular way of providing counselling, I wonder that the client may feel like a part of a process with the 'expert' therapist there to tell them what to do, as well as a process which categorises their symptoms and experiences without allowing for the recognition of a client's uniqueness. As far as language is concerned, the forms used to measure clinical outcomes are very likely to encourage both the therapist and the client to use language that is predetermined rather than the spontaneous and authentic language which is preferred in the therapeutic relationship.

Proctor (2017) discusses experiences of outcome measures as a critique of a system which manualises therapy within a medicalised discourse and perpetuates this power imbalance. In discussing the use of outcome measures at the beginning of each session of counselling she says:

'This has an inevitable impact on the dynamic of power within the counselling room; it undermines the therapist's power-from-within (in that it is the organisation and, ultimately the CCG [Clinical Commissioning Group], that determine the type of therapy they offer and how they offer it and for how long), and it stacks the odds against the client from increasing their power-from-within as a result of the therapy'

(Proctor, 2017, p102)

In contrast to the view articulated by Proctor, Unsworth et al (2012) show in their research that the opposite might be true and that the outcome measures used can prove helpful to therapists and clients as they can provide a visual representation of the progress a client is making. The scores can also enhance the conversations between client and therapist, by having evidence of the purpose of the therapy and the measures.

'I've found that it is useful for them to see it on the screen and that actually prompts and encourages our dialogues about discussion about progress or not progress.'

(Unsworth et al, 2012, p76)

Barkham et al (2012) consider the use of outcome measures as a way determining the effectiveness of the therapy. He discusses the differentials in approaches to collecting the data, and how this impacts on the overall findings. The language Barkham uses to describe the process of the data collection for routine evaluation of the services suggests some discrepancies in the potential outcomes of the study. Terms such as 'reliable and clinically significant improvement' seem to me to be ambiguous, as it is not clear whether this is determined by the therapist or the client, but the language used suggests that it is the therapist – 'the percentage of patients assessed as recovered' (p2). In my experience of using outcome measures in organisations where I have worked, the expectation has been that the either the therapist and client fill them out together or the client completes them at the beginning or end of each session in the room with the therapist. This makes me question the openness with which the client has felt able to complete the forms. This highlights for me the power dynamic present between therapist and client.

This perception of the power of the therapist was discussed in the research conversation with Denise. She feels this perception can become part of the dynamic within the therapeutic relationship. Denise is a therapist who is from the South of England and has had a good level and standard of education. She is working in the North of England with clients who are from a different socio-economic group from the one in which she is currently placed. This can give rise to a further sense from the client of the therapist being the one with the power in the relationship – more from the way in which she speaks, rather than from what she says – the 'posh' accent. Denise was surprised by the perception of the 'posh accent' as she does not consider herself to have the kind of privilege traditionally associated with the idea of what has previously been known as the Queen's English or received pronunciation; the idea of a higher social standing legitimised through accent. The idea of this was perpetuated until very recent times by lack of regional accents in certain professions, such as broadcasting, medicine and the law. Linking this idea back to Foucault and

the production of power relations, it is easy to see how there is a desire to legitimise power by the use of accent and language, Nunan (2013) talks about this power and the judgements made about others through ways in which they speak:

'In some countries, listeners also sometimes make judgements about a speaker's educational background and social standing on the basis of their accent. This is exemplified in Britain by what is known as Received Pronunciation (RP), also known as 'BBC English', because once upon a time, RP was a requirement for anyone wanting a job as an announcer with the BBC. Although only spoken by a tiny minority of the population, it developed and maintained its ascendancy because its users were drawn largely from the social and educational elite.

(Nunan, 2013, p 35)

Anna discusses the power of the therapist from a slightly different perspective. She talks about the uses of words that have a varying degree of power for the client and the therapist. Anna does not have English as a first language, although she has lived and studied in England for several years. Her partner and child both have English as a first language, although her partner is not from England, and so the language she uses at home is English. She sometimes uses language in a more formal way than a native English speaker and uses words that may mean something more powerful to a client. She works within the IAPT service and so, to an extent, is expected to 'fit in' with the power dynamic described above by Proctor (2017). This does not necessarily sit easily with Anna, but the dynamics of the organisation mean that is a certain way of doing things that ensure the ongoing role of the organisation within the structure of the commissioning and measurable nature of the IAPT service.

Anna talks about paraphrasing something a client had said by using the word 'burden' and the impact this had on the client:

'Then there were cases of course where I would either use a word or, that probably would feel very strong for the client like recent example with the burden and then I ask myself, it's when I kind of fed back to the client who

was saying that they wouldn't talk to anybody because those people would get upset, something within those, that context, and I reflected back something that they, I don't remember exactly what I did but I used the word 'burden' and I thought 'you feel sometimes like a burden' or 'you don't want to burden them', and the client was quite shocked by that kind of word I used. Then when I asked myself is it because I don't quite sense the word in that same way the English person would, is it too strong, but I'm not quite sure, I think it was more, maybe too early to bring to the client or it actually hit the spot to the extent that the client didn't like it. I don't think that my sense of what 'burden' means is different from what it actually means.'

**(i/v 1, L151)**

Although I have no way of determining exactly what the client understood by the word 'burden' as this encounter is reported by the therapist, it appears to be a mismatch in the ways in which client and therapist make meaning of the word. Anna intended the word as a way of summarising in one word a number of things that the client was struggling to find the language for. It was offered as a suggestion. The client absorbed the word as having much more power than the therapist intended and seemed to be interpreting the word as a criticism. This may be because of her own feelings about herself in relationship with others and could result in a perception of the therapist as expert, believing herself to be a burden, rather than the circumstances being discussed feeling difficult or heavy. Nothing is certain from this exchange, but it allows the client to perceive the therapist as the one with the power. The episode does highlight how Anna and I have both made meaning of the word in a way that we think may have been linked to the client's feelings. This demonstrates that there is power being played out by the therapist, and by the researcher who is also a therapist, which the client is not explicitly aware of but may have had an impact on the therapeutic relationship. (Anna was no longer working with this client when the research conversation took place,)

Anna also reports how she sometimes uses what she refers to as 'simple language' to connect or reconnect with the client. This suggests an assumption of the therapist's perceived power over the client. There can be a dynamic of the language of therapy, where some counsellors will use language to perpetuate this myth of

being the expert. While Anna is not specific about what constitutes 'simple language', the use of the term suggests that she categorises the client through their use of language, whether this is conscious or unconscious. This fits well with Nunan's (2013) ideas above about the perception of social class and level of education through language, although, interestingly Anna was born and raised in Soviet Russia and has a different perspective on social class from someone who has brought up in the UK. She sees the use of her 'simple language' as about connecting emotionally rather than intellectually.

Anna reports that this sometimes is a consequence of a client working hard to disconnect from the relationship through their own language, using it as a tool to gain, or regain, some of the power of the relationship. The disconnection can take the form of using very formal language or using language that is not congruent with their usual way of being in the relationship, with the aim of appearing a certain way to the therapist, taking away some of the idea of the 'expert therapist'. I will say more about this later in this section on the theme of power, when I examine the dynamic of the power of the client.

These perspectives from Anna's story resonate with me very strongly as I know that sometimes my way of being is to try to use more complex language to give myself a certain aura of being in control. I notice this in particular as a client, but I think as a therapist I am very mindful of this not being the case. I would not over-simplify my language for a client, but I try to meet the client where they are. Sometimes this will back-fire, and I feel that I look unintelligent in front of a client, who has taken the power for themselves either intentionally or unintentionally. If I am honest this results in me feeling vulnerable as a therapist and as a person.

Beth talks about how the power of the therapist over the client can manifest itself through the, sometimes, elitist language of the profession of the therapist, but in a slightly different way from that discussed by Anna. Beth recalls a particular client who was an older man and his inability (or maybe reluctance) to engage with the language that Beth was using. She is someone who works very much with the embodied aspects of the therapeutic relationship and tried to get this particular client

to think about his own body. This was not in his frame of reference and did not help Beth to connect with him:

'Well, certainly, at the beginning, my asking him, "Where in your body do you feel that?", he was like *[laughs]* he didn't want to know that sort of thing. He didn't even say that, he just looked askance at me, he just looked like a bit aghast and, I mean, he did answer and it was, he had a kind of puzzlement about him, I think, "I just want you to make this stop, I don't want to talk about where it is in my body, why does that matter?". Yeah, and my sort of registering that and thinking, "Okay, that's not, that's not going to be that helpful", whereas it's something that, you know, often is, but not in that case.'

(i/v2, L399)

Charles talks about the power of the setting for the counselling in his particular experiences. He works within a university student counselling service and relates how this can create an expectation of the client that the counsellor is the expert, in the same way as they regard a lecturer. (Charles is a lecturer in a different university, but where he practices his only role is that of counsellor.) This can lead to a handing over of the power to the counsellor by the client. The following extract from the conversation with Charles demonstrates how a particular client tried to give Charles the power to fix her, an invitation which he resisted. (The sections in bold are my interjections):

'She was yeah, yeah. "This is what I've done, so this is, I've done this and I've done this," and I did say at one point because I use humour an awful lot in therapy and I say, "It feels kind of, you've got the t-shirt, you know, you've got the t-shirt, I've done this, this doesn't work," and she laughed and then it was kind of, it was the first session after the first assessment session, I said I'd been thinking about, I didn't frame it in terms of use of language but I'd been thinking about what she talked about and how easy it would be for me to slip into telling her lots of things that she knew already that didn't work for her, and the question I wanted to reflect on is if she wasn't angry what she'd feel instead. "And what I want to do is just allow lots of time and space for you to



think about that, at any time you can talk if you want to.” So it kind of worked, it was amazing actually, within six sessions she wasn’t fixed by the end of it, but...

**Did she want to be fixed?**

Yeah she did, I mean she started but then she finished...

**Did she by the end?**

No, well she wanted to feel better but she wasn’t framing it in terms of being fixed. She was able to see it because we talked quite a bit about changes of continuum, we moved forward and back and any one of us are in that process you know, if you look at anxiety as a continuum, we’re all on that you know, we’re all on that, we move backwards and forward and it’s about moving away from, seeing herself from a pathological frame into a relational frame including the relationship with herself which I think that was the bit that was significant for her. So language moved away from pathological.’

(i/v 3, L241)

This quote and Charles’ story about this client also demonstrate the dynamic process of the shifting of power. Earlier in this section Charles talks of the explicit expectations of the client as she tells of previous failed attempts at ‘fixing’ her. This presents a challenge in which she takes control. She challenges the medical model for ‘fixing her’ and demands that Charles find a different way to fix her, although there appears to be some reluctance to exploring this. She is familiar with the pathological discourse through her experiences, but the language of Charles’ therapy is unfamiliar to her. Although there is no way of knowing, it causes me to reflect on her previous experiences of psychological therapies and how power has been displayed in these settings. Also in this extract Charles mentions the term assessment in the context of the beginning of the counselling relationship. This is a recognised way of describing this process in order to understand the needs of the client and to formulate a way of working. However, it is worth considering the different connotations of the word assessment, particularly within the setting of the

university counselling service in which Charles works. In an academic setting the word assessment generally means determining someone's ability to perform as a student, either through initial recruitment processes or throughout a course, where work is assessed for being 'right' or 'wrong', or good enough versus not good enough. This can give the impression of the therapist as the assessor and thus, potential persecutor:

'Oh yeah, yeah, yeah, and you know isn't it a challenge in the university setting where you know students come along really clearly distressed, there's one student that comes to mind at the moment who's been experiencing quite severe anxiety for many many years and has had lots of therapy and has come because she's just not functioning you know, she's falling behind on her work, but she comes into the first session and she says to me, "Well I've had this therapy and this therapy, and I've tried this technique and this technique and this technique, so in terms of techniques I feel I've done everything and I've tried them all and they're not working. And I know why I'm anxious, it's because I had a panic attack because I had an asthma attack when a hamster was bought for me when I was twelve and I had a reaction, that's why I'm anxious. These are the strategies I've done but it's not working.

**"So fix me Charles!"**

"So fix me Charles!" And everything I said was, "I've tried that. No I've done that, that really doesn't work for me. Oh no, no, no, that kind of breathing technique isn't helpful for me." And so the language was used very much in a defensive way because she was able to position herself as expert, expert through experience and that was a real challenge because it was like, push back, push back...'

(i/v 3, L171)

As with my previous comments about the transference with my own clients perceiving me as the 'mummy', this vignette from Charles implies a degree of transference from the client as she attempts to hand the power in the relationship to him, constructing the relationship as one where Charles is the one with the role of

expert, judge and persecutor, by her perception.

Edward's comments about the power highlighted by language in the therapy room indicate that, in his experience, a client may agree with the counsellor even when their experience might be different. He also reflects that this can have the effect of the client taking back some control when they begin to feel uncomfortable:

'...clients will, just this, client deference, client deference agencies are sort of spectrum that clients will go along with what we say, make a suggestion and the clients will go along with it, even if they don't think it's helpful but also clients will only reveal as much as they're willing to reveal so if we get too close to home too quick they'll put a smokescreen up, so they have a control as well as they're going along with so the notion that client comment on the process is their truth isn't, you know, it has to be held and questioned, yeah. But I suppose, yeah, you know, it's like, what is it? It's like ah, you know, you hold your baby in your arms and you're there with the baby and the baby is there with you and we need that, and if we haven't had enough of that, we want some of that from our counsellor.'

(i/v 5, L434)

The excerpt above suggests a potential for a deliberate miscommunication by the client which has the intention of pushing against the therapist when the conversation gets too difficult for them. If I consider this in terms of the research question and meaning making, it appears that the client may be resisting attempts at allowing the therapist to make meaning that is coherent with her/his own; keeping the therapist out. This allows the client to take back the power which they may perceive to be in the hands of the therapist, guarding against disclosure too early in the relationship.

This multiplicity of power relations within the therapy room is considered by Proctor (2017) in her discussions about Foucault's definition of power. She reflects:

'Here he is suggesting that power is not a possession that some have and some have not. His thesis is that relations of power are exercised from

innumerable points, are not limited to one domain, take a wide variety of forms and are only partly co-ordinated.'

(Proctor, 2017, p 46)

The quote from Proctor, above, illustrates the difficulties in categorising the data to determine the aspects of the research conversations which suggests that power resides with the therapists and those which suggest the power of the client, and also where this is a shifting dynamic which changes within seconds in the therapeutic relationship. As the power dynamic shifts in the relationship, so too does the language with is part of the negotiation of the power. This is something which is reflected by all of the participants as they discuss the ways in which the use language themselves and in how they perceive their clients to use language, as they reported in the conversations and as explored above, in particular with Anna who talks of 'simple language'. It is further explored in the next section which examines the power of the client through their use of language. It also leads to my own reflections on the transference and countertransference in the therapeutic relationship which impacts on the ways in which power is expressed. Clarkson (2003) defines:

'The transference/countertransference relationship is the experience of 'distortion' (Freud's word) of the working alliance by wishes and fears and experiences from the past transferred (carried over) onto or into the therapeutic partnership.'

(Clarkson, 2003, p 11)

The dynamic is conveyed by the ways in which the client and the therapist will interact, through language, whether verbal or non-verbal and through the changing power positions, as reflected above by Proctor (2017). There is no clear pattern for how these interactions will look, as each encounter with each client will be different and both therapist and client will shift their position to reflect that.

An aspect of the therapist's power which was not addressed explicitly by the participants was that of when a client is told to go for therapy by someone else in their life; a partner, a parent or someone else. I have had this experience a number

of times and the struggle has always been to ensure that the client can differentiate between me and the person who has 'sent' them for therapy. I have worked with clients who have had their therapist chosen for them, and in some cases someone else has attempted to make the first appointment for them. This does not sit well with me and I will always request that the client contacts me themselves in order for me to be sure that they want to start therapy and to try to mitigate against collusion with the person 'sending' them to therapy. If they do make an appointment, I will discuss this with them again at the first session in order to determine that they are not being coerced in some way. My sense is often that if a client comes at someone else's suggestion, it may be some time before they can abandon the idea that the therapist has colluded with others in their life, and that I do not believe that I hold all the power in the relationship. Sometimes this idea is not overcome, and the therapy will end prematurely, or maybe it never really gets started.

Reflecting on the above theme, I am struck by the power that comes from my own language. I use the word 'my' very frequently as I describe the participants in the study, the clients I work with and many other aspects of the data. This surprises me but feels like they somehow want to take ownership of this study by using this language. This does not feel like a very authentic version of me, but I think I have got caught up in the idea of trying to have the courage of my convictions and somehow gone too far. I feel extremely uncomfortable with this reflection and am confused by it. This use of language as power comes out of an insecurity with my ability and is me talking to myself. I wonder if this is the case with clients when they try to take back some power.

### ***The Power of the client***

As previously acknowledged, there was a challenge in determining a clear distinction between the power of the therapist and the power of the client, as this is a process that is negotiated and then renegotiated as the relationship develops, but I feel it is important to draw some differentiation which came from the data and so I am highlighting this as a separate sub-theme. There is some overlap with the previous sub-theme, but I intend to draw out the differences.

Some of what is apparent from the data is the process of transference with the client,

as already discussed. In addition to the client attempting to hand over the power to the counsellor, they will also retain their own power, casting the counsellor in a role of a previous 'persecutor'. I have experienced this in my own practice when a client relates back their interpretation of something that has happened in the therapeutic relationship which provokes them to using language that may have used with someone else. This has normally been when they have been angry with me but have struggled to express that. Here I have included a description of how this manifested itself with one particular client, with whom I worked for some time, to illustrate this point. At the end of a session the client would leave the room appearing to be angry, but she would leave without acknowledging that anger. She would then come back the following week, having reflected, with a different view of the conversation. Often, she would have had some disagreement with someone else in her life, often her partner, which has intensified her anger towards me. She will then use her anger which is directed at others in her life to challenge my language. I frequently got a sense that she discussed with others the things we had talked about in the therapy and they would have a different view to hers. She could then 'blame' me to others. She would do this by reflecting back things that others have said to her and used this as an interpretation of something I may have said. For example, her partner may have suggested that she is too easily upset, and she will respond to me as if I am criticising her emotions, even if I have supported her in expressing herself however she wants to. She will tell me that I have said things that have not said, but she interpreted in a particular way. On one occasion she came to a session and told me that I had said she should not be with her partner. I had not even thought this, let alone said it, but this is what she took from my words. This interpretation is a very powerful way of her using her language and the language of others to challenge the one person with whom she feels it is OK to get angry. She has said on more than one occasion that I only care about her because she is paying me. I am unsure if she realises the power and impact this statement has, but I see it as her way of expressing her anger at the world, not just at me. This very 'wordy' description of this client serves to demonstrate the complexity of the power dynamic between client and therapist. Part of that dynamic is determined by what happens outside of the therapy room, in the client's relationships with others.

In our conversation, Beth talks about the power of the client through their use of

language which is more theoretical than emotional. This can be experienced for her as a defensive strategy in which the client takes back control of the relationship if they think that it has become too difficult:

'Yeah, yes, or maybe they come from a therapeutic background, or maybe they work in a related area, or whatever it might be, but just to sort of look in that, and I don't think it's like a wrong thing, it's just interesting, it's just another use of language. But, I guess I'm also checking that my language is not, you know, that I've not just, I would want to make, I would want to tailor make the way I'm communicating with somebody, whether in therapy or anywhere else, to our relationship, so that we get something from it and it's going somewhere it's as clear as it can be.'

(i/v 2, L569)

Later Beth returns to talking about the client mentioned above who reminds her of her father. She talks about the differences in her language from his and in her way of expressing herself. She quotes from the client when he had taken back some power in the relationship, after previously struggling to understand Beth's frame of reference:

'And I think I remember, he said in the last session, he said, "I think we've talked everything we can talk about now, I've nothing more to say", [*laughs*] and I was like, "Okay, that's alright".'

(i/v2, L218)

Later still Beth goes on to talk about this same client's use of the word 'torture' in relation to his sense of being lost. Beth reflected back this statement by using words such as 'missing' and 'longing', somehow, she feels now, diminishes his experience and takes away his power to express his feelings. To me this indicates a sense of Beth not being comfortable with that power in this particular case and seeks to find words that are hers and not those of the client. Less powerful words and somehow more palatable to her, from her own reflections:

'I'm just trying to go back into that [*pause*]. I think I got a sense of the bleakness

of that experience for him, and also, the way he said it with a little sort of wry, sort of slightly sarcastic smile, like he was slightly poking fun at himself as well as he said it, which didn't lessen the impact of it, actually, really gave me a sense of how awful it was for him. And I'm interested that I have translated that brutal word into flowing words like longing and missing, they're quite soft.'

(i/v 2, L227)

On reflecting on these examples from Beth's conversation, it appears that both clients use their own language to gain (or regain) some power in a relationship which can seem powerless for some people, as they reveal their innermost thoughts to the therapist. This often means relinquishing some of the defence strategies which have served a purpose for them for a long time, which they now may want to relinquish, but this fills them with fear.

Beth talks later about a different client with whom she worked when she was in the very early stages of her training. She felt that this client exerted a great deal of power over her, but in a way which made her anxious. This was because of the language the client was using in a setting where Beth was already anxious. In Beth's words:

'Yeah. So, I'm trying to, let me just think of an example where I felt the client had a lot of power, always clinging onto it. *[Pause]* Mmm, I can think of an example, it's a long time ago when I was a trainee, of a client that, it was the first time, I was really inexperienced, and it was the first time I'd worked in a particular agency, and this was my first client, so I was terribly nervous, and so, yes, the power dynamics were there, but my position and my power dynamic was very low anyway, and it would have been with any client, and the very first client that I got, oh, I've thought about this since, in a way, couldn't have been a more mismatch, because that client was absolutely in crisis and absolutely terrified and had just had some awful news, and was really, really worked up, and I was really, really nervous and new to all this, and this client was a very, it was a man, he was a very imposing man, a professional man, he had quite a loud voice, he was frightened and tense, and he, he wasn't a doctor, but he had doctors in his family, and psychiatrists



is well, and I remember him saying at one point, “Well, I’ve spoken to real doctors about this. I’ve spoken to a real psychiatrist about this”, and I just felt, “Whoa”. That was an example of me feeling, “Well, I’ve really been...”, because I’m not a real psychiatrist, and he was very angry and just terrified, and it was coming out in all these ways and I, honestly, I wasn’t equipped to deal with it in that first session. I did my best, but I remember my voice was shaking and I was, you know, I tried to be the real me, but it wasn’t what was needed. I wasn’t what was needed for that person, and he never came back.’

(i/v2, L773)

This is a very powerful example for me as it seems there are a number of factors contributing to the perceived power of this client; the frustration of the client at not feeling he was getting the answers he wanted and his expectation that Beth was not going to be able to help him, which is very explicit for her. This is also impacted on by the nervousness for Beth at this being the very early stages of her career and being overwhelmed by this ‘imposing man’. At the same time the client is handing some of the power to Beth, as there is a part of him that is wanting her to be able to give him the answers that nobody else has been able to.

### ***The power of the language of an organisation***

The third sub-theme that emerged from the data when considering the major theme of power is that of the power of the organisation. As I review the research conversations, I reflect on the different organisations that the participants were working in and how the language they use reflects this. Anna was working in an NHS commissioned IAPT service, having previously worked in an older people’s counselling service within the NHS. This setting has its own language around such things as assessment and attendance of the clients which leaks into the ways in which clients speak. Having worked in a similar setting myself, I am familiar with the narrative that is part of this service. This is often perpetuated by the screening tools used as part of the process, and the outcome measures discussed above. They can encourage the therapist and the client to use specific jargon and ways of expressing themselves which are not their natural way of speaking. They will use the language of the process:

'Yes exactly, and I never like writing to clients who DNA'd 'you'll be discharged' because it just feels very cold'

(i/v 1, L 54)

This example shows how the jargon permeates into the way an organisation expects therapists to speak to clients. Anna reflects that this phrase is one that is used in a template for a letter she is expected to send to clients who miss appointments. This is the language of the medical or legal professions and does not feel appropriate in working in a relational way. The use of jargon in this way can be confusing for the client and thus reinforces the power of the organisation and, by association, of the therapist. The client will often see the organisation and the therapist as one entity.

In contrast, Charles works in a student counselling service in a university which has a large number of overseas students from China. I asked Charles the question as to whether or not the university provided interpreters for these clients who may struggle to express emotion in a language that is not their first language. He reflects how the setting of the University impacts on his work with this student population:

'The university doesn't like that, the university doesn't like the translation because they hold onto, "They should be speaking English."'

(i/v 3, L906)

Here Charles considers how the power of the institution has the potential to alienate students by making it more difficult to express their emotions in the counselling setting. This idea links into the theme of culture and language which is discussed later in this chapter, but it does indicate the intersectionality between a number of the themes that emerged from the research conversations.

In addition to his role as a counsellor, Charles also has a role as programme leader for a professional doctorate in a different university (the one in which the research conversation took place). He reflects on the different type of language he uses in this role and how this has proved a challenge for him. The university expects him to interact with his students in a very different way from how he would with clients in his

other role as counsellor. This is confusing for Charles, but also potentially confusing for the students, who are all counsellors and psychotherapists too:

'...they're therapists because it's counselling, psychotherapy, psychological trauma doctorate, they're therapists though they're coming with a therapy language but I'm not their therapist, I'm their tutor, but I'm also having to find that pastoral language because it's very early on you know, they come from different levels of experience. There's one guy I'm supervising, really really great guy but he's quite young and he's got quite some good experience behind him, he's done really well on his Masters, he wants to do this and talks about you know how he's really struggling because he's got all, he's got this job, this job and this job because he's struggling to make ends meet, and he's got to find this time and there's this pastoral language that you have to develop that isn't counselling, isn't assignment talk, is about him talk and it's a whole new language, that's a tricky one.'

(i/v3, L815)

This comment suggests that the use of language in this particular setting has the similar power co-construction as I have previously explored in relation to therapist and client. The organisation is almost a part of the relationship and part of that co-construction.

Foucault talks about power relations within an 'institution', and while his dialogue relates to the power in society in general, I feel that there is some synchronicity here with the power determined by the institutions and organisations where counselling takes place, as discussed by my participants. Foucault says:

'...insofar as institutions act essentially by bringing into play two elements, explicit or tacit regulations and an apparatus, one risks giving to one of the other an exaggerated privilege in the relations of power and, hence, seeing in the latter only modulations of law and coercion.'

(Foucault, 1994, p 342)

This seems to suggest that the organisation where the counselling takes place has the ultimate power over how the dynamic between client and therapist plays out. Considering this I reflect on my situation, working with clients as an independent practitioner. Who holds the ultimate power in that relation? Does anyone hold the power? As a registered member of the BACP do they hold the power? Counselling is not a regulated profession, so it could be argued that no-one holds the power over my practice. That said, I do work to the Ethical Framework set by the BACP so there is some accountability to that power. Is there a drive in that relationship from my need to make a living? I like to think that this is not the case, but I wonder how this is seen by my clients. In fact, that may have been some of what my client who I refer to above was saying – I hold the power because she is paying me. Interestingly, I see that this could be considered in the opposite way. She is paying me, so does this mean that she is the one with the power. It certainly was rarely that explicit.

### ***Shifts in power***

What became apparent when analysing the data from my participants around the theme of power was the way in which the power shifts from one party to another during the course of a therapeutic encounter. This can happen with either the shift from the therapist holding the perceived power over the client and vice versa. My participants reflected that this is often the case when the client begins to feel uncomfortable that the therapist may have taken them to an emotional place that they are not ready to go. I consider my own client work to identify this and recount a particular client who is able to go some distance with addressing a particular track of reflection and will then suddenly feel unsafe and become angry with me, taking back her own power in the relationship.

Another aspect of my own practice which highlights the issue of the shifts in power is when I have worked with interpreters in therapy. I have undertaken this work quite substantially working as a volunteer counsellor with an asylum seeker and refugee counselling service. This creates an additional power dynamic in the relationship as the client's vulnerability will often cause them to hand the power over to the therapist as expert and to the interpreter as the person who has the power to communicate 'on their behalf'. I have witnessed the ways in which a client who does not speak English will defer to the interpreter as the one person who can communicate with

both themselves and the therapist. The trick is to ensure that the interpreter does not accept this invitation to use this power, by being mindful of their own role. It is a difficult dynamic to navigate. I have also had the experience of interpreters reacting to clients in a way which overwhelms the client. An example of this was a client I worked with from North Africa. He was tortured because of his sexuality and he described some of the things that had happened to him. It was pretty shocking, but I was careful to not let the client feel that I thought it was unbearable. The interpreter, on the other hand, was unable to regulate her emotion, causing additional distress to an already distressed client. The interpreter's presence in the relationship became one of having the most power in the room. This was too much for the client to bear and he left the room.

Before leaving the theme of power, I will consider my own power as a therapist, a researcher and as a person. This is an interesting conundrum as I would generally like to think that I do not have very much power in many areas of my life, but the reality is not congruent with that notion. As a therapist, I am aware that clients often hand that power to me, and although I often try to resist this by attempting to hand it back, sometimes this is rejected as the client can be afraid to make their own choices. I do not enjoy this feeling, as I feel that it will lead to a client rejecting their own power for themselves, but sometimes I do take it back. This often leads to a conversation in clinical supervision. I recognise this in myself as a client and so this dynamic can be confusing for me as I attempt to help the client to understand their own power over themselves. The power of autonomy. This feels particularly important within the therapeutic relationship, as it reflects one of the main principles of the BACP Ethical Framework for Good Practice (now called the Ethical Framework for the Counselling Professions 2018), which states that counsellors should offer autonomy to the client, defined as 'respect for the client's right to be self-governing' (BACP, 2018)

During the course of the data collection element of this research study, I was struck by the variety of power dynamics between myself and my participants. The therapists who are around my level in terms of training and experience appeared to perceive me as the 'expert' as it was my research question we were exploring. With the other participants, particularly Charles and Edward, I saw them as much more

expert that I am and if I am truthful, I allowed myself to believe that they held the power. As I listen back to the recordings of the conversations, I can see that this was very much dictated by me and my reactions to them. I think I was probably a little in awe of their positions and of them. This resulted in me putting them on a pedestal, albeit a small one. At the time of the encounters this may have created some bias in the ways in which the conversations took place, whereas with the other participants I was less aware of that. It was only on reviewing the data in order to carry out the analysis that I became aware of this.

As I consider the dynamic of the conversations, I reflect on the power within the data analysis. As this was done by me, there is an inevitability about my using my own power and my bias in order to determine the themes that make up the findings. For me, this reflects the potential perception of the client who sees the therapist as having the power to decide what is 'wrong' with them and how they will be 'fixed'. As a client myself, I know I sometimes fall into that category

### **Setting**

I will next address the emergent theme of the setting of the counselling, as there is an overlap here with the theme of power. I have spoken above about the organisational setting of the counselling as creating an interesting dynamic in the power relations of the therapeutic encounter, and I acknowledge that there is considerable intersectionality with the theme of the setting of the counselling. Having said that, as I consider the stories of the participant, it seems that there is enough value placed on the setting for it to be seen as a theme in its own right. This next part of the chapter explores the physical setting in which the counselling takes place as being an important part of how a client might use language.

Denise has a role as a volunteer counsellor with a charity which provides counselling and support in client's homes:

'I wonder whether it's the impact on the client, that they feel freer to use their own, their own language, rather than coming and being a client, and that then sets up a dynamic between the two of you that's different. I'm just thinking that

there were very, I can't remember an instance of going into somebody's home where somebody said they didn't know what to say, or didn't know where to start.'

(i/v 4, L397)

This suggests that a client feels freer to speak in their own way when they are not in the formal setting of the counselling room and are more able to use the language that they are familiar with. This can manifest itself in different ways, sometimes using stronger dialect and in some cases, swearing. This is likely to be a positive thing for the therapeutic relationship as it can relieve the perceived power of the therapist by the client. It can also encourage a more congruent approach from the client.

Having said that, there are many disadvantages to working in the client's home. As Clarkson (2003) explores there are a number of different facets to a productive working alliance. These may be compromised by working with clients in their own space:

'..the client may have to agree to forego certain customary props (for example, smoking during a session) in order for the work of psychotherapy to proceed under the best conditions.'

(Clarkson, 2003, p37)

This premise can also extend to the use of language which might be offensive or disturbing used by the client, which, in turn, can cause a disruption to the working alliance.

In my conversation with Beth she talked at length about the non-verbal language of the physical setting of the counselling room and how this may feel to a client. There is generally an accepted tradition of counselling taking place in a room with two chairs facing each other and the therapist sitting in their established chair. There are likely to be practical reasons for that, but this has the potential to say something to both parties. As a trainee counsellor on placement in a particular organisation we are encouraged to sit on the chair nearest to the door in case a client becomes unpredictable and we need to leave the room to get help. This practice does not

give the client the choice to sit where they want to sit, and this can say a number of things to them without the need for words. A client may feel that a judgement is being made about their state of mind if the therapist appears to be planning an escape route. It may also communicate to a client that they cannot leave. There is also the question of the placement of the chairs. Are they too close together for the client's comfort? Or too far apart? Is the sun in someone's eyes? All of things are part of the communication in the relationship.

Beth reflects how a client appeared in the setting of the therapy room:

'So, at first I did feel very sort of, yeah, it was really hard to even feel that I was in her space at all, you know, that we were sharing the same space, I felt very pushed away in a way by that kind of talking and not, like there was no space made for me, and I couldn't make the space, because I was trying. But that changed over time, so we did quite a bit of work, actually, on, we did a bit of work on relaxation, on sitting back, on feeling, you know, sort of feeling the sensation of what it feels like to sit back, and in those moments she said nothing, you know, quiet moments, and I think that's actually where it started to, you know, the dynamic was changing and where it started to be a conversation rather than a monologue.'

(i/v 2, L 873)

In this extract Beth demonstrates how the non-verbal communication in the room had an impact on both herself and the client and allowed for there to be a shift in the relationship, without the need for explicit words.

The idea of the setting as being part of the language of therapy is explored in Mearns and Cooper (2003), who discuss a particularly traumatised client who was seen in a hospital setting where the client was an inpatient. The encounter is described in the following way:

'we encounter each other not purely through deep emotional or existential connection, but also through a range of different kinds of contacts. Also, an



aim in the work was to try to keep the patient grounded in the sense of being in their own surroundings.

(Mearns and Cooper, 2003, p 103)

The text describes this encounter as 'situational reflections' (p103), where it would appear that the setting becomes part of the language of the relationship. In the case of this client, the use of the setting as a way of communicating enabled the counsellor to build a rapport with the client which would then allow for a connection with words and a greater understanding of the client's world view.

I reflect here on my own therapy room and the power dynamic that is there. When I started my private practice, I rented a room by the hour from another therapist, and there was always a sense for me of the other person having some power over my relationship with my client, as I was not totally at ease in this space. I think this may have been quite levelling as the client and I were both in a strange space. After some time, I started to rent my own room, which only I use and which I furnished in my way. I have always tried to not have the room appear too personal, as I am aware that this might have an impact on the client. Inevitably, the room reflects me in many ways, and this makes me conscious of the dynamic on the relationship created by it being 'my space'. Clients do not generally comment on this, but I am aware with new clients how they look around the room, almost as if making a judgement on how the therapy might be based on what the space is like. I also notice what happens with some client when I make minor changes to the room. For example, I bought a new rug for the room to make it seem cosier and one particular client was very unsettled by this change. The rug has been down now for about three years and this client still will not walk on it but walks round it. The rug holds a great deal of power for her, and for some other clients who also walk round it. It feels like 'mummy' might tell them off for walking on the rug in their shoes. The rug is an extension of the power they give to me and has an unspoken language of its own.

As I have alluded to above, the changes in setting can have an impact on the client and the therapist. In my conversation with Edward, he talks about his own language and persona changing depending on the setting he finds himself in. He reflects on

his experiences of being in different roles and how this has impacted on his 'performance', as he calls it:

'Yeah, yeah, yeah, that's right, I was under care of that community<sup>3</sup>, yeah, definitely, that's quite good, well not good, yeah, it was good in the sense, I mean I didn't like it so I started going, as soon as I could drive I started having a social life that was in Birmingham and no one knew me and I think I probably played with that, being known and not known, has been a major piece of my life, you know throughout, I wanted to impact on, you know, I wanted to sort of, you know, write stuff and give lectures and impact on the world but you also want to hide away, I don't want to be visible.

**That's an interesting...**

Tension, yeah. Sometimes I want to be on the stage and sometimes I want to be hidden away, yeah, that is a real polarity for me, yeah.

**In terms of persona, do you find that you have a different persona when you want to be on the stage as you put it?**

Oh yeah, yeah, yeah.

**So the way... and you already said about speaking with a different accent when you talk to the Police, so do you think there's something about the language that you use, the way that you present yourself verbally as well that changes?**

Yes, yes, yes, and it's a construct, you know, it is, it's like the sort of Facebook stuff, I'm very aware of what I'm saying and not saying and, you know, that it's a construct, you know, I'm choosing to show myself in a

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<sup>3</sup> The community that Edward refers to is the area in which he grew up, which he describes as small and close-knit

particular way and I'm aware of that when I'm, you know, when I'm addressing a conference or you know, I'm aware of what I'm choosing to show for impact.

(i/v 5, L 579)

In this extract, Edward reflects that he finds himself using different language and even different accents in different settings. All are congruent, but all are different parts of himself that perform different functions. This resonates with my experiences of my client work, but also with my experiences of being a client who is also a therapist. As a client the language I use switches between that of a child who wants to be able to express all her emotions in an uncontrolled way, but I stop myself from doing this quite quickly as I revert to being the considered and controlled adult. I appreciate that the setting allows me to 'let go' of this control, but the adult me does not allow this to compromise my adult use of language.

In my conversation with Edward he talks less about his client work and more about his experience of connecting with people in other settings. As previously mentioned, he discusses his connection with a friend through the game of Bridge and this 'setting' has a language of its own which promotes communication and connection. He also talks about his experiences of going to church. At the time of the conversation he was experimenting with finding a church that was able to meet his needs and suited his particular spirituality. He spoke of some of the different denominations he had considered, and I reflect that there are differences in some of the language used in these different settings that defines a particular ideology. This is discussed further when considering the theme of religion and culture later in this chapter.

### ***Culture and Religion***

Culture and religion are the fourth of the major themes from my analysis of the data and can be split into two, although I have grouped them together as there is significant overlap. I acknowledge that they are not interchangeable in a general sense, but I feel that there is sufficient intersectionality emerging from the research conversations to consider them both together. I began my consideration of culture by checking for a dictionary definition. In the online Merriam-Webster dictionary I

found the following definitions, which resonate with the definitions I would use myself:

- : the customary beliefs, social forms, and material traits of a racial, religious, or social group *also*: the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time
- : the set of shared attitudes, values, goals, and practices that characterizes an institution or organization
- : the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic
- : the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations

(Merriam-Webster online dictionary, retrieved 13/12/2018)

In order to find a definition of culture as it applies in a counselling setting, I turn to Tuckwell (2006) who says:

‘a process of ‘mental-programming ‘, in which group values and beliefs are socially transmitted to each individual and profoundly influence patterns of thinking, feeling and behaving. Culture is therefore a collective phenomenon that distinguishes the members of one group of people from another.’

(Tuckwell, 2006, p141)

Tuckwell goes on to reflect that this definition can have a profound effect on the counselling relationship, where there is a difference in culture between the client and the therapist:

‘The complexity of culture, which operates both in intrapsychic functioning and in interpersonal encounters, clearly poses many challenges for counsellors. Intercultural differences in core values, patterns of behaviour and emotional expression give rise to much scope for misunderstanding and interpersonal

conflict. It must also be noted that counselling itself is a cultural activity that developed within the norms of Western industrialised society and continues to reflect dominant societal values.

(Tuckwell, 2006, p 142)

The last sentence from the above extract is very important when considering the cultural context in which counselling takes place, and this consideration was taken up by the participants in this study.

Clarkson (2003) offers a slightly different view to Tuckwell, and one with which I am inclined to agree. She says that whilst a shared cultural background or experience may be of benefit to client and therapist, this is not always the case and can lead to ruptures in the therapeutic relationship. Clarkson uses as her example the idea of homosexual clients:

‘Sometimes a person in a homosexual relationship is more effective in working with a homosexual client if the issues concern self-oppression, cultural disadvantage, reality information, contacts and networking. Sometimes the very similarity can become a countertransference or reality problem. Then there is always the issue of patient preference, which may at some intuitive level affect the process.’

(Clarkson, 2003, p 42)

Clarkson talks in similar terms about other aspects of culture, making the same point about the process. I agree with Clarkson that making assumptions about a client’s experiences based on a perceived shared culture can often lead to danger within the relationship, as a therapist can stop listening to the client’s world view and impose their own experiences into the therapy. This identification with the client can be misleading, particularly if there is a degree of recognition with the language being used. In my role as an Equality and Diversity Practitioner in the NHS, I am very aware of the difference between fairness and ‘sameness’. It is important to meet someone fairly (i.e, with respect and understanding) rather than treating everyone as if they are the same.

Moving on to the experiences of the participants in this research, I have already discussed Charles' comments about culture in his experiences in his recollections of the male Rwandan client who has a view of what it is to be a man based on his cultural viewpoint of male emotion. As Charles continues to talk about this client, he reflects that he changes his own language and way of speaking to mirror that of the client:

'No I know what you mean, actually do you know I think I do it, what I'm doing I think is mirroring how he talks, because that's, I think because English is his third language he's very deliberate over his use of language, and actually I think I'm mirroring that, I think he gets what I say and I probably don't need to do it, I could probably talk to him just as I'm talking to you and he'd be fine, but I kind of really talk very deliberately with pauses between each word, and I talk slightly slower. Not quite as stilted as I'm doing now but I'm just doing that to illustrate what I do. I do do that, if I'm working with an international student who, well if I'm working with an international student who I think isn't grasping the language that I'm using because they don't understand, because they're asking me, "I don't know what you mean, I don't understand," then I will do it. It's almost like, this is going to sound really patronising what I'm going to say and I don't mean it to be patronising, but it's like pitching it to an eleven year old.'

(i/v4, L353)

This extract leads me to think about how we distil our language to reflect how we perceive the listener. This may be about the culture of being English and our innate (but misguided) sense of nationalism that can lead to appearing as if we think others should defer to our culture. This idea also links into some kind of historical power dynamic that is perpetuated by some English people; almost a sense of colonial superiority. Whilst I don't believe that this is explicit for Charles, it may be something in the unconscious of many English people (maybe I could be included in that.)

Charles also works extensively with international students from China and is mindful of the differences in the discourse around mental health. He has been told anecdotally by the student advisor who is herself Chinese, that mental ill health is a

taboo subject in most Chinese families and that there is a struggle to engage students who may be experiencing problems. The student counselling service is trying to address this by reframing the language used to reflect something that the students will resonate with. Charles cites the example of using positive, business focused language to attract Chinese students to the counselling service as a very large number of the students are post-graduate management and business students. This has proved a positive move for the service, as the language used can help to overcome the taboo and destigmatise the occurrence of mental ill-health.

For clients who do not have English as a first language, and presumably for English clients having therapy in another country and in another language, there seems to be some attachment to their own culture through the language that is used. I feel that there is something in the way that Charles' Rwandan client holds on to the narrative of his culture, that gives him some sort of secure base (Bowlby, 1998). A narrative that he can return to when things feel a little unsafe in another world. For example, he holds on to the narrative of his culture with his earlier comments about the expectations of how it is to be a man in his culture. He is accessing therapy in a strange country, dealing with emotional subjects, but he has to hold on to these expectations as his source of familiarity and security.

The mismatch that can occur around the Western ideology and discourse around counselling mentioned above, is something that I have been aware of in my own practice. I have worked extensively with asylum seekers and refugees who have not had English as a first language and have experienced trauma. Frequently it has been the case that this client group has a view of mental ill-health that is similar to that which Charles relates above. They are not clear about the purpose of counselling and are not comfortable with expressing their emotions, in many cases. Working with these clients in English can often inhibit their ability to talk about 'feelings' and so the counselling can become superficial and unhelpful.

A technique that I have used is to ask the client to express their emotions in their own language, even though I will not understand the words. This has been very powerful, and the result has left me in no doubt as to the emotion of the client as they are able to express themselves in a meaningful way. Sometimes we have

subsequently been able to unpick this emotion in English and sometimes this has not been necessary. Using an interpreter can sometimes remove the impact of this interaction as the interpreter may not be able to do justice to the client's emotions because they are not experiencing it themselves. In my conversation with Charles we discussed this, and Charles felt that this would be a worthwhile technique to try with some of his clients who are not able to speak about feelings in English.

Edward talked of using a similar technique and also of the phenomenon of a number of counsellors who had a shared cultural background, but spoke to each other about counselling in English, as this was their shared professional language:

'Yeah, yeah, very much so and I've... when I've had you know, people whose first language isn't English as clients, you know, in England I've often encouraged them to go into their home language, I don't need to initially know what it means but they can, you know, it's yeah, it gets interesting with the, you know, a student of mine that was Greek and she found when she was... she wasn't a client of mine but she talked to me about when she was a client, she spoke in English because the whole kind of, how clients talk the whole vocabulary of being a client wasn't Greek.

**That's interesting.**

And that when she had those conversations with fellow Greeks who were in the counselling over the year and spoke in English, not in Greek, that sounds, that's really, really interesting.'

(i/v 5, L 49)

Edward's comments here validate a lived experience of Tuckwell's assertion earlier about the Western culture of counselling.

Edward also talks of a way of relating within cultural groups that provides a shorthand which makes it easier to understand. The culture of the group of Greek counsellors above suggests that their shorthand was to use the language of their experiences of being taught counselling in English and how this takes precedence



over the other aspects of their shared culture. He also talks of his experiences growing up as part of a small community and everyone sharing a sense of familiarity and family. I notice in my own client work where, if I am working with someone of a similar age to myself who has a shared understanding of certain cultural reference points (music, books, television programmes, etc) this can provide a shorthand to achieve relational depth and often a more sustainable therapeutic relationship.

Beth's conversation uses a different aspect of culture. As previously mentioned, she discusses a particular client who evoked strong memories of her father. These memories were triggered by a feeling of a shared culture. The client was of a similar age and a similar background to her father, and to Beth the shared characteristics gave her a connection with the client. The culture of being from a specific area of Yorkshire and being of a particular generation. There is a potential danger for any counsellor to make assumptions about a client based on what they recognise of their culture and any resonances with their own world view. Tuckwell talks of race and culture as being used together as a way of determining difference, but goes on to say:

'Both constructs are highly significant in the interplay between outer-world experiences and internalised beliefs about self and others.'

(Tuckwell, 2006, p143)

To me this quote stresses the importance of ensuring that assumptions about others are not based on our own frame of reference, or even the frame of reference of others we perceive to have the same cultural background as a client. Everyone will have their own nuanced way of defining their own culture and will 'practise' in their own way. This includes the language used to 'story' their lives and experiences. In my role as an equality and diversity practitioner within the NHS I have developed and delivered training in raising awareness of unconscious bias and the need to understand the outcome of taking too much notice of one's own stereotypes. It is vital that counsellors and therapists are mindful of how their own cultural stereotypes have the potential to impact on the counselling relationship.

For Denise, in her client work, the theme of religion came into play when she was discussing her relationship with a particular client. She worked with a client of Bangladeshi Muslim heritage. The extract below demonstrates the differences in Denise's perception of words compared with the client and the difference in their respective religious influences:

'Her English is very good. What I become quite aware of are the meanings of words that are culturally very different. When she talks about family, and she comes, "Well, they're family," I know it means something different to her than it does to me, and the kind of shorthand, and when you were talking, mentioned about language and the impact it can have, and I noticed that we'd have a session and at the very end of it, her parting shot as she went out the door would be, "Well, pray for me," which had a weird impact, well, not a weird, it had an impact on me because it kind of said something about, "Well I'm not sure this is doing any good, so you'll have to pray for me," kind of thing, and I don't think it meant that to her at all...

### **How did you respond?**

I think I smiled at her, and said something like, "I'll be thinking of you." Because I didn't know whether that's what she meant, "I want you to keep me with you," or in my thoughts, or we need to invoke some higher power to solve things, and if it was that, I was uncomfortable with that.'

(i/v 4, L34)

This encounter was unnerving for Denise, but her response does not appear to have caused any kind of rupture in the relationship and ensured the continuation of relational depth. Mearns and Cooper (2005) discuss relational depth as an ongoing, sustained process that transcends the idea of a 'moment of meeting' (Stern, 1998). The premise for ongoing relational depth is described as follows:

'...characterised by a sense of shared commitment to the relationship and the work, a confidence that the Thou-I encounter is achievable at will and welcomed by both. There is a sense of the relationship being reliable over

time and a confidence that relationship difficulties will be surmountable. Furthermore, there is a confidence that fluidity will be maintained in the relationship...'

(Mearns and Cooper, 2005, p 53)

This idea is demonstrated by Denise, above, as it suggests that the relationship is able to withstand a mismatch, a difference in worldview and experience. All of my participants, and my own experiences with clients, suggest that it is often possible to maintain this connection.

Anna brings a very noticeable cultural difference to the therapy room. A large proportion of the clients she works with are British with English as a first language, accessing therapy in a town in Yorkshire. She is of mixed heritage, Eastern European and Western Asian (Russian and Armenian). I have already explored how Anna's use of language has an impact on the power dynamics in the relationship when she uses words that have a different connotation to her ear (burden – see above), but Anna also discusses the use of swear words by clients in the therapy room and the impact that has on her. She talks about how she has a greater tolerance to swearing in English than she does to swearing in her native language. The result of that is a lack of impact for her when the word is significantly impactful for the client. This can result in a mismatch in the experience of the emotion the client is trying to express. Anna has received feedback that she can appear direct because of her use of formal language or her more 'literal' language, as she calls it. She discusses her own experiences of being an immigrant in the UK and how that can lead to her making assumptions about the experiences of others. As mentioned above, these assumptions can create enough of a mismatch that there is a rupture in the relationship. Anna again uses the example of her use of the word 'burden' and how this led to the client abruptly ending the therapy.

In addition to the language difference, Anna also feels that there is often a sense from clients that they will not be able to trust that she will stay for them because she is from abroad. A colleague of hers shared some thoughts with her on this:

'I think if there's anything, most of the mismatches or issues that come up come more through the cultural difference, rather than language in my case, in my experience. So if there's any mismatches it's usually misunderstandings at a cultural level rather than linguistic misunderstandings, but of course it's very much merged together, and the first thing that comes across to clients is my accent obviously because well before I speak they probably don't know, but then as soon as I start speaking it's clear that I'm not from round here and something else that struck me, I was speaking to a colleague of mine at work and she said something, because I'm going to America now, 'I knew you were going to leave', even when we kind of just started working together, and I was thinking 'oh, that's strange, why', and she didn't know and couldn't explain why, it's some kind of unconscious feeling but she even said it's something coming from her maybe because some, it's a joke that because she didn't want me to leave, she likes me so much so that's why she was fearing that I would leave. I'm not sure that's true but my sense is, and I think it came to, it never came from me but I think one of my supervisors once mentioned that 'it's interesting that I wonder if clients think that you're not here for a long time because you are not from here and that you might leave', it was, mind you, before even this idea of me leaving was in the air, and it's never been raised by clients in any shape or form but that's what I'm also thinking, that I wonder if me being foreign can be seen by some clients that I don't belong here and I'm not really here to stay, so it can give some kind of suspension or it can be perceived by some as less safe therapist. As I said, never been voiced but every time someone, 'cos I had several cases like this, when someone after first session with me would go to the administrator and said they don't want to work with me and they want somebody else, in most cases they never engage with somebody else either so it's not me, I know that, but at some level I'm thinking, because I think, and again it's probably not necessarily, it's not scientifically proven, but I get a sense that I had more of that than other people in my team. However, I'm not the only one, it happened to a few and a I don't count, but my sense is that probably a bit more times it happened to me than to the others, and I'm thinking if there's an element of some people not tolerating the foreignness, they don't feel quite that I would understand possibly or something else that they may not like, they may just be plain racist

*[laughs]*, so I don't know! And again, when I'm thinking about it I'm thinking is it I'm trying to kind of give it to them and not engage with what may be I was not inviting enough in session and it has nothing to do with me being foreign. So there's something like that that I still, I'm still quite not sure about.'

(i/v1, L632)

Once again, this links in with the idea of relational depth and the sustainability of the relationship with the shared commitment. If this is not perceived by the client, then they are likely to withdraw before they allow themselves to become heavily invested in the process. The client is also making assumptions about the therapist.

This particular anecdote by Anna resonates with me, as I am prone to making assumptions that people will leave and let me down, and this will often stop me from allowing others into my world. I have to protect myself from that hurt and so my language (verbal and non-verbal) will reflect this. As a client I have been going to the same therapist on and off for the last twelve years, and yet she does not believe that I fully trust her. She is right, I don't. This is because I know that some day she will not be there when I need her, for whatever reason. My language will sometimes reflect this as I become petulant and argumentative. Push her away before she leaves me. I see my clients do the same with me. My instinct suggests that this has something to do with the culture of the therapeutic relationship. Being in a relationship with someone who knows a lot about the client, but the client knows nothing about the therapist. This is scary and can lead clients to use language in a certain way to try to rupture the relationship, like my client who kept reminding me that she was paying me to care about her. I believe that came partly from her own family culture.

In Mearns and Cooper, Dave Mearns describes his experiences with a particular client who had been traumatised. He recounts the difficulty he faced achieving any kind of relational depth with the client because he did not share the culture of the client through a sense of shared experience. The therapist had not had the traumatic experience of the client. Mearns tells the story of a particular encounter where he describes a conversation he had had with a friend to the client. In sharing

this story, reliving the emotion he felt at the original telling of it, he was able to connect with the client by using language of the culture of the client's experiences. I find this story from Mearns a little disappointing because of his lack of attunement to the client in the first instance. It feels that he was not able to think outside of his own experiences and just listen to the client's language and story and feel empathy for the client. He had to find his voice to be with the client by using the voice of another. This feels like a mismatch in language while striving for relational depth. Relational depth should just be, and not need to be manipulated in this way. By listening to the client's language, Mearns would have found that connection he was looking for.

### ***Metaphor***

The next theme from the analysis of the data which I will discuss is that of the use of metaphor in the counselling room. Thinking about my own use of metaphor and the impact that this has on clients reminds me of a client I worked with very early in my career when I had recently qualified as a counsellor. I worked with a young man in his late twenties with whom I did not seem to have any shared experiences. I used metaphor on a number of occasions during the work and each time I would try this he would declare that he did not understand metaphors and claimed to be a very literal person. This was a surprise to me, but one which encouraged me to consider very carefully how I use language myself. Lakoff and Johnson (1980) discuss metaphor as seen as:

'a device of the poetic imagination and the rhetorical flourish – a matter of extraordinary rather than ordinary language...For this reason, most people think they can get away without metaphor. We have found, on the contrary, that metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature.'

(Lakoff and Johnson, 1980, p 3)

This suggests that it was not metaphor that my client did not understand, it was simply **my** metaphor. Indeed, he did have metaphors of his own that he would use.

Ricoeur (2003, originally in French in 1975) offers a much more pragmatic definition of metaphor, and one which seems to better describe the phenomenon as it has been experienced in my therapy room:

‘...a definition of metaphor that identifies it with giving an unaccustomed name to some other thing, which thereby is not being given its proper name. But the investigation of the interrelationships of meaning that give rise to this transposition of the name also relentlessly forces open the frame of reference determined by the word, and *a fortiori*<sup>4</sup> that determined by the name or the noun, and imposes the *statement*<sup>5</sup> as the sole contextual milieu within which the transposition of meaning takes place.’

(Ricoeur, 2003, p 74)

Whilst this quote is undoubtedly wordy, it provides a definition of metaphor which is adaptable and allows for consideration of different ways in which metaphor might work.

Nunan (2013) describes metaphor as one of the aspects of ‘language at play’, as he considers the different forms of language. He puts this in the category of figurative language, which resonates with me as I think about the playful ways in which I have used metaphor and also how my clients respond with their own metaphors.

Again from my own client work, I am led to consider my anxiety around using metaphor when I have clients who do not have English as a first language. I often assume that they will make a different interpretation of metaphor that I might use because their reference points will be different. In fact, this has rarely been the case and these experiences have highlighted the similarities rather than the difference. One client who I have worked with was at a crossroads in her life following the end of

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<sup>4</sup> A **fortiori** in Latin literally means "from the stronger (argument)". The term is used when drawing a conclusion that's even more obvious or convincing than the one just drawn. (Merriam-Webster online)

<sup>5</sup> something **stated**: such as

**a:** a single declaration or remark:assertion

**b:** a report of facts or opinions

a long-term relationship. She had a very successful career and was applying for promotion in her field. She was Spanish and had been in England for a few years and had built up her career here. She used the metaphor of a garden to describe how she felt about her life. She described how the career and friendship areas of the garden were blooming and the relationship area of her life was dry and in need of watering. She was also desperate for a child and this was also in the 'brown' patch of the garden. The metaphor continued throughout the work and would become a marker for how things were changing for her as the dry, barren garden was beginning to be watered and was catching up with the 'fertile' part.

The research conversations with my participants revealed differing views about the use of metaphor. Charles has worked with and researched working with, suicidal clients. He states that some therapists, in the initial stages of working with this particular client group, find it useful to use metaphor as a way of avoiding using difficult language. This can sometimes be extremely unhelpful for clients as they can get stuck in the metaphor and thus avoid any clear understanding of what the client might be experiencing or planning. The metaphor will keep both therapist and client from being explicit. Charles talked about the findings from his research as follows:

'of course there are exceptions to this, but predominantly when you looked at the first point at which the client introduced their suicidal thinking into the session they did it through metaphor or some kind of image. It was almost as if, so I'm gonna use a metaphor now, it's almost as if they had this awful thing that they were holding and they kind of put it to the side but put it there so it was visible to both, because the saying, "I want to die," or, "I want to kill myself," was just too much too soon for them at the first point yeah. So all of these, I have over 40 videos, and all of these clients except for one actually, all of them presented their suicidal thinking at the first point of mentioning it as a metaphor, so that raises a very important question then, how did their therapists respond to that?'

(i/v 3, L537)

The study Charles spoke of was part of his doctoral research and has been replicated a number of times with different client groups. The results were similar for



all groups. The abstract above appears to confirm Lakoff and Johnson's assertion that 'metaphorical concepts [are a] way of partially structuring one experience in terms of another' (p77). In this case the experience of having suicidal thoughts in terms of a more palatable experience. Charles reflects that after the initial conversation, the use of metaphor can confuse and, in his experience, it then needs to be followed up with more explicit language that makes it very clear what is being talked about. This can be daunting for client and counsellor:

'Do you know I think if in doubt I ask the question, I think that's kind of my bottom line. So if a client has introduced a metaphor which for me possibly might be pointing towards them wanting to end their life but there's something so convoluted about it, I think what I'd do, what I would do is to kind of almost say that, say, "You know it sounds like, there's an awful lot of what you've just said but I'm wanting to check out at the heart of it, are you telling me that you want to die? Are you telling me that you have feelings of wanting to die?" Because if they say, "No that's not what I'm saying," well then that's okay isn't it because I can say, "Okay so there was something in the metaphor that you used that I was misunderstanding, I wonder if you could go back to that then and you tell me what that kind of meant for you?" And if they say yes then we can talk about what that means for them and...'

(i/v3, L676)

Charles demonstrates here that his way of working is to ensure that there is no mismatch with the language used by the client when encountering the risk of suicide. It is vital to him that he and the client are both clear on the meaning and on any action that might be taken in terms of referral and risk assessment.

In Reeves (2010) the author talks of the need for reflexive language when working with suicidal clients. He suggests that this can be a powerful experience for both client and therapist:

'It can be both important and facilitative for clients to hear their own words, and thus consider the meaning of them without counsellor influence or bias. However [...], clients may experience difficulty in naming suicide for the first

time. It is important that the counsellor acknowledges the existence of the fearsome place, for the client may have learnt to disregard it over a period of time.'

(Reeves, 2010, p103)

When a client uses metaphor to describe a feeling in this case, the first instinct may be to reflect that metaphor back, what Reeves is suggesting is that the metaphor should be unpicked with the client so that they can reflect on what they mean. Do they mean that they are planning on killing themselves? Is it somehow easier for the therapist to collude with the client's metaphor in order to make it easier for the therapist? Is the therapist also afraid to 'acknowledge the existence of the fearsome place'?

As previously mentioned, there is a potential risk of mismatch of metaphor with clients who are from a different cultural background, but in addition in my conversation with Charles the subject of language mismatch with clients who have a learning disability or developmental disability, such as autism or Asperger's Syndrome. Charles talked about working with clients for whom a literal way of expressing themselves is the norm and who may struggle with metaphor for this reason. He spoke of clients with whom he was very unambiguous in his language, but then spoke of a particular client who had had an impact on his because of his way of communicating:

'when I'm working with people who are autistic, I mean they're at university so they're high functioning but actually are high functioning in their field but are often struggling massively socially, emotionally, there's one guy I've just finished working with who also comes from Pakistan, so we had the kind of autistic aspect to work with, plus the culture, plus very strong male role model that he's been brought up with, he was very angry that his parents had divorced and he was living with his father and he felt suicidal at times, and he just really struggled to find the language for it, really hard. But actually he did work in metaphor, we said before that they often won't work in metaphor, he did work in metaphor and he often used Lego because he loved Lego, he'd go home and do fantastic things with Lego, and he would often talk about, "And if

I built this in Lego what I would look like would be,” and so he would actually use that. When he finished the sessions he bought me a Lego box, box of Lego. Have to say, he said to me, “I really like what we’ve done, you’ve been very good. I thought you were going to be crap but actually you’ve been very good so I’ve bought you a present,” and I was thinking, excellent, bottle of wine, nice pen, here’s this and it’s a Lego box. And I said, very incongruently I have to say, I said, “That’s fantastic, I really appreciate that, thank you!”.’

(i/v 3, L1031)

Charles then considered this some more and added the following:

‘you know because it was a metaphor and you know I took that, that he was giving me, I mean it was a new box of Lego, it wasn’t his own obviously, he wasn’t going to give me any of that but it was communication on so many different levels, it was a communication on gender it was, because it was a very intimate thing to give me because it was something that he cared for the most, it was a communication on an emotional level, it was a communication culturally because this is what he could give me’

(i/v 3, L 1055)

This is an extremely powerful image about the way this client communicated. He may not have the capacity to use metaphors verbally, but this was a very strong visual metaphor for communication. It was also his way of expressing his emotion and gratitude without words.

Charles’ earlier assumption about the ability of clients on the autistic spectrum being unable or unwilling to move away from more literal language is countered in research by Noterdaeme et al (2010) who found that any difference in figurative language skill and social interaction found in younger children with autism or Asperger’s is frequently reduced as children get older, particularly in people with High Functioning Autism. This research does not extend to any studies with adults, and in fact, there is a lack of research with adults with autism, but I feel that it can be assumed that the reduction continues into adulthood. Noterdaeme et al imply that there is a stereotype attached to the idea of people with Autistic Spectrum Disorders which is

not borne out by research. Simmons et al (2014) writing about pragmatic language use in autism suggest that there is some validity in this stereotype, but again their study was undertaken with children and does not provide any data about whether or not this is the case in adults. These studies would suggest that adults with Autistic Spectrum Disorders may work with metaphor, but it may be a question of finding the right metaphor, as with anyone else.

Returning back to the use of metaphor in the therapy room, Anna talks about her experiences of this. She questions whether being more figurative in the way of communicating for the client and for the therapist can end up removing some of the emotion from the encounter and encourages collusion with avoiding expressions of real emotion:

‘you need to be careful to not go too much into metaphorical stuff because I do notice that it's makes it a little bit less engaging emotionally, it's helpful to understand things but again, I kind of need to be mindful of not making it, 'cos it's very interesting of course *[laughs]*, not to make it as means of in itself.’

(i/v1, L 417)

Anna goes on to say that she sometimes has found herself colluding and staying with a metaphor for too long, when it has started to become clear that it is detracting from the emotion, simply because she has become excited by the creativity of the metaphor. This is validated by Lakoff and Johnson who discuss how metaphor can be used as an objective way to avoid emotion:

‘The fear of metaphor and rhetoric in the empiricist tradition is a fear of subjectivism – a fear of emotion and the imagination. Words are viewed as having a “proper sense” in terms of which truths can be expressed. To use words metaphorically is to use them in an improper sense, to stir the imagination and thereby the emotions and thus lead away from the truth and toward illusion.’

(Lakoff and Johnson, 1980, p191).

In talking about metaphor, Beth uses a different viewpoint. She refers to her use of metaphor as 'flights of fancy' ((i/v 2, L 324). She talks about her way of using metaphor as being very different from that of a particular client. The client was using very sporting terms as metaphor for his emotions, which did not resonate with Beth at all as she is not interested in sport. She reports that she had to stop herself from using her 'flights of fancy' which are the sorts of metaphor that resonate with her. Again from Lakoff and Johnson (1980, p190), quoting Locke who 'shows the same contempt for figurative speech, which he views as a tool of rhetoric and the enemy of truth.' I wonder if this is the viewpoint of clients and therapists who use metaphor to avoid the truth. This certainly appears to be the case for Anna, Beth and Charles.

Denise has a slightly different experience and talks about the benefit for her of using metaphor to 'repair' misunderstanding with clients who do not have English as a first language. She tends to use the client's language to explore metaphor to try to clarify what the client is presenting. She also talks of using the metaphors that come out of the dreams that clients may bring to the session, as a way of reconnecting:

'I can remember I worked with a Portuguese woman for a while, and her English was good, it wasn't her first language, but it was good, but it was quite hard for her to find words for emotions. Or to convey depth of emotion, so quite a lot of that was done with imagery, and I know one of those had been sparked by a dream, so there was a lot of work done with a statue in a garden, and her, her using a lot of language to talk about the garden, and what was in it, and that was a way of talking about emotion that she hadn't got the English for, and I don't have the Portuguese.'

(i/v 4, L692)

Denise was the only one of my participants who spoke about working with dreams and this leads me to wonder if the contents of a dream are the ultimate way of expressing oneself metaphorically? It would seem to be the case as dreams provide an unconscious analysis of the conscious mind. We have no control over what we dream, but the messages can be a powerful way of unlocking our thoughts. As Jung (1974) says:

‘Since the meaning of most dreams is not in accord with the tendencies of the conscious mind but shows peculiar deviations, we must assume that the unconscious, the matrix of dreams, has an independent function.’

(Jung, 1974, p75)

This suggests that the dream has a function to express what we cannot, and so the analysis of dreams has a useful function in counselling and psychotherapy and is a form of language in the same way as words are.

### ***Visual representations of language***

From my initial analysis of the data I had found that one of the emergent themes had been that of visual representations of language. As I have worked through the meaning from the other, more dominant themes, I can see that this has been subsumed into the analysis already carried out. I was surprised by this as during the conversations with my participants I remember being struck by the impact of these visual representations and excited by what appeared to be their uniqueness and importance. As I reflect on this now, I am more excited by the fact that I find these links between the different themes, which demonstrates the overall story of the data and the synthesis of the themes.

The different examples I found of visual representation were very much linked with metaphor, such as dreams for Denise, sport for Beth and the box of Lego for Charles. For myself it is my use of tangible objects that provides a metaphor, such as the garden with one of my clients, already mentioned. To that end, I am now of the mind that this is no longer to be considered a major theme, but rather as a sub-theme of metaphor. I am leaving it in the diagram of the major themes at the beginning of this chapter, as it I would still like to acknowledge this as being part of what originally emerged from the data.

### ***Feelings about the client***

This theme had also originally emerged as a major theme, but with further reflection, much of the material that led to this decision has already illustrated other themes. Specifically, the sub-themes contained in the analysis of the data around

representations of power cover the ideas about how the therapist feels about their clients. The 'liking' of some clients and the ambivalence towards other seem to be indicators of a power dynamic within the relationship; either the power of the therapist or the power of the client. This can be embedded in the transference and countertransference present within the therapeutic relationship, where these concepts are a way of giving or taking power. If a client has positive transference responses to the therapist, this may invoke feelings of warmth from therapist to client. The reverse may also be true. The client may project a negative transference onto the therapist which may have a negative impact on the therapists feelings towards them.

### ***In other words...a summary of the findings***

The analysis of the research conversations revealed a set of themes which seem to be inextricably linked. In writing up the analysis it became difficult to separate out the different themes as often there was no distinct boundary between them. For example, the theme of power, which was the most prolific, had a good deal of overlap with the theme of culture. This seems to be linked in with the expectations of the therapists and the perceived expectations of the clients where there is a marked cultural difference. This became most apparent in Charles' story of the Rwandan client. Both of these themes emerged as the having the most potential for mismatch of language. It is interesting to consider the reasons for this, as both are very wide themes. Culture can take many forms and in attempting to separate out types of culture there has been a tendency to focus on the idea of national or ethnic culture, rather than taking broader view. The themes of power, gender and culture also became difficult to separate from each other. This was highlighted in the conversations with Charles and Edward where the culture of being male seemed to come to the fore, in addition to the power dynamic of being male in the therapy room, either as client or therapist.

I have quoted a few times in the thesis from Sue Wheeler's (2006) edited book, *Difference and Diversity in Counselling*. I have not referenced all of the chapters in

the book, as they have not all been relevant to the findings from the data. What reading the book did alert me to, is the huge potential there is for mismatch of meaning making from any sort of difference that might occur in the therapy room. For example, my original thought had been that age would emerge as a theme from the data, but it did not. This would have offered an opportunity to consider another aspect of culture – youth culture or the culture of older people, or any other possibility. This is also very relevant to my work as an Equality and Diversity Practitioner in the NHS, where these differences can often lead to misunderstanding for staff through language differences with patients who have a different cultural frame of reference.

The other themes, which were a little less prevalent, also became intertwined with each other, creating a slightly unexpected synthesis of the ideas working together. The theme which stands out as creating this synthesis was the use of metaphor, which transcends the other themes in its way of becoming a part of each story. As my own practice gets busier and more diverse, this is the one thing I notice above all else when considering the language used by my clients.

One of the interesting things about analysing the data was the difference in the stories told by the participants, despite there being a synchronicity of the themes. I had deliberately not prompted any of the conversations, as I wanted the sense of freedom. I did, however, ask some questions in order to clarify meaning in some of the conversations and to elicit more information. Even without any direction from me, it feels like they all led themselves in a similar direction.

### ***Synthesis of methods, data collection and findings***

In summing up the findings and discussion chapter, I have reflected on the methods used to collect the data for the study. I am happy with my decision to use unstructured conversations with the participants, as I believe the freedom of the storytelling resulted in rich data, where there was as little direction from me as possible. The methods used provided a synthesis in the thesis between the research hypothesis being explored and the counselling process, including the development of the therapeutic relationship. The conversations with the participants had some of the qualities of a therapeutic relationship combined with research, using



an empathic and non-judgemental approach both from myself and the participants. This seemed to create a kind of circular process between the literature which informed the methods, the data collection and the subsequent analysis. All three aspects were in the room at the same time, as I mention when I speak above about the analysis starting during the interviews. I believe this to be a unique way of carrying out research of this kind, as the conversations make for spontaneous and unexpected data.

The whole thesis is based around the premise of storytelling and how stories are part of everyone's experience. What I have explored in terms of the language used to tell stories and the potential for difference in meaning making is also original, both from the perspective of using my own material, but also in the themes which emerged from the data. As I have mentioned in the writing up of the findings, above, the themes themselves created a synthesis in their intersectionality with each other. My sense from the analysis is that none of the themes stand alone, but all are interlinked in some way. This was particularly true when I considered what had at first seemed to be the minor themes of feelings about the client and visual representations. Both were completely subsumed by the more prevalent themes, such as gender, power and culture.

## Chapter 5

### ***So, what does all this mean? - Conclusion and implications for practice, research and for other disciplines***

The research question that began this process asked how does the meaning we make from language impact on establishing and maintaining the therapeutic relationship. As I reflect now on this question, I discovered that there is no straightforward answer. The language we all use has a very specific and personal meaning to us and it is the alchemy<sup>6</sup> that happens within a relationship that enables us to share our meaning and understanding. The alchemy of a connection between two people that brings about this relationship, whether that is between friends, colleagues or between client and therapist. The understanding is where the magic happens.

The 'answer' that comes out of the research, when I look back on the question, is an exploration of the various factors which create the 'how' of the question. What I am not so sure about is the extent to which the meaning we make impacts on the therapeutic relationship. What I am closer to discovering is that the data and the process of the research have certainly revealed that there is an impact and how this may happen. I don't think that was ever in any doubt from me, but the factors that influence the impact cannot be measured to determine the extent of the impact. This has been a qualitative piece of research, in which the meaning emerges from the narrative; my own and those of my participants and is subjective, rather than precise and undisputed. There is no right or wrong answer. This reflection takes me back to Paulo Coelho and *The Alchemist*, where this all began. When the narrator speaks of a Muslim he meets on his journey and he asks why he doesn't go directly to Mecca, the pilgrim replies:

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<sup>6</sup> Alchemy is defined as the magical transformation that is created when all the parts come together – paraphrased from the Cambridge online dictionary

'Because it's the thought of Mecca that keeps me alive. That's what helps me to face these days that are all the same, these mute crystals on the shelves, and lunch and dinner in that same horrible café. I'm afraid that if my dream is realised, I'll have no reason to go on living.'

(Coelho, 1992, p52)

These are dramatic words but give a sense of life being about the journey, and not the destination (a well-worn cliché). This is something which I believe reflects the process of this research, but also the journey of understanding each other's stories; the adventure of finding a shared language to allow a connection between us. At the risk of sounding like another cliché, the journey of the therapy.

So, the question is, did I meet the aims of the research and have I answered the research question. These are two very good questions. I have met the aims of the research in that I wanted to explore the impact of meaning making of language in the therapy room and how this can occur. This has happened using my own stories, those of my clients, and of my participants and their clients. Along the way I have also reflected a great deal on how we all make meaning of our own identities through our stories, and how these stories become intertwined with those of others, even if we have a different starting point and a different world view.

My reflections lead me to ask myself the question as to how the outcome of this research may have been different if I had taken a different approach to the methodology. One of the aspects of the process which may have made a significant difference, and something I did consider initially, would have been to have used a more structured interview technique for the input of the participants. I rejected this idea as it felt that asking specific questions would create a manipulation of the data and would stifle the freedom of the participants. My intention was always to reflect the process of therapy by allowing a spontaneous narrative to emerge. This view is backed up by Kvale and Brinkmann (2009) who discuss the power implied in a research interview:

*'The interview may be a manipulative dialogue. A research interview may follow a more or less hidden agenda. The interview may want to obtain*

information without the interviewee knowing what the interviewer is after, attempting to “by directions find directions out”.’

(Kvale and Brinkmann,, 2009, p 33)

By holding conversations rather than carrying out interviews, I felt that I was able to minimise the direction to the participants. Had I chosen the option of interviews, I feel that the data would have reflected my preconceptions rather than a voyage of discovery.

Reflecting on the methodology further, I consider the decision to use a thematic analysis, informed by Sullivan’s (2012) ‘key moments’. I considered and rejected the idea of using grounded theory, as I felt that this might be too restrictive in my desire to be surprised by the data. For me, the process of revisiting the data over and over would take away the spontaneity of the emerging themes. My approach, while having some similarities with grounded theory in my immersion in the data, felt freer and mirrored the process of therapy in its flow.

Using autoethnographic content in the thesis is open to question as a robust research method. I like the idea of connecting personal experience with the world around as a way of exploring cultural and social phenomena, but I am also aware that this type of research has been criticised as ‘self-absorbed’ and ‘self-indulgent’. Speedy (2008, p156)) cites these critiques as she discusses autoethnography in therapy, rather than in research. In discussing counselling research, Speedy goes on to say:

“Professional’ research about therapy and the issues and concerns that people bring to therapy, albeit often reflexively and tentatively written from an ‘I’ position, has tended to focus on the stories of the clients (the ‘others’), rather than regarding the lives of therapists themselves as ‘fields of study.’

(Speedy, 2008, p 158)

She goes on to talk about the vulnerability of the therapist being brought into scrutiny by the process of autoethnographic research, and this is what I set out to achieve in the thesis, through my own ‘data’ and also by co-creating a relationship with the

participants to enable them to also show their vulnerabilities in their practice. These relationships and the stories somehow allowed me to share my own story. Clearly, sharing vulnerabilities in this way has the potential to bring up ethical considerations which had to be addressed at the outset. For my personal data, I was vigilant in not disclosing any information about anyone who is still living or has living relatives. With the participants they anonymised their data by not revealing real names of client, and this was further enhanced by me changing the names again in the transcripts on the rare occasion when a name was mentioned

As a practitioner-researcher there is always going to be an element of subjectivity in the research and with that comes a degree of bias. I have tried, as far as possible, to acknowledge my bias, and mitigate against it by owning it. With narrative research that involves storytelling there are a number of things which can impact on the story, including false memories and subjective interpretations of events. For this reason, I would like to reassert the position that the stories told are **my** stories, told from **my** memories and **my** worldview. They are not a universal truth.

Did I answer the question about the extent of the impact? I am not sure that there is a definitive answer to that, as I have mentioned above. What I have learned is that the impact ebbs and flows with each therapeutic encounter and relationship. Reflecting on the research question, it appears that the impact of the language used by clients is different for each participant. I found this to be fairly evident during the conversations and I also note that some the participants seem more at ease with the language use of clients than others. For example, Charles and Edward, the most experienced therapists of the group, were much more relaxed about talking about their own language use as well as that of clients. I believe this came out of a confidence in their own position in these stories, although not necessarily a confidence in themselves. That may seem to be contradictory, but I got a sense of a humility and vulnerability from them that reflected the stories told by and about their clients. This feeling came from their ability to talk freely and openly, without censorship or feeling that they 'should' be 'saying the right thing', which is some of the sense I got from some of the participants who seemed to want to 'get it right', although I am not sure what this meant. It seems to reflect some of the power that was identified and discussed in Chapter 4. The power of the researcher and the

researched. One of the participants remarked how the conversation had felt to her like clinical supervision. This was not my impression of the conversation or my intention but demonstrates the power dynamic in the relationship between researcher and participant.

This leads back to the most prevalent of the themes which came from the analysis of the data, that of power. In concluding this thesis, this seems to be the factor that dominates the whole of the analysis, and my hope is that this has been demonstrated through the examples from the transcripts of the research conversations, as well as by my own reflective writing. The language used in all relationships can create a multitude of different power dynamics, not just the seemingly obvious one of the power of the therapist over the client.

Before I consider the limitations of the study, I would like to reflect on how the findings from the research synthesise with the literature that has been reviewed as part of an ongoing process throughout the study.

The first thing I notice is how Levinas' (1992) ideas on the 'living word' proved to be a key consideration for both the research process and as a phenomenon in the data. This does not come as a surprise, as I already had a sense of the dynamism of language, as an every-changing entity. This was confirmed as I examined the data and discovered how language was being used in the therapy rooms of others, not just my own. The analysis of the data shows that the themes determined in this process all manifested themselves in different ways, suggesting a variety of different ways in which language was being used. If I also reflect on the story telling aspects of the thesis, I can see that this idea of living language emerges as I consider the different language used to tell stories and how the language changes – the 'living word'. This also calls to mind the ideas of Birch (1996) about the individuality of language. The data seems to reveal that the 'living word' is experienced differently for everyone.

If I consider the feeling I get from the interviews, rather than the content, I recall the ideas of Lacan, mentioned in Chapter 1, and in particular the idea of the unconscious structure of language. As the participants talked about their experiences and those

of their clients, there was a point at which the guarded and conscious became unconscious and more on a par with a kind of free association. Some of the richest data came out of this process, as the therapist participants let go of some their self-imposed rules of how to be in the situation and just allowed themselves to be. Some of the participants achieved that more easily than others, and this was discussed in my reflections on the conversations in Chapter Two.

I found nothing in the literature which specifically followed a similar construction to what has been revealed to me either though the process or the content of the research I have carried out. This leads me to reflect on whether the research confirmed the views which I had developed from the literature. I am not sure of the answer to that question. I am not sure whether the literature gave me any expectations or if what I read merely gave me a foundation on which to build my own thoughts and ideas. If that is the question, then yes, the literature I engaged with did a good job. It confirmed to me that I wanted to explore things in a slightly different way from what was already available, and I believed that is what has happened. For example, the literature around power in the therapy room, such as Proctor (2017) talks about power in terms of the relationship between client and therapist through a number of different structures but does not specifically address the issue of the ways in which this manifests itself through language. What the data from the research conversations reveals is much more the ways in which language can compound the dynamics of power. The same can be said of the literature which supports the other themes which emerged from the data

### ***Limitations of the study***

There are limitations to the study, both through the methodology and the analysis of the data. If I think about the methodology first of all. The pragmatic decision I took early on not to engage in conversations with clients, for all of the reasons discussed in the methodology chapter, has clearly resulted in lack of completeness of the circle of input into the data. I do not regret this decision, as the way in which this would have happened would have been contrived and I did get some data from my participants about their experiences as client, although this was quite limited. My feeling is that there is further research that could be carried out which would involve the perspectives of client. This would have to be undertaken in a way which would

involve clients in more natural way, resulting in a broader sense of what they would like to see happen in the therapeutic relationship. This would mean giving careful consideration as to how this could be done in a way that was meaningful and also ethically appropriate. Anecdotally, I believe there are precedents for carrying out research with clients through offering therapy with the express intention of using clients as research participants. I am not sure how comfortable I am with this idea, as it suggests an additional power dynamic within the relationship. It may be something that can be investigated for further research in this area. This would need to be considered in terms of risk to the client.

Another possible limitation of the methodology is the small sample size. This means that there is a limit to the amount of data that was obtained. On the other hand, this does not have to be a limitation as Lincoln and Guba's (1985) techniques for establishing credibility were mostly adhered to:

- 'Prolonged engagement
- Persistent observation
- Triangulation
- Peer debriefing
- Negative case analysis
- Referential adequacy
- Member checking'

(Lincoln and Guba, 1985)

The exception to that was 'triangulation', as none of the participants wanted to see the transcripts of the conversations. As far as I was able, I mitigated against this by checking the transcripts against the audio recordings in order to determine the veracity of the interpretation of the conversations. In terms of the research question, this provides a further reflection of the meaning making of language. Negative case analysis did not seem to me to be relevant to the study.

The recruitment of the participants also limits the data, as I had specifically approached people with whom I had previously spoken and so had an idea of their interest in the research before I formally invited them to be part of the study.

Purposive sampling was successful on the one hand because I was able to choose



the participants whom I believed would have something to offer, including quite a broad perspective on the research question. On the flipside, they all did have something to offer and the stories and perspectives gave a richness to the data. It feels like the 'relational depth' (Mearns and Cooper, 2005) I hoped to recognise in the data from the connections made by the participants with their clients, also happened within the research conversations. This suggests that there was an alliance formed between myself and the participants which created a significant connection. In all cases my language was different from theirs, but we found a way of communicating in a way that found mutual understanding. Having said that, we also had a common language – the language of therapy – which initiates the connection. We were all open to developing that connection.

With regard to the limitations of the analysis, the most obvious thing is the subjectivity I bring to the process. My own interpretations are inevitably part of the analysis and create a bias, as I look at the data from my world view. I could have considered bracketing the data to determine different perspectives, but that did not seem appropriate to the study, as the nature of looking at interpretations of language has an inevitable subjectivity. None of my participants wanted to see the transcripts from the conversations, mainly for very practical reasons, such as pressure of work or other aspects of their lives, such as Anna who was preparing to move abroad to live. This in itself was not a problem as they had provided a good enough sense of their experiences of their client work at the time, but in terms of the analysis, it would have perhaps been beneficial to check out my interpretation. I believe that the way in which the analysis happened is congruent with the aim of the research, as it considers the different meaning making from words. The member-checking aspect of Lincoln and Guba's (1985) techniques was undertaken at the time of the research conversation, by holding a discussion afterwards to clarify understanding and to consider some of my interpretations. This also took place to some extent during the conversations.

My analysis had begun during the data collection, because the conversations were just that, and not interviews as such. This resulted in an intersubjective process for the collection, despite a more subjective analysis. There is always going to be a danger with this kind of analysis, as Silverman (1993) points out:

'It is therefore necessary to avoid premature theory-construction and the 'idealisation' of research materials which use only general, non-detailed characterisations...this means that in practice it must be demonstrated that the regularities described 'are produced and oriented to by the participants as normatively oriented-to grounds for inference and action' (Heritage, cited in Silverman)

(Silverman, 1993, p125)

Here Silverman is suggesting advising caution on having too fixed a preconception as to the outcome of the research, which was always a danger with this study because of my interest in the subject. I hope that I have been able to suspend many of these preconceptions and tried to be as reflexive as possible. This was helped by working intensively with the data from my participants and allowing myself to be surprised by what came out, while suspending my assumptions. Reflexivity within the aim of the study, rather than proving a hypothesis. Thinking about my own data, that is much harder to do, as there was no gap between my data and the analysis of that data.

### ***Implications for practice***

What stands out for me more than anything is the importance for the therapist to understand the impact of meaning making from language in the therapy room. This has been demonstrated as having a number of different facets (the themes from the analysis) and I feel there is some scope for bringing the awareness of these ideas into counselling and psychotherapy training. There are some very basic principles explored in this research that connect with all stages of counselling training. For example, the premises of empathy and 'unconditional positive regard' from Rogers' (1951) Core Conditions both require a meeting in the frame of reference of the client, which can often mean working that little bit harder to achieve that, by questioning, checking out understanding and a variety of other techniques in order for the relationship to work. Making this more explicit in training and in supervision can make it a more natural way of being for the therapist and also help the client to feel that it OK to question and clarify as well. This will make for a more congruent therapeutic relationship.

Many practising therapists, not only trainees, would benefit from giving more consideration to their communication with clients. In the ever-developing world of counselling provision, therapists may find themselves in settings where the client group is outside of their experience to date. This can create challenges in understanding difference and this has the potential to impact upon clients. By reflecting on their own communication preferences, it can help to consider what they notice in others, and work reflexively with these challenges. This is likely to offer better outcomes to clients. Here I am including a quote from Fromm (1993) which goes some way to demonstrating the importance of understanding the different meanings of words. This quote uses the example of a word which is used extremely frequently by therapists, awareness, so illustrates the point well:

‘Generally the words “to be aware”, “to know”, “to be conscious of” are considered to be synonymous. Yet the etymological roots of “aware” point to a difference from the two other words; the root of *aware* (as the German *gewahr*) has in the English and German history of the word the meaning “attention” or “mindfulness” (German *Aufmerksamkeit*). It is usually construed as to be or become aware of something. This means more than simple consciousness or knowledge; it has the meaning of discovering something that was not quite obvious, or was even not expected’

(Fromm, 1993, p37)

The example says a lot to me about the ideas that I started out with, as well as demonstrating the value of this ‘awareness’ of meaning making for therapists. The findings from this research also have implications for healthcare professionals other than counselling. The lessons that can be learned about communication and understanding are not exclusive to therapy, as poor communication can have far reaching consequences for any helping profession. Some of the ideas that have emerged from this research have already been used in training that I have developed for mental health nursing students and also for healthcare professionals in the NHS Trust where I work on a part-time basis.

### ***Implications for further research***

As I have mentioned above, I believe there is scope for further research in this area with a similar study being undertaken to determine the impact of language on clients. I believe that the themes which have emerged from this study would be a good starting point for further research as it would be interesting and helpful to compare whether clients have similar experiences and notice similar things in the therapeutic relationship as the therapist might.

In addition, I believe that there is much potential for undertaking further research that uses storytelling as integral part of research design. Counselling and psychotherapy research is an ideal vehicle for considering this type of study, reflecting the storytelling nature of therapy.

### ***Original contribution to knowledge***

Despite my comments above as to what I see as the limitations of this research, I believe a valuable and original contribution has been made to the knowledge available to counselling professionals. The most obvious contribution is that of an empirical piece of research which has used participants who are active in the field, as well as my own contribution as practitioner/researcher. The use of my own data in the ways that I have used it is quite an unusual way of undertaking research which is not purely autoethnographic.

From my interrogation of the literature, as mentioned above, there has been very limited work done previously on the dissection of data to provide a classification and synthesis of themes which demonstrate this particular question of the impact of mismatch of meaning. I also believe that the story-telling aspects of the thesis are original and provide a unique approach to understanding others, and aspects of the work of counsellors. Story-telling was not considered in this way in any of the literature I was engaged with. Stories were considered but not in the context of the the language used and the impact on the therapeutic relationship.

I believe the study makes an original and valuable contribution to the development of clinical practice, not just in the counselling and psychotherapy context. As I start to use the findings of the research in training and education I deliver, I see students

considering the ways in which they understand others and also how they communicate. This is true of counselling students as well as other healthcare professionals. It helps them to reflect on their frequent tendency to use a 'one size fits all' way of communicating with clients and patients. Hearing stories can have a huge impact on the ways in which we can start to understand those we work with, by listening to the story and the language used to tell the story.

As I conclude the thesis and reflect on the prelude which began with a list of definitions that I would be using, I notice that for the most part the definitions still hold true for me. The definition that leaps out at me from the list is one of the phrases used to define a story; a lie. I really hope that the stories I have been told and have told myself all have a considerable degree of truth, for that I have to trust the process.

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## ***Selected Bibliography***

There have been countless books that I have read during the course of this PhD which have inspired, influenced, irritated and frustrated me. Here I am picking out some of them.

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## **Appendix 1**

### ***Reflections on the process of PhD***

In the interest of completing the story, I would like to offer some reflections on what it has felt like to undertake this research and to write up this thesis.

#### **The beginning**

After I had finished my MA in Psychotherapy and Counselling, I did not feel that I had come to the end of my journey with studying. The MA dissertation I wrote was the thing that I was most proud of in my whole life (that and passing my Grade 5 singing exam, but I knew that that would go no further) and so I found myself wanting to continue along this path of learning and self-discovery. I knew what I wanted to do, and I knew who I wanted to supervise the study, so I pursued this until I got those things.

I started out with high hopes and a passion that I thought would sustain me through the five years it was going to take. I went through the transfer process before I was expected to and I thought the world was my oyster. At this time, I was working 28 hours a week in the NHS over three and a bit days, and I had also set up my private practice. This started to do well and so I was running around trying to do all of these things. Initially the PhD was not suffering. I was reading, I was thinking and making lots of notes, but when it came to writing anything that was to be seen by others, that became a massive problem for me. I have never been very confident academically, as I think I have alluded to in the thesis, but for some reason this fear had got worse. This was intensified if I spent any time in the PhD suite at the School of Healthcare. It somehow felt like quite a sterile environment with a number of people beavering away without much interaction. At this point I felt that I had made a terrible decision because I could never be someone who worked in the atmosphere created in the room. I quickly made a choice to work in other places. Coffee shops were my favourite places. Lots of people to watch and listen to in order to get a feel for their language. I have talked about some of these experiences in Chapter 2 where

explore story telling. Another place that has featured often as a place to write is the car park above Scammonden Reservoir by the M62 in West Yorkshire. This is a particularly satisfying spot on a windy day. I can sit in my car and think and write with nobody else around, except for the occasional dog-walker. Too many people around when the weather is good.



Then came the transfer VIVA and I was in a room with two people whom I did not know, with Dawn's voice booming round the room via Skype link with Australia and my second supervisor sitting at the back of the room writing everything down. This felt very exposing as I had to let people I didn't know see what I had written. Scary.

### **The middle**

So, I passed the transfer with a minor adjustment and now the real work had to begin. My enthusiasm was still sustaining as I had to tussle with the Ethics Committee who seemed to struggle a little to understand what I was trying to do. This was all resolved and so I could start to recruit the participants. Around this time, I went to the BACP Research Conference in Nottingham and did a fair amount of schmoozing (way out of my comfort zone) to try to get people interested in what I was trying to do. I did a poster presentation at the conference, so this helped me to not feel such a twit when approaching people. A copy of the poster is below.

I chatted to a number of people and to my surprise there was a lot of interest in the project. This began to give me a little confidence that this was something others

would be interested in. On the back of these conversations I recruited participants and so the next phase of the PhD began.

Over a timeframe of about five months, I managed to engage in the conversations with the participants. It took longer than I had hoped because I was hampered by everyone's work commitments, including my own. I loved my trips out around the North of England entering into meaningful and fruitful conversations with people who share the same profession as I do, although usually with different views. This was the best part of the whole process and I felt relatively at ease with this.

Once the data had been collected in this way, this is when the task became harder and harder. Now I had all this data and I didn't know what to do with it. I got the audio recordings transcribed, then looked at them for a while before I did anything with them. I was stuck. I was too proud to ask for help. This is my project and I am an adult. I can do this. My working life was very busy and it was easy to ignore the data because I had plenty of displacement activity that seemed more important. By this time my private practice was doing extremely well and there I was still working 28 hours a week for the NHS as well.

This whole middle section was extremely hard. I got a job working at the University and this was a dream come true, but it was hard to do the job and the PhD. Despite only being employed for half the week, I had a full teaching load, a module to manage and tutees to worry about. I was working far more hours than I should have been, and my PhD suffered. Or maybe I just use this as an excuse, because I was still stuck in the paralysis of analysis.

My year of teaching at the University finished and there was no money to extend the contract. This was a very difficult time for me, and I became unwell. I decided to take the sensible option and take a two month suspension of study in order to get myself in a better place. All of that was just over a year ago and meant that I had not left myself much time to get to the ending. I knew that this would suit me as I can be extremely focussed when I have to be.

Once I was back from the hiatus, I managed to get moving. I became obsessed with the data and listened to the audio recordings and read the transcripts again and again and again to make up for the break from listening and reading. This process began to unlock the stuckness and I was off. I had to get over my fear of sending what I had written to my supervisors and just engage with them. I had no choice now. Well I had a choice, but the thought of having spent £10000 of my own money and coming out with nothing was too ridiculous to contemplate. I can be tenacious when I need to be!

So, I was writing and getting feedback and writing some more and got into a rhythm that was working for the most part. By now I only work two days a week for the NHS, but my private practice is incredibly successful, and I spend three full days there every week. Still I was writing and getting feedback. I am not saying that this was a straightforward process. There have been times (many times) during the last five years and particularly the last year when I have really really wanted to stop. One of the things that has kept me going has been frequent returns to therapy and on my most recent return, I began to engage with other ways of doing therapy. I now walk and talk with my therapist and her dog, and I have made tentative forays into engaging with her horses, as she is an equine assisted therapist, as well as a regular one. One of the things that has been powerful for me with this way of 'doing therapy' has been the peace that the animals have brought for me (and I am really not an animal lover). The horses have a way of communicating with each other that seems to rub off on people. They are attuned to each other and manage to convey this without words (obviously!). I have attached here a photograph taken by my therapist showing the horses lying down all together and all following each other in the direction they are looking and their synchronicity of calmness. This had quite an impact on my own state of mind.



(Photo by Clouds Counselling Ltd)

### **The ending (or maybe the beginning of something else!)**

And so here I am on New Year's Day 2019 and the end is in sight. The last few months have been hard. I have drunk a lot of coffee and if I ever see another cup of peppermint tea it will be too soon. I have just had my fourth Christmas where I have spent the day in my spare bedroom working, as it is the only uninterrupted time I get to focus. So next year I get Christmas and the chance for a holiday, but I must say that that scares me almost as much as getting my writing seen. What do I do when I don't have the excuse of having to work? Maybe I should have some fun!!

### **One final thought**

At the risk of sounding trite, I am allowing myself to reflect on the support I have had in order to get me through this. My friends who have got me here with endless cups of coffee and an empathic ear when I have ranted and cried and everything in between. I am also indebted to my therapist who has been the voice of reason, and does not get drawn into any of my nonsense, my clinical supervisor who lets me offload and lets me run over time, so I still get time to talk about my client work and finally to my supervisors, without whom...

The acknowledgements at the beginning of this thesis go some way to thanking these people.



## Appendix 2

Transcript for conversation with Anna

### VN350050 A

**Well first of all, thank you for agreeing to be a participant. As I just explained, what I'm interested in is your experiences of when language has created a mismatch possibly in understanding with a client or when, similarly when you've felt that even though there's been that mismatch you've still been able to have those kind of moments of meeting type experiences. So, and I'm happy for you to talk about one client or generally about a number of different clients in your experiences. It might also be quite interesting for you to, as somebody that doesn't have English as their first language, to mention anything that may have come up in your own therapy although I'm more interested in your experiences as a counsellor rather than as a client at this stage.**

OK. So when I'm thinking about this I find that sometimes it's very difficult to differentiate where there's any kind of mismatch that happens, whether it's because of me being not from this culture or English not being my first language or whether it's something more general, universal type of trying to find a common language and it's [?? 02:19] sometimes, so when I just started as a therapist I was quite anxious about that part and probably assigned a lot of it to me being not native English speaker, and then I, I relaxed into it more in terms of I don't give it much thought what the reason is, I kind of try to carry on myself and stay with the idea of, yeah, really unsure whether we, or we're not sure whether I've understood it right and how to go down that. Another thing that applying to your question, it was difficult for me to think in terms of language about this mismatch or some kind of lack of understanding for some reason, I mean to think about it in the language terms, because I think my primary reaction to this kind of thing is not necessarily thinking about the language use, I was surprised when I thought about it because being a linguist [laughs] I would think I'd be more thinking or reflecting on the language use in those situations but actually I'm more, my first, my first line of engaging with it is more felt sense in general rather than the language, probably difficult to explain but that brings me to the question 'what is language', because all this non-verbal things and lack of words also, also is a language, so it got me thinking a lot about this and a bit of different angle, that's why it's probably difficult to go back into experiences and re-evaluate them in the light of what you're asking, so, but I'll try! Another bit of concern for me is my clients being NHS patients and how much I can bring of my real kind of examples because speaking what language it's probably good to actually say what was said rather than [?? 05:17] about it, but I'm sure that there's a kind of example that can apply to quite...

**Yeah I'm sure.**

...people, so yeah, I might again just probably say a lot of things that might not

necessarily directly answer the examples of mismatch and how I got about it, but I think to get me going I needed to.

**Yeah that's fine.**

Think of some clients and try to make sense of how about, how we go about language generally with my engagement with that. For example, what I was just yesterday thinking was writing letters to clients and how, with my specialist sense of certain clients, I choose different words and for example, yesterday I was writing a letter to a client who had DNA'd and I think I've got quite emotionally involved with that particular client in terms of a sort of maternal feelings coming onto me, so I got worried and also, then when I got to writing a letter I felt that my usual wording of 'if you don't attend next week you'll be discharged' just felt so wrong, almost I wouldn't say, use those words 'discharged' to a child of mine, so I was really struggling with how to put it because the job requires me to indicate to the client that they will be discharged if they are not coming, but I was quite struggling with that and I...

**So there's something there about the different language for the different sort of relationships.**

Yes exactly, and I never like writing to clients who DNA'd 'you'll be discharged' because it just feels very cold and that's not a language I use in sessions, so will they even recognise that it's me writing to them, it almost changes the relationship [?? 07:47] know why they DNA'd, it could be quite rich reason, stuff that we haven't explored and getting a letter 'if you don't come you'll be discharged' from me where we talked in kind of, using different kind of language, that feels strange. But in this particular case, because I think I felt that strongly as a mother towards the client, whether it's good thing or not it's a separate issue, but I finally thought 'well I can't write this', so it took me a while to think of what to, how to write it and then I spoke to a colleague and she said well sometimes she puts 'I won't book any further sessions' and that felt actually much better thing to put in a letter, it is the same meaning but the word 'discharge' just felt too clinical, too detached, where [?? 08:50] 'won't book any further sessions' being, said in the regular words, so I put those boundaries in but in a way that felt more holding for the client, that reconciled me with the, can send this letter with wording being like that. That was something...

**Is that something you'd ever done before or had you always used the very formal language before?**

Yeah, well we have this kind of sample, I never liked it and I usually change a lot in the letter from the template, putting it, I know it is generally putting it in simpler English than the letter is, for two reasons actually, one reason is the one I've just mentioned, that it sound warmer, but the other probably has to do with me being not native English speaker, that at least my written language is generally much more iconic and simplified compared to a lot of things that I read and generally native English speaker probably would write. So it will then be strange for the client to read something that in the words that I normally when I speak wouldn't

use, so that, for those reasons I do simplify my letters in making it more plain English, but this 'discharge' thing I didn't kind of know how to, how else to express it because it needs to be in the letter so I usually sent it with a bit of cringe! Finally I was very relieved speaking to this colleague of mine that she suggested that kind of wording and I thought 'ah, that's really good', so I've now kind of decided that will be my default way of expressing it, and that's the same idea expressed but how use of different words really changes the perception obviously, how the client would perceive it but at least for me makes it more comfortable to communicate with that kind of wording to the client, who's not there but there's still communication.

**Do you think your comfort in the way that you communicated would then be picked up by the client and would smooth that...**

Yes, because I'm kind of thinking the client gets the letter and I don't know obviously what's going on for the client, they're not here to tell me, but again, that's also so rich in itself not coming, that's language I suppose as well and that's mismatch as well, that major mismatch of miscommunication I was expecting when I was sitting there waiting, they didn't come, what are they telling me before they didn't get something right, that's at least it's almost the obvious two way but makes me thinking 'what did I miss', especially if I didn't expect the client to DNA, 'cos sometimes you kind of suspect 'oh they're not going to come', either because of something happened in session or because that's their way of engaging generally, but if you kind of thought the thing went well.

**So you said was it something that you missed, could it also be something that you said that you didn't miss but that they would, that you expressed in a way that they weren't comfortable with?**

Could be, but again, I would call it, I still for me call it that something I missed in terms of if they were not comfortable with it, I missed that.

**Sure.**

Of course they, as I said, I learnt as well to understand it goes two ways, they probably were very good at not letting me know about it, but still, I just get how, I go back usually to the session and think what's going on there that I could probably now look in a different light. So that's, was just a fresh experience of this writing this letter that came to me.

**You mentioned that the patients are NHS patients, so they can be from any kind of demographic really, and I wonder if that has any impact on the way that you communicate with them or your expectations of their communication?**

Yes, it is really quite wide variety of clients that I've got from different cultures as well and also different backgrounds in terms of their class and even where they come from within UK, there's a lot of people who grew up elsewhere and then they moved in here, different religion as well, like right now I have a client who's from Ireland and interestingly I've discovered that I know more about, say, culture

the Asian clients present than it turns out, theoretically no, but I haven't really worked with people from Ireland who are very kind of holding a lot of Irish values, and that's interesting because, again, not that I presume things but some things she brings surprise me in terms of how strange it feels for the client to live in England for many reasons, even stranger probably than for me to live in England! So, but I'm again thinking of the language that she uses, more than anybody else, any other immigrants even, she uses the word 'home' relating to Ireland, every time she says, she has lived in England for quite a long time but every time she says 'home' she means back home in Ireland and, again, [?? 16:17] can draw her attention to that and she said it's always been home and this is never, never feels like home, and in those moments, again, I kind of got in touch with my own experience of immigration and living in another country and how often it's very different for different people and again, how easy it is to presume, to assume this particular situation that would be similar, so I try not to transfer my own I suppose perceptions to that, but the question is to what extent I still assume, like in this particular case when she said that's always home I thought that it's not necessarily how I feel and Russia doesn't feel like home, doesn't feel completely like some other neutral country, so there is a feeling of special place in me but I wouldn't use the word 'home' for it, so home for me is where I live now and that was it, was kind of interesting to notice in that particular case.

**I wonder when you're working with people who are immigrants... who have, I mean you work in English mainly or the client might have an interpreter, but I wonder if there is some way that you've interpreted the English language that is different from the client's, and what feelings you have with that?**

Yeah that's what I'm thinking but interestingly, it's very difficult for me to think of anything that's where we started with that's difficult to find whether I interpreted something that would be different because I didn't understand the language in that same way. There were a couple of cases and a client would choose idiomatic expression of some kind that I wouldn't know, but that's not the same thing. Then there were cases of course where I would either use a word or, that probably would feel very strong for the client like recent example with the burden and then I ask myself, it's when I kind of fed back to the client who was saying that they wouldn't talk to anybody because those people would get upset, something within those, that context, and I reflected back something that they, I don't remember exactly what I did but I used the word 'burden' and I thought 'you feel sometimes like a burden' or 'you don't want to burden them', and the client was quite shocked by that kind of word I used. Then when I asked myself is it because I don't quite sense the word in that same way the English person would, is it too strong, but I'm not quite sure, I think it was more, maybe too early to bring to the client or it actually hit the spot to the extent that the client didn't like it. I don't think that my sense of what 'burden' means is different from what it actually means. But sometimes it leaves me with thinking of, with questioning am I [?? 20:58] especially very... very, clearly comes up when, with the use of quite strong words or strong language as they call it [*laughs*] because I think I'm more tolerant to English in this case [?? 21:30]...

**You mean [?? 21:30]**

Yes, I am much more, they're not shock me as much as I am imagining all the Russian client who would be swearing, that probably would be much more uncomfortable for me to hear or I'm not sure happened given that situation as a therapist. So thinking about that it could be that my sense of certain words in English would be slightly different from clients, but that recent thing with the 'burden', I'm not so sure and unfortunately I didn't have a chance to rectify it because the client didn't come, didn't come back! But there is something I think that, again, I haven't quite figured out, it's generally difficult for someone like me with, from different cultural background, to make sense of what, of this difference is simply me as a, my personal qualities, not because I'm Russian but simply that's how I am, and what comes from Russian culture. But what people feed back to me often that I'm generally much more probably direct would the word?

**Right, OK.**

Or 'literal' is not quite the word that was used but it's my perception and understanding what, when I think of how I am, literal in the sense of I kind of call things by their names and again, I'm probably more brief in how I express myself, which can be good in therapy because I don't say many words, but it can be maybe less, can be perceived maybe a bit sharp, which is again the right word, or short, you know, and again, I haven't formed yet to the sense of, I kind of quite like it, and I think a lot of clients like it but some, my experience said there's not warm enough, sometimes I get a sense of that.

**The word that was coming into my head as you were saying all that, and I don't know if this is the right word, but I was kind of watching the way that you were talk... watching what you were, you know, the way you are articulating yourself and thinking about the word 'formal', and whether there is something about having learnt English as a kind of educational exercise if you like, rather than from birth, gives that formality of language and you talked about clients from Asian cultures using idiomatic expressions and that's, that doesn't surprise you but with this Irish client the, it does surprise you, and I wonder if there is something in that formality that has an impact?**

I'm not sure because this particular case why with Asian clients I realise that their way of presenting their culture is less surprising to me, so it's not in terms of how they use the language again, it's more because they just know more, it turns out I know more about Asian culture than I know about interestingly for example, Irish culture, because I think again as being someone from outside I almost take it as the same, you know, like some foreigners say that Kazakhstan is the same as Russia and, so though I theoretical of course know it's not the same and I know, again theoretical, some differences, but my perception is that it's still British, so it would be very similar culture which is, it is not.

**And still white, maybe that's an impact.**

Yes, exactly. As Asian, again with my Armenian heritage, a lot of way of life resonates with that that I knew from childhood as well, so there's no [?? 26:22]

often when they describe how it was family dynamics, how community reacted to things, it's [?? 26:30] brings back some familiarity, so it's more on that level. But I know, you told me before this actually, that I speak more formally than probably generally English people do in everyday life, nobody else told me this interestingly, but that could be a point in that because I did learn it from books more than anywhere else, but at the same time I do notice that, for example, when I write letters they're much more informal when I read letters that are written by other therapists, so my sense is interestingly, and I've noticed that before about me, my use of language, again maybe because it is English, I'm not sure if I use Russian in the same way, but what I'm saying is that it's not much different, my spoken language from my written language, whereas probably native English people have spoken language which is much more informal and then when they write a letter it would be much more formal, and I'm somewhere in between these two, so my spoken language is probably more formal than average but my written language is less formal than average, if that makes sense. So it could be that some clients would perceive me as more, as less warm because I'm using maybe more formal language, but I haven't made much sense of that because I still can't figure out what it is, I can't come up with examples to illustrate what you're saying that it's more formal.

### **I was just thinking...**

I always surprised when you say this, you've told me this before and I, I still can't figure out where am I more formal than, say, you are.

**It was actually what, the reason it came back into my head was when you were talking about the 'burden', the word 'burden', and I, it's not a particular, particularly formal word but I wonder if the client interpreted it as that, interpreted it as quite a formal thing, and I wonder if it's a word that somebody who's a native English speaker would use as the, like the kind of go-to word if you like.**

Yeah, this is, these are the bits that probably are a bit out of my awareness simply because my sense of language, though I think it's pretty good [*laughs*], but it's still not, it still may be different from native English speakers, but it's the bit that for me difficult to evaluate simply because it's out of my awareness, unless someone tells me, but with this particular case with the burden the client chose not to talk to me about it, it would be good to explore this, what [?? 29:46] this word meant to them, and speaking about mismatches, well that's very recent case, that's why it came to mind, but I have another client who... she's generally very complex and she switches from being very much with her emotions, in touch with what she's feeling, to kind of distancing herself from both the relationship and the [?? 30:32] own feelings, and I've noticed, especially as we went along, how much the language changes and how she become, she's talking in very, very kind of business-like formal complex way when she has distance from her feelings, and I kind of said something, let me think a couple of sessions ago, about it, that I've noticed that her language changes quite a bit, and she didn't like that but what I kind of invited her to explore, just happened that she started talking in very different, using very different language. She didn't engage with that much.

### **How do you feel when she starts to talk in this formal language?**

Well I feel very kind of that she's disconnecting from me, I feel less connected, so then I chose a different way to go about it and I said, saying exactly that, that when before she was talking or saying this and this, I felt quite connected with her and now I don't... so we didn't go very far with that 'cos she kind of couldn't engage with this at all but there's definitely something with the language that was coming out and again, that was the language that probably, that I find very surprising to hear in the therapy room, almost like a business meeting I imagine or scientific paper language, and also something that I wouldn't even, the words I understand but I wouldn't even use in my vocabulary because they are too, too formal. So almost at that moment also don't know how to talk to her, because I can't talk in that, not I can't, I can't and I won't *[laughs]* but almost at that moment are quite aware also that this is not the language that I know, not that I don't understand it but it's something that I think brings me back to also being foreign and I'm noticing that how this person speaks is not my language.

### **So do you get a sense that she's doing it deliberately because you're foreign?**

No, no I don't, I don't get that sense at all. I, my sense is that, and that's exactly when it happens, when she gets quite upset and then she kind of interrupts her experience by engaging with this work or business-like part of self rather than experiencing vulnerable emotional part of self, but I almost don't know how to talk to that person and I notice I stuck to using simpler language deliberately.

### **Why deliberately, what's the intention behind that?**

To get back from, get her out of intellectualising into the experiencing, 'cos this language is really, for coming from the head language rather than coming from what she is experiencing, so I notice that I kind of, I notice that pool, because I am, it's my defence intellectualising so I notice the pool of starting discussing this at this intellectual level but I think what helps in that particular situation to actually take a step back and simplify the language to very kind of how you talk to a child.

### **I was wondering.**

And that helps, but I find it very difficult and, again, I don't think it's because of the linguistic element of it but just because it is, it is my defence and that's why it's very tempting and interesting to engage in this kind of analysis of what's going on for the client or [?? 36:15] with experience, but I think I've learnt and it just help more than, especially the client doesn't engage initially when you say something, just staying with this simple, simple and not go, and I think we did get eventually back to her feelings because I can wait the conscious effort to be very simple with my language kind of contrast to what she was saying, even when I was reflecting what she was saying that I would just translate it into this 'plain English' as I call it, I think of something very, very much more simple.

### **Can you tell me what it is you're feeling now as you're talking about this client?**

Yeah, well this client, because again, I only saw her yesterday, though that particular example that I brought was from, not from last session, she brings a lot of what else, confusion, and some kind of unease in me. I also noticed generally said couple of things that I wouldn't have put in that way on the second thought now I don't think again it have to do with language, it's more what is going on relationally.

**But that is about language in some way, even if it's not what actual physical words.**

Yeah. Not physical words but what I'm saying is very probably not coming necessarily from that. Yeah. They were expressing, they were right words for expressing what was going on, so it was not mismatch in terms of what was said linguistically, but it was mismatch in terms of therapeutic benefit, if that makes sense.

**It does, but I, but.**

But, so as you want me to give an example.

**Well no I'm just thinking about even though it wasn't about the act...**

**what she was actually saying...**

Yes, that's what I'm saying...

**...it was about what was not said really...**

Yes.

**...and it's interesting that you say that you have some confusion with that client because that really came across when you were talking about it, but yeah, I would be interested in an example.**

Confusion from the start with this client, because first of all when I saw her first, next time I completely couldn't remember what she looked like and anything about her at all, and that happened to me before with some clients which usually ran after reflection and meeting them more bring something that I'm not used to being seen and it makes sense in the context, and it usually kind of goes on for quite a few sessions until some more meaningful relationship forms and then. With this client, it switched from me completely not remembering her into next session suddenly becoming extremely engaged and remembering her really well even in comparison with some other clients. So that confuses me still, what about it as why that was. She brings constantly the sense for me, the sense of confusion, I notice that I have to go out myself and to think harder and take pauses before I say anything, I am not sure whether I like her or dislike her because it's kind of both, sometimes I like her, sometimes I dislike her, she's very intense, so in the last session that's abig mismatch actually, well I feel that it was



a big blunder on my part, and again, something was going on for me of her I think, I think I felt quite rejected by her at some level, because we were talking about therapy, 'cos we're working towards ending now, what it means and why she wouldn't, you know, usually coming closer to the ending there's a lot of thoughts of engaging more with others and talking to someone outside the therapy about what's going on for them, and she was saying something that still wouldn't, you know, doesn't [?? 41:31] in doing that, and she still puts all this kind of facade with other people, and then she said something about this room being safe and because the difference is that she doesn't have to talk about issues with people who mean something for her, to her, that was, that's the language, right! And somehow at that moment it felt OK to me but at some unconscious level I think I felt very rejected, because I consciously was not in touch with that and that's, I always notice that that's a bad thing because then you can really intervention comes from wrong place, so I said something about it, I turned it to me, which sometimes it helps in therapy to actually, but again, the words I used was completely out of line, I think I said something like 'well that hurts' or something like that.

### **Why was that completely out of line?**

I don't know but it felt like, because then she said 'oh, I'm sorry, I didn't mean it that way' or whatever, and kind of almost, I think I came and took from a place that 'I need you to look after me now' or she, or maybe she got into that, in touch with that at the moment that she needs to look after me, she hurt my feelings, which I think is not really a good thing for a therapist to do.

### **But it's congruent.**

Yes, but what I'm thinking, again, it was very congruent, but after I thought about it later I thought of different wordings that could be more appropriate,

*[laughs]* I can't think of it but I did come up with something. For example, I could have just reflected or explored with her what she meant by 'people who mean something' or sort of kind of just reflect and invite her to say more, something like 'so it feels different, those people mean something, this is different', and how that kind of thing, rather than saying 'it hurts'. When I said it it just didn't feel right, because I think it came from my personal self rather than my therapy hat, I didn't think it through. So what happened after that was that, so she apologised, I don't remember how I responded to that, and then closer to the ending, no coming to it, it could be the thing could be a bad thing that will become clear next week, because she said something and knowing her being someone who disconnects very easily, she suddenly said something 'will you miss me', and then she said 'don't say 'yes' because I'll then cry' or something like that or 'it'll make me cry', so it could be that by saying 'it hurts' I actually facilitated something that being in touch that it means, so it could be a good thing, but it also could have spooked her for revealing herself like that at the very end of the session so we didn't have time to sit with that at all, and again, I didn't know what to say to this [?? 45:51] so I think I didn't say anything, and that moment to be congruent I would have said 'I don't know!'

*[Laughter]*

Because it's, again, I have very mixed feelings about this client, I don't kind of want her to go but also I kind of, part of me likes her, part of me hates her.

**Hates her?**

Yeah, just kind of finds her too intense.

**Quite a strong word.**

Yeah, yeah, yeah, but just now it came up, I didn't think about it in those terms, but almost, yes, almost hates her. So yes, so I'm still sitting with this not being quite finished because we still haven't finished therapy and this particular situation that felt quite intense in the session, depending how, what she presents with next week, I would then know whether it had therapeutic benefit or not.

**It's interesting that her kind of defence position is this formality, but 'will you miss me' is a very child question isn't it?**

Yes, that's what I mean, that when she's in touch with her feelings, speaks like, in that kind of language and then suddenly, immediate, if there was not the end of the session I would assume that with second to go she would start saying something, analysing herself and in a very formal, bookish kind of way, explaining things. She also uses metaphor in a defensive way, you know, just, 'cos when she kind of feels vulnerable she starts explaining her feelings metaphorically, because it's, I think it helps her to ground them into some kind of, to distance herself a little bit from that experience.

**And are they metaphors that you can tap into?**

Yes. Yes, it's more metaphors in terms of like she's doing her house at the moment, painting it and arranging it to be her and how she engages with that, and that has a lot to do with how she engages with herself and we work with that, and it's helpful, but again, you need to be careful to not go too much into metaphorical stuff because I do notice that it's makes it a little bit less engaging emotionally, it's helpful to understand things but again, I kind of need to be mindful of not making it, 'cos it's very interesting of course *[laughs]*, not to make it as means of in itself.

**Do you get the sense that she understands her own metaphors or whether she doesn't really grasp the impact of those?**

With this particular house thing it was mainly most of, I think I picked on it that it has a lot of parallels with how she engages with herself and others in terms of the house and how she protects it, how she cannot invite anybody there until it's completely finished, so now it's alright but it's not quite finished, the pictures are not on yet and some wall needs still painting, so she wouldn't invite anybody, she would invite, it is very her, so it's very personal but she'd only invite people there

when it's completely finished so like how she presents herself, it's not fake, it's not for herself but only presents one part of self which she's comfortable with presenting.

### **So presumably she's not going to engage fully with people until she's finished.**

Yes, until she feels she's completely sorted and alright and it won't be fake necessarily, but it's the side of herself that she's comfortable with presenting 'cos it's finished, done and finished. So this, we got engaged in this because she called it 'mess', oh no, I called it mess, I go on with strong words, I do *[laughs]* because when she was saying about this process I called it 'creative mess', I said 'so while it's in a state she called being creative and that would be a bit messy, you don't feel comfortable someone seeing it', so I kind of brought it into 'it's almost like when you're now feeling depressed and a little bit messy on the inside', so my kind of thing was to get engaged with her, probably planted the seeds in her that depression is a creative process, I'm not sure [?? 51:06] but that's where I was coming from. So I kind of used the word 'mess' with next to the word 'creative' [?? 51:15]...

### **How did she respond to that?**

She responded quite well to that, but again, immediately after she started, 'aha, so depression then is' and started explaining it so how she should now think of depression as a good thing because something is, I can't even think of the words she used but kind of start formally explaining this, she liked the idea and I could see she was emotional about it, then she switched immediately and started putting, translating what I was saying into very formal like she's writing a Paper on it! So at this moment I kind of get, feel a bit lost of, and that's what, where I saying that I have to really discipline myself, put myself back in, stick with very simple words so she says it in that way and I kind of project it back into translated into almost childlike or how her mum would talk to a child's way, and that kind of helps to settle it. But it's constant, it's constantly being on your toes to not go into giving educational psycho-education to her because that's what she is comfortable with and that's what she wants. But we get there sometimes, bits and pieces.

### **What sort of age is she?**

She's in her thirties, early thirties.

**That's kind of where I had her placed in my head so I was just checking, but that's got nothing to do with anything. Can we just pick up on what you said about metaphor, about using metaphor with this client and it made me wonder about metaphor generally, and whether you find using metaphor with clients helpful or not helpful or whether there is any kind of mismatch there?**

It's sometimes helpful, well it's both helpful, can be both helpful and unhelpful I think because I often notice that it takes away from emotional engagement and

it's helpful in two situations, one when a client is too distressed and then thinking about feelings and metaphorically allows to think about them but in a way that's helpful at that point of therapy. And another is it brings somehow clarification, clarity, because it's symbolic when someone's really confused and I can find a metaphor for it, it makes it more real, more clear what's going on.

### **Do you always understand their metaphor?**

Usually yes. I can't think of anything... I can't think of when I didn't, because I very seldom don't understand the language that people use so that I don't understand it, maybe as I said that it's out of awareness and I understand it differently, that could be the case, but was couple of times when someone used like a proverb or something like that, that I didn't understand, in which case I'll just ask what it means. But in terms of metaphors, usually I do, but what I find often that there's defensiveness about using metaphors.

### **From you or from the client?**

From the client, and I sometimes, because I'm excited that it's a metaphor *[laughs]* collude with that.

### **Collude with their defensiveness or collude with the metaphor?**

Collude with the using metaphor to not engage with something. So now I think I've learnt to not stay with the metaphor too long but we can bring it back from time to time kind of as.

### **Do you offer metaphor to your clients?**

Yes, if I get, if it's something else to my mind then I would, I'm just trying to think of any examples. I can't think, I might think of something a bit later, but now example are very helpful use of metaphor comes to my mind, and it's from long ago when I was in training when a client mentioned some metaphor that his father used, and that excited me 'cos it's something generational and all of that kind of stuff, so he suggested we work with that and he tells me more about that, and it was some kind of castle that the client built, or his father used that, that he built a castle, and I went into all sorts of, so we kind of went into the castle and see what rooms are there and there was like a dungeon there and that and this and [?? 57:33] that might be, but *[laughs]* it was completely useless exercise, I mean again, I'm coming at it level there were a lot of parallels with the client's mind and different compartments he has the at makes sense, analytically it made sense but in terms of emotional shift it was completely not there, and I think it was also partly my, because I was not as experienced of noticing little things of where a client got disengaged or, because now if I notice that we are gone into all this analysing metaphor at intellectual level and not much emotional engagement I [?? 58:24] off much earlier and say something within those lines, even kind of saying 'how we doing with this', you know, 'what are you experiencing right now', but at the time I didn't so we both got very excited about this castle so that's the danger of it, of becoming like too engaged in the story itself at the expense of

emotional experience or being in touch with what's going on as we're telling the story, and metaphor sometimes, at least I notice and it's probably again two way, metaphor makes it more difficult to stay in touch with what's going on as I'm telling this.

**Yes, because [?? 59:18]...**

Because for example, if I'm telling how my mother hurt me it's might more easy to stay with this hurt than I was telling my mother is like this switch from the, this story, etc etc, so that's, that makes it more tolerable but also I would question the value sometimes. So I'm still not sure whether I like metaphor in [?? 59:50] or not, it certainly can be helpful, specially it's been helpful with clients who are in a lot of distress and also...

**Helpful to them or helpful to you?**

To them I think to sit with some material but at a level that is a little bit detached, like a story, like a fairy-tale, but... generally metaphor is a good thing, as I said, kind of to symbolise something but I find it more helpful to kind of dip in and out of it, kind of [?? 01:00:33] but then OK, that's enough for now, that's what it's like, it's like the best, it's like this for example, one client had this devil sitting on their shoulder and we engaged with this devil but you don't go into long analysis of what this devil means, name it and then it will come back and then I may ask what was the devil doing, is it still there, that kind of thing, rather than spending whole session exploring this metaphor.

**And that's interesting you say that client, say they've got a devil on their shoulder, that's quite a, that's quite a, it's almost like a stereotype of a metaphor and I wonder if you get a sense that clients sometimes say those things as a, you know, as a kind of a barrier, as a 'don't touch me because I'm saying this and this is what you want to hear' kind of thing.**

Yes, [?? 01:01:34]...

**[?? 01:01:34] to them.**

Yes, especially if sometimes it's a personal meta... like with this, even with this house, with this client who was [?? 01:01:44] when it accidentally became a metaphor for her feelings, it wasn't come as a met... it wasn't brought as a metaphor, it was actually quite practical, almost just again getting away from what's really was felt into some practicality 'oh I'm painting my house' and how this can be then transformed I think, that's a helpful thing to do, use that but it becomes a metaphor so it kind of connects, gets away from practicality into the, it's a bridge, it becomes a bridge and then it's created in session, it's called Creative Metaphor.

**And is it something that you would generally come back to as a kind of marker almost?**

Yes, if it's obviously, yeah, if that theme reoccurs, and I would then try to come with it as a living thing, for example I would not say 'it is like that', but I would say something like 'what's your house looking like now', so something that is changing and developing kind of thing.

**So it's about movement, it's about a dynamic process rather than bringing her back to an earlier place really.**

Yeah.

**Something that struck me that you said about having a good grasp of English and it made me think I wonder whether the fact that you do have a good grasp of English, you know, you've been educated in this country, you know, the latter part of your education, whether that makes you defensive about not being able to fully understand what a client's saying.**

I don't know, could be. It certainly was in the past, when I was in training I was quite defensive and generally anxious about it. I don't think, there could be elements of that that's again out of my awareness, I don't deny that, but I don't think that necessarily, I honestly don't often encounter situations where I don't understand, however, I think there's more, it's brought into awareness more when a client refers to me being not, or having an accent or something, like I had a client who, not many clients ask that but one client recently asked me where I was from and when I told him where I was from he said 'oh', because he has this internet dating and he's talking to this Russian woman and I felt a bit uncomfortable about that *[laughs]* but it didn't have to do with understanding the language, it was more putting on the spot the fact that I was foreign and then it turns out his dating or talking online dating site with a Russian woman, which again, stirs something up in the relationship, what kind of transference would there be and that kind of thing. So these situations occur and then I feel a little bit, in this particular case, we've gone past it, we've worked with this client for a while, it was initial stage, so I don't think I'm particularly still holding something, some discomfort about that, but at the time I felt a bit uncomfortable. But I think I only started feeling uncomfortable when he talked about this Russian woman on the dating site, rather than when he asked me.

**So what was the discomfort about?**

That this extra transference coming through this because the only probably another Russian connection he has is that other woman.

**That other woman?**

Yeah. *[Laughs]* So that's exact transference, that there is some romantic engagement with someone who's Russian so how, I kind of almost didn't feel quite, like this almost became an element of something incestuous about our relationship.

**Or something, what's the word, not incestuous.**

Yes, I'm trying to think around it...

**Something, it's almost like he's having an affair with 'the other woman'.**

Yes, something un-boundaried about this, like our relationship...

[?? 01:07:14]

...become almost dual relationship, I'm not only a therapist, I am almost a Russian woman, my woman, woman-ness became kind of there on the spot.

**Your woman-ness or your Russian-ness?**

[?? 01:07:30] no, my woman-ness, my woman-ness, that's, that's, when my Russian-ness was there it was fine, he asked me where I was from, I said I was from Russia and that, at that point I wasn't feeling that there was some kind of tension, and then when he said he's talking to this Russian woman on the dating site, and it was a dating site not just, you know, some Russian woman at work or something like that, it almost, it almost made me feel that in his eyes, or in our relationship I am a woman now, not just a therapist, and that kind of brought almost kind of some kind of sexual transference into the relationship, I was sitting with that for a bit, so, but it's through Russian-ness but it was something else because, because obviously it's often the case when I'm the only Russian person these people know very often, and sometimes they know I'm Russian and sometimes they don't, in this case he did, so that any other Russian people they know we almost become a picture of what, then some qualities can get transferred.

**So you become this generic Russian.**

And of course I'm not sure if he, it's transferred on his experience, you know, but that was I was sitting with and because him being male as well, and talking about this dating site, it just brought me into awareness suddenly that I am a woman and he's a man and we are in this room and this is this other woman! So that's interesting element of, again, it's always very difficult to differentiate just language aspect and being from different culture aspect.

**Well strangely that was the first thing I wrote down to come back to about culture and I think, I'm getting a sense of a real crossover in your case, I think there is a real crossover generally and it's not just about being from a different country, it's, but I just wanted to go back to that really in terms of how you feel about whether there is a divide between language and culture or whether you think it is the two things are completely merged together in this instance?**

I think if there's anything, most of the mismatches or issues that come up come more through the cultural difference, rather than language in my case, in my experience. So if there's any mismatches it's usually misunderstandings at a cultural level rather than linguistic misunderstandings, but of course it's very much merged together, and the first thing that comes across to clients is my

accent obviously because well before I speak they probably don't know, but then as soon as I start speaking it's clear that I'm not from round here and something else that struck me, I was speaking to a colleague of mine at work and she said something, because I'm going to America now, 'I knew you were going to leave', even when we kind of just started working together, and I was thinking 'oh, that's strange, why', and she didn't know and couldn't explain why, it's some kind of unconscious feeling but she even said it's something coming from her maybe because some, it's a joke that because she didn't want me to leave, she likes me so much so that's why she was fearing that I would leave. I'm not sure that's true but my sense is, and I think it came to, it never came from me but I think one of my supervisors once mentioned that 'it's interesting that I wonder if clients think that you're not here for a long time because you are not from here and that you might leave', it was, mind you, before even this idea of me leaving [?? 01:12:28] was in the air, and it's never been raised by clients in any shape or form but that's what I'm also thinking, that I wonder if me being foreign can be seen by some clients that I don't belong here and I'm not really here to stay, so it can give some kind of suspension or it can be perceived by some as less safe therapist. As I said, never been voiced but every time someone, 'cos I had several cases like this, when someone after first session with me would go to the administrator and said they don't want to work with me and they want somebody else, in most cases they never engage with somebody else either so it's not me, I know that, but at some level I'm thinking, because I think, and again it's probably not necessarily, it's not scientifically proven, but I get a sense that I had more of that than other people in my team. However, I'm not the only one, it happened to a few and a I don't count, but my sense is that probably a bit more times it happened to me than to the others, and I'm thinking if there's an element of some people not tolerating the foreignness, they don't feel quite that I would understand possibly or something else that they may not like, they may just be plain racist [laughs], so I don't know! And again, when I'm thinking about it I'm thinking is it I'm trying to kind of give it to them and not engage with what may be I was not inviting enough in session and it has nothing to do with me being foreign. So here's something like that that I still, I'm still quite not sure about.

### **I wonder how you define your culture?**

Yeah, that's a good question because I define my culture as, I think I would define it as cosmopolitan and a bit of gypsy nomad, I think so, I think that's the most, fits most with my own perception.

### **So that nomadic bit really taps, would tap into what you're saying about clients thinking that you're not here to stay.**

Yeah, yeah.

### **But I wonder...**

But do, why would they want me to stay, that's another question! Like I'm thinking with me being a client but also being a client who is nomadic in a sense, I would actually feel more comfortable with someone who's not here to stay, I've had this



experience, now they've gone, I don't have to see them again or engage with them again, because you don't want to bump into your therapist everywhere.

**No.**

So the other aspect is do you want to go back, of course, but very few clients actually think, these clients especially now, that they will be coming back, it's not someone who is kind of coming to therapy for a long-term or something like that, it's very few clients come with that perception and it's something to consider, and even when we tell them, you know, that they can come back, we always stress that it will be a different therapist, so of course it's unconscious but some people probably need this permanent presence as a comforting thing, and some need the opposite, and it's very probably unhelpful to generalise that that's, that's the case for everybody, but yes, that's an element of that, that it's been flagged up for me by others.

**Right, OK.**

Like once my therapist said something like that ages ago and now this colleague, not in the context of therapy, but when she said that I was very surprised, why would she think that, only because I arrived here from somewhere else so that means I'm going to leave as well. So I'm kind of, it was in a way saying she didn't mean to say that but almost 'you don't belong here'.

**Or I wonder if she was saying 'don't get too attached', to herself 'don't get too attached'.**

Yes, and that's how she interpreted it when I said 'why would you say that' she said that probably that's what I was, but then that's if they transfer that to clients they might be telling themselves unconsciously 'don't get too attached'.

**Yeah, because you're on a fixed term model anyway and.**

But it's again interesting how this attachment happens, it happened to each other because I probably part of me is like that as well, don't get attached, but at the same time there's part of me that is quite healthily attaching despite the fact that maybe it's not permanent, like I am quite in touch now with how much more I am enjoying everything about England because I'm going to leave, so I'm noticing that rather than detaching I'm actually quite aware of the value for me of everything I have got, but again, in a way that doesn't feel heartbreaking to leave, can't explain this, but it's almost like.

**So it's like a secure attachment effectively.**

Yes, it's almost like a baby who is OK of that mum to go but when mum comes also happy to see her, that kind of sense of very much in touch with my attachment to my workplace, so the sadness to leave but not unbearable but there's definitely sadness, it's definitely not the sense of 'it's OK', not brushing it off that, and my friends and my place where I live and even little things that I like, like favourite coffee shop or this and that, places and [?? 01:20:04] also

where I get lunch, and it's all kind of suddenly become more dear because it's going to end, yeah, so... yeah, but how it pans in therapy, my sense of always being probably more than average in touch with things are not permanent.

**Do you think that...**

Almost it's OK, I'm OK with things being not permanent but if a client comes from different place or if they need things to be permanent how that, but it's not, again, it's how it comes in the language I don't know.

**Well that's what, what I was going to say, do you get a sense that comes with the language?**

Coming back to client who didn't turn up and that's language.

**The burden?**

It's different client.

**Oh different client.**

Well that one didn't turn up either.

**No, well that's what I thought you said and I wondered whether there was something there about them feeling that they were a burden to you and that, that offers a permanence that you are not able to give to them.**

Yes. Well that's always makes me quite sad I suppose when we can't take it through with a client 'cos she chose not to talk to me about it, but again, that's another thing, that she did communicate it to me indirectly, 'cos she could have ust dropped out but she chose to call the office and say that she doesn't want to talk to me but that's what happened, that's what she didn't like.

**But actually even if she'd have just dropped out, that would have been, that would have been language, that would have been her telling you that that was what she wanted.**

Yes, but I could have not known why, I could have not necessarily figured out that it was because of that. I wouldn't have probably even remembered I said 'burden', you know *[laughs]* what I'm saying, it just all came to me when she named it as a, because she said she understood it different, again, that's how she understood it, she understood it that I called her a burden, 'cos that's what she told the office, she said 'she said I was a burden and that was very painful to hear', so I would have never said 'you are a burden', but that's what she heard.

**But that's what she interjected. I just have one more question that I want to, that, and I'm conscious of the time, I don't want to lose sight of this because it's very key, something that you said about people, other people that don't have English as a first language and how they've never questioned where you're from, and I wondered if that links into something**

**about them, almost like a lack of awareness of difference because you're all different from people who have English as a first language and whether or not there's a, they see that as less of a difference and whether you see that as less of a difference because you have this shared second language if you like rather than necessarily shared first language, but there's that shared difference if that makes sense.**

I don't think so actually for me, it's strange, in my own research that's what came up, that it's light engagement with this, we're both from different cultures, but I think I identify myself more with English than, say Polish or Pakistani, I see English clients less of a different, less of, maybe because we're in England and I assume people to be English, but I'm less aware of difference when I'm with an English client than when I am with a client from a different culture, that felt more of a difference introduced into the room, and I think that's probably why really because it is England, so kind of English clients seems like 'this is what is kind of obvious thing to have', and if they come from different culture then I'm quite aware that they are from that different culture.

**So you...**

So I am almost identifying myself with English when I am in the room and I'm quite only become aware that I am not when something gets highlighted, not necessarily they ask me but if some misunderstanding of a word or if we talk about culture and, or sometimes I would think actually of a saying or metaphor that is from my Russian, I can bring it in then and say 'my culture will say this', yeah that actually happens, I can't think of a particular example but if I think of there's a proverb or some kind of saying that we use and then I will bring it in and say 'well that's what we say in my country', so occasionally that gets, comes into awareness but I'm not necessarily sitting with this awareness all the time or most of the time, I'm more aware of the difference in the room when the client is from a different culture, yeah.

**But I'm guessing the majority of your clients are from a different culture?  
Have you ever had a Russian client?**

No.

**So all of your clients have been from a different culture.**

I meant from a different culture from...

**From England.**

...different to English culture, whatever that is.

**Well, indeed.**

*[Laughs]* Yeah.

**We've got about five minutes, was there anything else that you wanted to**

**talk about?**

I did think about something else that we were talking about just now about the culture and it got out of my mind! I can't think what it was, 'cos something came in, then I thought 'I need to mention this' and I just, it's just gone off my head so maybe I'll think about it later. It's gone.

**So there's nothing else that comes to mind that you want to add?**

*[Short pause]* I'm still trying to think what it was but now the more you say it, the more I think that [?? 01:27:36]

**Let me ask you something else then and then that might prompt it, but I wonder what this experience has been like in terms of our communication, whether you feel that you and I have understood each other, made the same meaning of what you've been saying or if you've made the same meaning of what I've added in or asked or whatever, and whether things could have worked differently or whether, just really your impressions.**

Yeah, well my main kind of sense is that probably I didn't quite answer your question.

**That's OK.**

In the sense of the main part of it that whether there were any mismatches in terms of language and how I went about it. I might have actually answered it in some shape or form but not necessarily [?? 01:28:40]

**But that's OK and that's...**

That's my sense.

**Yeah.**

In terms of whether we made the same meaning, and that's again interesting really because we don't, we wouldn't know would we!

**No, but I guess whether you feel that you've been understood would be the question, would be the test, if you like.**

Well I did feel that I was understood, yes, and that brings me to the thing that clients often say, 'if it makes sense' or 'I'm not sure if I've made any sense' because a lot of it comes from I think internal sense of 'I don't quite understand myself' or 'I'm not sure more about it myself', so the way I'm communicating is it making much sense to the other person, so I'm sitting a little bit with that, that a lot of it was not quite formed clearly in my own head, so it's more do I understand myself.

**OK, and?**

And there's a lot of sense of there's so much yet that's not clear really, and in terms of, again, engagement with the client that's when you asked whether I felt you understood me... and again, what comes more, I didn't feel misunderstood or not heard but then part of me says but I'd never know the way you understood is the same or you're sitting with the same sense of me with my experience that I have and they're probably never the same because it's always interpretation of it, and that kind of brings me back to the way I understand my clients all being my understanding of them.

**So the same rules apply.**

No matter whether I'm from different culture or what language I use still there will be through my kind of lengths of, and with, leaves me with this, I suppose just it's good to be aware of that. But I can't really ever fully understand possibly but what makes a difference is interest or desire to understand.

**So that desire.**

To meet that person.

**Yeah, that prompts that understanding.**

Yeah.

**As far as is possible, and maybe there are bits that are just not possible.**

Yeah, exactly. So it's an interesting question actually, what understanding is, it's all totally new *[laughs]* research, what it means to people and why sometimes you feel understood and sometimes not, what's the difference in that, so it's quite a big philosophical question opening up there.

**It is and that really, I'm really interested in that, I'm gonna think some more about this, what you said about people saying 'does that make sense' 'if that makes sense', because there is something about whether it makes sense to them before it comes out of their mouths. So I think that's a really interesting point.**

Yeah.

## Transcript for Beth

VN350052 B

**Okay, then. Do you want to just talk really, and tell me what your experiences are of language within the therapy room?**

Well, I've always been interested in language, even before I became a therapist. I love reading and books and I've always been somebody who likes listening to people speak, I've always loved different accents. I was thinking on the bus here this morning, I've always been a bit of a mimic, I think, you know if you hear somebody speaking in a different accent, I remember going to London when I was a teenager, looking at different universities, and going to UCL and picking up the London accent and being embarrassed, like it was like I was sort of, you know, taking the Mickey out of people, but I couldn't help it, I just picked it up, really, really quickly. So that's a sort of an abiding interest, and then in terms of my work with clients, I mean, I suppose, obviously, as a therapist I try and listen really carefully to what they're saying, and I try and listen to all sorts of things, so not just the, you know, the sort of dictionary meaning of what they're saying, but the way they say it, to their body language and movements while they're talking, very interested in metaphors that they might use and sometimes we work on metaphors and sort of unpack them a bit, they can be really helpful. Interested in the impact of their language on me and sort of tracking that and using that, because I think it's part of our relationship, a really important part of our relationship, actually, because one thing that I'm really interested in is, you know, that kind of counter [?? 02:13] impact and what their language stimulates in me, for example, feelings, images, memories. So an example of that would be people's different accents, so I worked with a client recently who had a Yorkshire accent and the impact it had on me was, it was very like my family's accent when I was growing up, and I believe accents have changed a bit over the years and they've flattened out slightly, and my family had a particularly, especially my dad's family, had a particularly strong Yorkshire accent from a particular part of Yorkshire, and this person evoked that in me, and I could feel, I was interested that, there was one bit where I was just talking to him, and I said, "Theer", meaning there, which I never, ever say, but it's something that my dad's family said and my dad said, and I was very curious. It was interesting to me, it was like a concretisation, if you like, of what was going on between us, that I was associating him because of that accent, because of the way he was talking, like my dad's family.

**Did the client come from the same place as your dad's family?**

Well, he was local, I don't know that he came from exactly the same place, but his accent suggests that he wasn't too far away. And so it was in, and so it had a certain impact on me that was of interest. It kind of showed up something that was happening anyway, and perhaps if I hadn't listened to the effect his accent was having on me, I might not have been as aware of it, I suppose. That's one of

the reasons that I'm interested in listening to the language, because I think it is something you can sort of grasp onto, it's something that you can, well, that I remember.

**Was the client a similar age to your dad or...?**

He was.

**...was there some kind of connection there?**

Yes, there were lots of similarities. He was similar age to my dad and there were lots of other similarities as well. I mean, my dad's not alive any more, he died a few years ago, but he was not that dissimilar to the age my dad was when he died. And this client was very ill and had a *[pause]* I think, had a fear of death, but it wasn't, it was quite far away from him, he was quite dissociated from it, and so it was interesting to me that it evoked something about my dad, who also died fairly young, because neither of them were very old, and just what that was saying about what was going on for us. Because, I suppose, my, the way I look at therapy is, I use an inter-subjective model, I believe that what's going on for me is telling us something about the relationship and that we can use it. So if a client's language, and other things, the way he walked, the way he sat down, very much the way he sat down, had that similar impact on me. A lot of things evoked my dad, and, actually, as I'm speaking I'm thinking, my dad, who also was very ill, didn't accept it, so that's interesting that it brought those things up in me, and I think, therefore, I responded to him in a particular way. So, I think it almost, I mean, just thinking about it now, it almost gave me a kind of, a sort of an implicit feeling of what was *[sighs]* of his scare and how dissociated he was from it. So, in terms of my working with him and my language in working with him, you know, I notice that the way I speak with clients, it, you know, perhaps obviously, changes according to who I'm speaking with, and I'm thinking about how I spoke with him. So, not only did I use that sort of broad accent sometimes, but I quite quickly realised that there was no, I would ask him questions at the beginning, in the first session, about where his feelings, because he had panic attacks, and where this feeling was, and that was an example of him not, he was like, well, and he just looked taken aback, it didn't go anywhere. And so we found other ways to talk that were more sort of, more related to his everyday life, more related to what he really cared about. He really cared about sport, he really cared about sport, and so we talked about that, and we actually used that in a metaphorical way, to refer to, so, for example, in terms of sport, if you're a sports fan you have to deal with your team losing as well as winning, so we looked at how he dealt with that, because it really mattered to him. And so, I guess, my way of talking with him, yeah, was different, so I didn't go off into metaphorical flights or focus very much on bodily felt senses and so on, as I might do with some other clients.

**I wonder how that compared to how you would have had conversations with your dad, if there was some correlation?**

I think so, actually, yeah, in terms of the fact that, certainly with my dad I was aware that there wouldn't be any point trying to have a, you know, what he'd call an 'arty-farty conversation', he would just be like, he'd just raise his eyebrows at

me *[laughs]*. And I think I got that sense, well, I think this client actually did raise his eyebrows at me at the beginning *[laughs]* because he was just like, it was speaking another language almost, it was just like, "This is of no interest to me, I don't understand, why does it matter where it is in my body?", and that kind of thing. But actually, we were able to go back to that but we had to go back to it through his language, through his interests, so he could very well understand what it felt like in his body to be disappointed because of sports, he knew where that was, and it was there. And he knew where his panic was as well, but it was like we had to go through it through that filter.

**So something about adapting, both of you, probably, adapting, to some extent, your language?**

Yeah, yes, I think so, and trying to find a place that was comfortable, you know, where we could communicate, where we could feel that we understood each other.

**So some negotiation went on?**

Yeah, definitely, yes, those first couple of sessions were very much about negotiating that, and the language was an important part of it.

**I wonder what impact you felt that had on you, having to do that negotiation, especially when it was quite close to home like that?**

Let me think. *[Pause]* I had quite a strong embodied response to that client. So, when he was talking, when he was talking, he, I got a very woozy sense in my head, a very sort of in and out sort of sense, and I don't know, at first I sort of thought, "I wonder if this is to do with the client, I wonder if it's because I'm tired or it's warm in the room?", or whatever, and then after a little while he started saying that that was how he felt when he was panicking, that his head was woozy and it was difficult to concentrate when he was in that sort of panicky place. So that was of interest to me, that sense that, there was, I think there was that, there was a strong, I think there was a strong, the way I explained to myself was like a kind of a projective identification, a sort of a, because he was quite dissociated from his feelings, that I got a big shot of them and then my job was to try and contain them and then give them back in a way that wasn't as frightening and that was more processed. We didn't work together for a very long time, he started feeling better and so he said, "Right, I'm feeling better now and I'm going to stop", and that was fine, I was alright with that, because I thought, he's got, that's what he came for, relief, and he got a bit of relief. And so I think the way I sort of thought of that myself was that, I got a strong sense of some of his, my own version of some of his feelings, so the wooziness and, you know, the wooziness in the head and the sort of panicky feelings, but it was my role somehow to sort of be with them and contain them.

**So was he able to articulate that or was that something that you've picked up almost, what's the word, well, I suppose in an embodied sense, in a kind of non-verbal sense?**



Was he able to articulate what, sorry?

### **The wooziness, the, you know...?**

Oh yeah, no, he said, well, I didn't say, "Oh, by the way, I'm feeling woozy as well", because I didn't think it was any use to him, but he was able to say that his, part of his feelings of panic were wooziness in the head. So that was...

### **Was that his word or yours?**

I'm trying to remember *[pause]*. I don't think woozy was his word, I'm trying to remember what his word was, it's a little while ago. He might have been dizzy or, there was something about, I can't remember the actual word, there was something about his head feeling unclear and, it might have been woozy, I suppose, or it might have been dizzy. But certainly, I felt like that.

**Can I just take you back to what you said about mimicking accents, because it was interesting, you talked about that and how that's something that you've always done, and then you talked about, about this particular client, and interestingly, before you spoke about this client, I'd written the word mimic down because I thought, "I wonder if Beth does that with clients?", not consciously, obviously. Did you feel, when you use the word that you used that was in your dad's accent, effectively, did you feel that it was mimicking or did you feel that came from somewhere deep inside of you?**

No, I felt that came from somewhere in me, because I'm not sure that client actually didn't say theer, it was, he had a strong accent, but that particular word was from in me. So, when I was talking to him, and I didn't tape record it, so I can't be absolutely sure, but my feeling about this was that my accent was pretty much what you're hearing now, except there were like certain words that came out stronger and, probably, I was a little bit broader than I might be sometimes. So I didn't feel, I didn't feel like I was kind of, my whole accent was taken over in terms of a mimicking like when I was a teenager on the bus and I suddenly started sounding like a cockney *[laughs]* it wasn't like that, it was more a kind of, a feeling of identification, I suppose, with that particular accent, and then, and particular words coming out. And then I have experienced that with other clients as well, I had a client some time ago who talked about giving somebody a love, and that's a very, that reminds me of my childhood as well, I don't think it's used so much now, but it used to be, "Oh, come and give me a love", and it's such a, I know it brings up for me sort of a very warm, soft way of talking.

### **Where are you from?**

Just from Bradford, only local. But the thing about accents that I'm interested in, is they are very, very local, so there are different accents in different parts of Bradford, for sure, and the part that I'm in has a particular one, which that, you know, that other client evoked in me. But, and I also think it changes over time and I think some of these things are about time and about, and maybe about loss and about things moving on and loss, because, I mean, one of the, yeah, I mean,

I work with quite a lot of clients who are dealing with loss, perhaps we all do, but that might be, I guess that might be in the play as well. And then there are things that are just, that are mine, aren't there, there are things that, you know, that's an interest of mine and I am a person who thinks about, you know, who is aware of the passage of time and of, has a pathos for the past and that kind of thing as well, so some of that will just be me.

**So something about your lost language, I guess, as well, because, as you say, everything, things do change, including the language that we use, through various influences. But I wonder if this, and your comment about, you know, giving people a love, that's kind of a lost, a lost phrase, isn't it.**

It is, and I think that's a really beautiful way of putting it, actually, a lost language, and it illustrates that thing that I think about language, which is it is, you can, this might be an implicit feeling that you've got that would be so hard to identify if you didn't have the, so the words are almost like, "Ah, so that's what that is", and I think that that idea of a lost language is a very, I think it's a very beautiful one, actually, because, yeah, it, when you hear these lost phrases, it's like, it's like when you smell a smell that you haven't smelled for years and years and years and it, or hear a tune, and you know that feeling of, you're like back in it...

**That kind of Proustian kind of notion, yeah.**

Exactly, yeah, it just takes you, in a very visceral way, back into an experience, and I believe language can do that very powerfully as well, through accent, for sure, and through certain words and their associations and that kind of thing.

**With this client, did you feel that there was, there was a kind of mutual understanding, even though some of his language might have been lost to you in some way?**

I felt that this was a client who, we had to do a lot of negotiation, I think the mutual understanding was not there right at the beginning, I think there was a strong embodied impact of him on me and his panic and his fear, which hooked into me powerfully because I'm also somebody who's quite an anxious person as well, so that perhaps intensified it. And, I think, this was a relationship where we really did have to negotiate, that it was quite difficult to understand each other, I think he'd never had counselling before in his life, he didn't really know what it was about, his GP suggested to him that it might be helpful, and I think he was really wary about coming into a room and talking with a woman about his feelings. I think that's the sort of thing that *[laughs]* yeah, was almost anathema, or would have been if he hadn't been feeling so awful, and the only reason that he'd come was that he was desperate, he was desperate to feel better, otherwise I think that's the last thing he would have done. I mean, in actual fact, what he loved to do, as well as to watch his sports, was to go for a pint with his mates, that's what he liked to do, that's the sort of talking that felt natural and that linked him with his past, that was his lost language, and he was feeling lost because his panic was meaning that he was finding it really hard to get out. And so, actually, that's one of the things that he just wanted to work on, and we did and he did manage to get back out again and find just, you know, practical strategies that

meant that he could get back into the club with his mates. And, yeah, I think that was his, that was the language he longed for, and if he had to go through the rather uncomfortable experience of sitting with me, then he kind of, he tolerated it *[laughs]* he did it, and as soon as he felt better he was ready to end them. And I think I remember, he said in the last session, he said, "I think we've talked everything we can talk about now, I've nothing more to say", *[laughs]* and I was like, "Okay, that's alright".

**Did you find, I wonder if there was something different in the way that you worked because of how he articulated his expectations and his needs?**

For sure, yeah. I mean, yeah, I mean, with some clients I might be aware that they want to go deep, that they want to, and one of the places that I work, anyway, we don't offer loads and loads of sessions, but they will want to go right up to the number that we offer and maybe possibly come back, you know, it's something that they want to really explore. They don't, you know, they perhaps want to explore it in all sorts of ways, so like how it feels in their body, they might have a very, you know, some clients I've worked with have had a powerful visual sense and so we've been able to really use the language to bring some image of feeling alive in the room, and it feels like it's there in between us, and so I will work in a certain way with that. With this client, yeah, for sure, he didn't want that. What he wanted was to start feeling better so he could do the kind of talking he liked and the kinds of things he wanted, he wanted to get back to normal, desperately wanted to get back to normal, actually, and he's, yeah.

**That's an interesting word in itself, isn't it?**

Yeah, what is normal, yeah?

**I wonder, what was normal to him wouldn't necessarily be normal to you.**

No.

**Or to anybody else.**

No, and that is interesting, isn't it, because I think what is normal to him wouldn't be, I mean, I don't like sport at all, I've no interest in it, and yet there was that, you know, that, because of the language, because of the shared, like he spoke my dad's language, that there was some sense of recognising his normality. And, you know, I'm really interested in how the words evoke mental imagery in me, and I sort of really thought about, when he was talking about being in the club, the club I saw was one that my dad used to go to when he was younger, and I saw it quite vividly in my mind's eye and I thought about it afterwards, and I thought, "Oh, that's interesting that I've put him in that club", I could have put him anywhere, but I put him in a place, no, I quite like that, actually, I put him in quite a safe place in my mind. It was a familiar, unthreatening nice club. So, normal, there was a link, that felt normal to me.

**Yeah, you could understand his normality?**

I could, and I could understand how much it meant to him to go out with his mates and just, you know, just watch a match together or whatever it might be, and how he missed it and how he longed to be back in that place. And, actually, that all linking up with his illness and just, yeah, normal wasn't that either.

**It's interesting you've used words like missing and longing, and I'm getting a sense that these are very much your words and not his. I wonder if he would have been able to articulate that longing?**

He said, one word that he did use was that not being able to go out was torture.

**Gosh.**

It was torture having to sit in in his home and watch telly, and that he, yeah, that's quite a brutal word, isn't it, yeah.

**Hmm.**

And that he so much wanted to be back, you know, in his ordinary life  
*[laughs]* yeah.

**I wonder what the impact of the word torture was on you.**

I'm just trying to go back into that *[pause]*. I think I got a sense of the bleakness of that experience for him, and also, the way he said it with a little sort of wry, sort of slightly sarcastic smile, like he was slightly poking fun at himself as well as he said it, which didn't lessen the impact of it, actually, really gave me a sense of how awful it was for him. And I'm interested that I have translated that brutal word into flowing words like longing and missing, they're quite soft.

**And poetic.**

They're quite soft and poetic, aren't they, and his words very brutal and sharp and, yeah.

**But impactful.**

Very impactful, and I'm wondering if that's part of, you know, what was, that illustrates, again, through the language, the sorts of things that were going on between us, where I was, you know, not always consciously, but that containing process, you know, turning something awful into something bearable, something tolerable, so that he actually was able to go back out again and do what he wanted to do.

**How did you feel towards the client?**

I felt all sorts of things. I felt, I liked him and I wanted him, you know, I did have the desire for him to get some comfort, and I found him, I found his embodied impact on me, so like he wooziness and the panicky feelings, really hard, very unwelcome, I didn't want to feel that way. And yet, I was aware, even from the

first or the second session, a sense of that, the level of that going down and the, and, actually, the image is coming back, so like that club image and so on, which I always take as a good sign, that's a sign that work's going on, that we're doing some, we're doing some processing. But, yeah, that was uncomfortable, so some of the work was uncomfortable.

**So was that about the words he used or was that about the feelings he invoked?**

It was more the feelings he evoked.

**And, okay, and they were your feelings, not his, so it's something about the non-verbal communication that was evoking this...?**

Yeah, I mean, I wouldn't say they were my feelings, I think they were, they were, they were my feelings, obviously, but I think they were, they were something going on between us, anyway, they were shared in some way.

**So maybe something in metaphor, really, the metaphor that you weren't able to speak of because...**

What metaphor, sorry?

**Well, any metaphor that you weren't able to speak about because he didn't, he wasn't...**

Yeah, he wasn't interested in. Yeah, so, yeah, like we said before, my language was not as flowing and poetic as it might sometimes be, it was more practical, especially when we, you know, we used a lot of, actually, it's funny, we did use a lot of metaphor, didn't we, the metaphor was based on sports and not on, you know, not on embodied feelings or those kinds of things.

**I wonder how that was for you, using metaphors. I mean, you've already said that the sport doesn't interest you at all, but working with metaphor that maybe didn't resonate with you in the same way that it sometimes would.**

It was really interesting, actually, and it was a bit uncomfortable as well, because I was very aware that I know nothing about sport, and I really had, I really, actually, it was interesting, I had to take my lead from him and really feel my way and not go off into flights of fancy at all, because I really don't know anything about sport. And so a lot of it was asking him, "So what is it like when this happens?", and, "What does that feel like, how do you actually, how do you actually cope with that feeling and what goes on for you when you're doing it?", and yeah, actually, he was really interested in that and he would lean forward in his chair, and, actually, one of the things I commented on was, when he talked about that his whole body sat up and there was like an energy in him that there wasn't, there was a real sort of like down, tiredness and so on at first, and there was this energy, and he recognised that, he was aware of that. And I do remember being very careful, if I, I think the first time we did it, I thought, "I can

make a comparison here to how he'd...", and that just went, "Clunk", *[laughs]* and he was like, so it was, it was something where I thought, "We can talk about these things and I can perhaps, very subtly, say, "And I wonder if that's something you can use in other areas of your life, that ability to pick yourself up and, you know, go on anyway"", but very, very, very subtly, because my sort of big attempt at the beginning of, "Oh, I wonder if we can compare...?", it was like, it was too much, he didn't want that and he was just like...

**So how did you feel when he had that reaction, that seems to go against your normal way of working?**

Yeah, well, I mean, I think I thought, "Okay, I need to try something different here, I really need to try something different, that's not okay in this relationship". I think, yeah, there was a feeling of, "Ooh, maybe I'm not going to be a great fit for this client, maybe what he needs is a real sports fan, maybe he needs another man", but, actually, I was what was available and it was okay. So there was a sense of, and, actually, that's a good process, that was part of his process of, ideally, he wouldn't have been ill, he would never have had panic attacks because it really didn't sit with him well, he couldn't understand why he was getting them, and he would just have carried on his ordinary life and never, ever gone to counselling. But the point, I suppose the thing was, that's where we were and that's where he was, and it was, partly, the work was accepting where he was, thinking about, yeah, accepting where he was, being a little bit gentler with himself and thinking about things he could do to get into a place that just felt a bit better, and that was enough for him at that time.

**Did he have children?**

He did.

**Did he have a daughter?**

Yes, he had two daughters, younger than me, quite a lot younger than me.

**I just wondered if there was something mutual there in the...?**

Yeah, I didn't get a sense at all that, of, even though he evoked things to do with my dad, I didn't get a sense of our relationship being a father, daughter, you know, that being very strong, which I have had sometimes with other clients, but not with this one. Partly because my dad died a few years ago and this guy was a little bit younger than my dad, so, I mean, there wasn't that massive a, but, I mean, actually, that doesn't matter, does it, you can get those feelings about somebody that's the same age, or even younger sometimes. No, not particularly, I didn't identify with his daughters, they were, yeah, they were much younger than me so that didn't really come into my mind.

Although he did talk about them and, I mean, one of the things that comforted him was, if he went out with his daughter and she went in with him to the bar, then that helped him, that was one of the things we sort of built on, is not trying to do it on his own, go in with family members or friends and not feeling too, not allowing his shame about needing to do that, stop him from doing it altogether, I

suppose.

**So you talked about, you've talked about the way that, the way that you used words and how, to begin with, that didn't fit necessarily because of him not being used to that way of speaking, but I wonder if there was anything in the actual words themselves rather than the usage of them, that you felt, either your words or his words, that you felt that there was a bit of a mismatch.**

I'm trying to think *[pause]*. I think there may have been, but I'm really struggling to remember an actual example for you. I mean, for example, I can well imagine that my sport, any reference to sports were quite gauche, you know, I could well have said the wrong term, which would have jarred with him because he was really, really, you know, expert on that. But I can't think of a, I'm just trying to think of a time when he perhaps corrected me or...

**Hmm, well, that's what I was wondering about, yeah.**

... or looked blank at something, yeah. *[Pause]* I can't think of it but I can certainly sort of evoke that sort of feeling of, like we said before, "Oh, I'm not quite getting that, that's not in the right tone, that's not in the right register, I'm going to have to try something different", that I'd like to be able to give you a nice, you know, a nice example of a word that has that in it, and I can't think of one".

**What about a word from you that you felt that he just didn't get?**

Well, certainly, at the beginning, my asking him, "Where in your body do you feel that?", he was like *[laughs]* he didn't want to know that sort of thing. He didn't even say that, he just looked askance at me, he just looked like a bit aghast and, I mean, he did answer and it was, he had a kind of puzzlement about him, I think, "I just want you to make this stop, I don't want to talk about where it is in my body, why does that matter?". Yeah, and my sort of registering that and thinking, "Okay, that's not, that's not going to be that helpful", whereas it's something that, you know, often is, but not in that case. Oh, I feel frustrated because I can't think of an actual word, but perhaps something will come back to me.

**It might do, it might do. You just alluded then to the tone and register of somebody's voice, and I wonder whether there's anything, not even particularly with this client, with any client, where that has been out of alignment and so that's caused some misunderstanding because the tone of the voice is wrong and the register of the voice is wrong, not wrong, unexpected, maybe?**

Trying to think *[pause]*. I mean, I can certainly, you know, in general terms, not specifically related to that client, but think of times when I've spoken too quietly and the client hasn't been able to hear me and, you know, I've had to repeat it and bring my voice up, and other times when, perhaps this is more common, when I can feel my voice dropping and getting quieter, when I'm coming into a place where I need to be very gentle with the client and, you know, and almost say, and say less and less and just, and I can feel my voice going, I can often feel

my voice going down and getting quieter and slower, just to give the client time and space, and maybe there's some comfort in that as well.

### **Comfort for you or for them?**

Both of us, perhaps. Hmm. *[Pause]* I'm trying to think of a, you know, an example of that.

### **Does that ever backfire when the clients say, the client won't be able to hear you?**

Well, I'm pretty sure, once or twice, I have worked with some quite elderly clients as well and once or twice it's been like, "I'm sorry, I'm sorry, what's that?", *[laughs]* and so, and then you think, "Okay, my gentle, comforting voice needs to be a bit louder".

### **But I wonder about the impact of them having to kind of break off their train of thought and ask you to repeat it.**

Yeah. I mean, I'm struggling, to be honest, to think of an actual example of that. Erm... let me think *[pause]*. I actually can't think of an example of where my voice was too quiet. I can think of an example where they didn't understand a word that I said or *[laughs]* I can't think of the actual word, where they, "Well, I'm sorry, I don't understand what you said". I mean, one thing, actually, that I do sometimes, that I'm very aware of, this has happened more than once, for sure, is, sometimes I will express myself unclearly and the client will go, "I'm sorry, I lost you about three sentences into that, I don't understand what you're talking about", and, actually, what I will do then is say, "I'm sorry", I will always apologise and say, "I'm sorry, that wasn't clear, I realised that as I was talking", *[laughs]* and I will work with them to rephrase it in a way and check out with them that we're working, so I'm thinking, yeah.

### **So what happens to you, when you do that, what gets you to that place where you do become confused, confusing?**

Yeah. I think, I'll be following what the client's saying, and I'll think, "Ooh", and in trying to reflect that back sometimes, I will just say, it will just be too complicated. I'll not be quite sure, perhaps what's better for me is to wait, not to verbalise at that point, but just to wait until it's very clear in me, and maybe not have to verbalise it at all. But sometimes I won't, I'll be so taken up with what they're saying and seeing links and things, that I'll think, "Oh", and I'll immediately say it, and that is when sometimes they'll go, "Sorry? What's going on? Don't understand what you're saying", and, actually, what happens for me when that happens, because I recognise it now, is, it, I have that feeling of, "Oh, I've done that thing", it's one of my things, and so I, I think that is behind the apology, and I will say to people, "Sometimes I do that, I'm sorry, that's not clear of me and I'm going to try and express that in a different way now", and that feels okay. Because that's what it's like communicating, sometimes you can't quite get your finger on the thing you're trying to say, and that happens to clients all the time as well, and so I think it's just like, it's just a real thing, it just happens. At first, when I



was a trainee, that would happen, I would be mortified, and, “I’m so sorr... oh gosh!” and I’d probably blush and think, “Oh, just need to keep my mouth shut and never say anything, and just nod”, and now that doesn’t affect me in that same way, because I just think it’s a human thing, it’s to do with the way I talk and the way I sometimes get so engaged in something that I’ll just say something.

**Or is it something about the way the client is talking?**

It might be that as well, yeah, and just something to do with the particular mix of us, but I know I do bring a lot to that, it’s something that I recognise. But I can recognise it in a kind of, in a much friendlier way than I used to. That would certainly have been something, I remember, for example, trying to find, you know the twenty minutes in your final reflective piece or whatever...

**Yes.**

...and so I would be listening and thinking, “Okay, yeah, that’s going... oh!” *(laughs)*, and I’ll say something, I’ll do something on the tape that is a bit like that, is a bit too complicated or I’ve stumbled a bit, and I was mortified, and it doesn’t have that same impact on me now. Because I just think it’s part of, you know, communication is sometimes not clear, and sometimes clear, sometimes there are, we work out these wonderful insights together, and sometimes that’s much, much harder, and that’s okay because that’s just a process that we’re in.

**So it sounds like you’re almost, when you do these kind of complicated responses, it’s almost like you’re over thinking it, to some extent...**

Yeah, yeah.

**...would that be...?**

Yeah, I think I’ll be thinking it, but also verbalising what I’m thinking, waiting to... it’s just something that I can just not, I can just, often, that will be a mental process in here, but it doesn’t come out, but sometimes it just kind of blah, blah, blah, and it’s confusing and I don’t need to do that, but it’s alright [?? 41:53].

**Is it confusing because of the language that you use or because of the way that you’ve done it, the kind of the impact of the immediacy of it?**

I think it’s probably both, I’m sure that the language that I use, when it is that immediate, is a bit incoherent, because it’s expressing a train of thought which isn’t fully formed, so it’s not clear, you know, and it’s, it will typically be when pulling together things and I get that spark and think, “Oh, that’s interesting because she said that earlier”, and quite often there’s no need to do that, there’s no need to say it, you know, it’s a useful process up here, but it’ll need to be spoken.

[?? 42:36].

No. And sometimes it just comes out.

**Does this happen to you in other areas of your life, that you would do that?**

Probably, yeah, I mean, that's, I mean, that feeling of, "Oo, oo, oo", all those things coming together and that good feeling of, "Oo, that's an interesting link", it's a very familiar feeling for me, it's one of the reasons, I mean, I feel it very much in research. It's one of the reasons I'm interested in research because I like that feeling. I guess I don't have so many erm... I don't have, it's interesting this, I don't have so many opportunities anymore when I am, when I'm doing that with another person. Quite often, for example, in my research, when those things happen, I'm on my own, so that I don't verbalise it. I'm thinking about when I used to do a job where I was in meetings all the time. Yeah, sure *[laughs]*, that's definitely happened. And, you know, and I actually responded to it in the same kind of way that I do now, which is laugh and people would laugh and go, "Beth's, you know, off on one, but she'll bring herself back and we'll get back into the flow".

**It's interesting that you say, "Oh, Lynn's off on one" that people say, and what was going on for me was wondering whether this confusion is more your own perception of it rather than the client's or the other people in the meeting, and maybe checking in your own cohesion is unnecessary.**

With clients, I would notice it when they go, you know, like, "What?" *[laughs]*, or they'll sometimes say, "I'm sorry?", you know, because clients, because my experience with clients is usually that we so want to understand each other, that it's like a mutual thing, and so my experience, yeah, it happened with another client recently, and I can see her face now, her sort of like respectful, concerned face of, "I'm really sorry, I don't understand what you're saying", and me going... and actually that being an opportunity to lighten up a bit and me going, "I do that sometime, I'm really sorry, I will go back a few steps and start again". Yeah, that happened with a client quite recently and it was just, it was just part of the ongoing process of our communication and I'm thinking, you know, it's quite, it's quite hard for a client to say that, they so want to understand. I mean, I guess it's different for different clients, but it's quite dif... sort of thinking back to me as a client, I would have found it quite difficult to say to my therapist, "You are... I didn't get what you said", because you do, well, some people tend to think that's their fault. I mean, I do, and so what I hope, actually, that can lead to is let's just, yeah, yes, actually, so not to take it all on me as well, but just to say, "What's going on? What was going on for us there? How could we understand this better?".

**That's kind of almost answered what else I picked up on about, you said something about lightening up, and I thought, "Well, it sounds quite punitive in a way", it's like you're being too intense or something, and I realise that's my word, not yours, but I wonder if there is something about checking in with yourself at that point as to whether, whether you are being too intense for the client, too, the only word that I can think of, which is really awful, is kind of therapisty, which I know isn't even a word, but, you**

**know, whether there is, whether it's a kind of check in to say, "Is some of the language I'm using here too theoretical, too stereotypical therapist?"**

Yeah. When I'm going through that process of saying too much, I don't think it's because of the theoretical language, I don't think so. It's because my thinking isn't clear enough and so it comes out as a bit too many words and too complex. But not complex in terms of bringing theories or anything, just complex in terms of the sheer amount of things that I'm saying, or perhaps not expressing them clearly anyway. But certainly there's an ongoing process of checking with clients that our communication is mutually, you know, we understand each other and that it sits okay for each other's, so I'm trying to think, so, for example, if I'm working with somebody who... I guess I try and tick, and maybe this is the mimicking me as well, the sort of, that side is part of that, but I guess I'm trying to take the lead from the client in the sense of, sometimes clients will use very theoretical language and so on, and actually that's interesting to unpack it, what's going on there.

### **Too many self-help books.**

Yeah, yes, or maybe they come from a therapeutic background, or maybe they work in a related area, or whatever it might be, but just to sort of look in that, and I don't think it's like a wrong thing, it's just interesting, it's just another use of language. But, I guess I'm also checking that my language is not, you know, that I've not just, I would want to make, I would want to tailor make the way I'm communicating with somebody, whether in therapy or anywhere else, to our relationship, so that we get something from it and it's going somewhere it's as clear as it can be. So, if I am... and it is easy to, to sort of have a certain phrase that you can just bring out, you know, I'm trying to think what that might be, where in your body do you feel that or, you know, that kind of thing.

### **"How do you feel about that?"**

Yeah. And what's, and one thing that I will often say is, "What's inside that for you?" rather than, "What do you think? Why do you feel that way?", because I always think people go, "Well, I don't know, if I knew I wouldn't have a problem". I will often say, "What's inside that feeling?" or "What's...?", and often that is fine, and sometimes I just, I don't know, it's just these tiny sort of little clues and so on that make me think that's, "What do you mean, what's inside it?", you know, and that's not that person's language, so I'll try and say it in a different way. So I suppose there is that temptation to say things in a not very straightforward way, because you don't want to ask the sort of straightforward question of, "So why do you feel that way?" and "What's making you feel that way?", because those are quite, those are questions that might lead to either, "I don't know" or quite intellectualised sort of things, sort of sterile, I suppose, like the person might have said that a million times before and it's not got them anywhere. So I try and sort of vary it into, you know, into these sort of things like, "I wonder what's inside that for you or what that feels like?", and with many people that will open up something that we can through, with one or two, like that client I talked about at the beginning, it's just like, "What do you mean? Inside what? What do you... what?". That's not their language and so then I will speak in a different way, or try

to. I mean, I've only got my language, haven't I, and I speak, as much as I can try and vary it for clients, this is who I am and this is what I bring, and I can't completely change it.

**But you've said about being a mimic.**

Mmm, yeah.

**So that suggests that there is, that you do change to some extent.**

Oh, I do, definitely, to some extent, but I guess, ultimately, I've just got me, that's what I've got to work with, which includes my language and my ways of expressing and communicating, which isn't to say those can't be flexible, because, well, I think they are for everybody anyway, not just me, but, yeah.

**A word that's just coming into my head when you're talking about flexibility and about using your language, is something about power, I can't quite put my finger on what it is I'm thinking, but there seems to be something about the power dynamic within the relationship which is obviously there, you can't, you know...**

It's there anyway, yeah.

**...but whether that is heightened by different use of language, in your experience, or if the moderation or negotiation of the use of language somehow flattens out that power a little bit?**

Well, I do believe that there are power dynamics in any relationship and if you sort of say, "Oh, well, no, I'm really nice and...", you know, you're just kidding yourself, those things are there. I don't believe that they're always one way, so I think sometimes the power dynamic can be very much in favour of the client, and it depends on the characters of the two people, and my character and the client's character. But, yeah, I guess what you're trying, what I'm trying to do when I'm trying to sort of negotiate a language that is, we both feel comfortable with, is, well, just clarify that anyway, make it as clear as it can be. Sometimes I think you can't, I mean, the fact is, for example, in terms of the power dynamic in favour of the therapist, that is there, somebody has come to me for help and they're in, you know, a building that's not theirs and I can't get rid of it, I suppose what I can do is just make it so that it feels open, so that we can talk about it if it's a concern and, yeah, and just, and me be me within that. Yeah, I think that's the thing, just me be me within that and the me that I am is somebody that's a therapist as well, so that's, I don't know if I've put that very clearly. That is an example, perhaps *[laughs]*...

**No, no, because I understood, but it kind of flagged me to think about the alternative power dynamic where the client is hanging on for dear life to their power, and sometimes will use language that kind of perpetuates that, and I wonder what the impact of that is on you?**

Yeah. So, I'm trying to, let me just think of an example where I felt the client had a lot of power, always clinging onto it. *[Pause]* Mmm, I can think of an example, it's a long time ago when I was a trainee, of a client that, it was the first time, I was really inexperienced, and it was the first time I'd worked in a particular agency, and this was my first client, so I was terribly nervous, and so, yes, the power dynamics were there, but my position and my power dynamic was very low anyway, and it would have been with any client, and the very first client that I got, oh, I've thought about this since, in a way, couldn't have been a more mismatch, because that client was absolutely in crisis and absolutely terrified and had just had some awful news, and was really, really worked up, and I was really, really nervous and new to all this, and this client was a very, it was a man, he was a very imposing man, a professional man, he had quite a loud voice, he was frightened and tense, and he, he wasn't a doctor, but he had doctors in his family, and psychiatrists as well, and I remember him saying at one point, "Well, I've spoken to real doctors about this. I've spoken to a real psychiatrist about this", and I just felt, "Whoa". That was an example of me feeling, "Well, I've really been...", because I'm not a real psychiatrist, and he was very angry and just terrified, and it was coming out in all these ways and I, honestly, I wasn't equipped to deal with it in that first session. I did my best, but I remember my voice was shaking and I was, you know, I tried to be the real me, but it wasn't what was needed. I wasn't what was needed for that person, and he never came back.

### **I was going to say did he come back?**

No. No, I've thought about that a lot afterwards and thought, "Gosh, I wish he'd seen somebody that was more experienced or..."...

### **Might not have made any difference.**

Maybe not. He was in such turmoil. Poor chap. Yeah, and really he needed somebody to, not exactly shout at, but it wasn't far from that. He was just *[laughs]*, I mean, I think he actually said in the session, "This isn't helping!" and he was just so, *[sighs]* oh, he just wanted something to make it all stop and go away, and it wouldn't. And I certainly felt like I couldn't, and so the power dynamic, well, in a sense, I mean, the power dynamic was all over the place, it was just in a spin, but I certainly felt useless, absolutely useless after that first session and thought, "I wonder if I've come to the wrong place" and...

### **So was there something there about the way that he's, the language or the way it was about his tone of voice or...?**

Oh, it was all of those things. He used a lot of very medical language that I just didn't understand, because it was my first time of working in this particular agency as well with this particular issue, and I just didn't understand what he was saying. He kept referring to these doctors that he knew, the real doctors, and just how... so his language was very technical, I think that's why I thought of him in relation to this question, I've not thought about this client because it's a long time ago. But me feeling really unskilled and just useless, really useless, and very upset afterwards about it.

**Do you think that's what he wanted? Did you get a sense from his language that that was how he wanted you to feel?**

I don't think, perhaps, but not consciously. Perhaps he was giving me an experience of how utterly disempowered he felt by what had just happened to him, unconsciously. But I really got a big fat dose of it, and I didn't really understand what it was, I took that completely on myself as being not up to it. And it took a lot actually, to go back, after that, because I thought, "Oh, my goodness, is it always going to be like this?" and, of course, it wasn't, and...

**What kind of agency was it? Was it a specialist agency for... aha?**

So, and one where I still practice, and it's wonderful. It was just, well, that's what appened *[laughs]*, that's just what happened, *[sighs]* yeah. I mean, it's a comforting thought for me to think that maybe he got some of his anger and panic out of him, but I don't know, I think he was just in a spin and I do believe, you know, at that stage especially, I wasn't enough for him, I didn't have the skills and it was unfortunate that that was my very first session. Unfortunate for both of us *[laughs]*.

**Well, maybe not.**

Well, maybe, I hope not. I would really like to think not for... but, anyway, it is what it is.

**And maybe it was good learning for you as well.**

It was really strong learning for me *[laughs]*, but, yeah, very uncomfortable. And that poor man was in huge discomfort and, yeah, mmm.

**We talked about the client not understanding you when you do your thing, but I wonder, I wonder if there are times when you don't hear the client, for example, or you don't understand what they're saying and you have to question that, and I wonder what impact that has on you?**

Yeah. Yes, certainly there are times when I don't hear the client, or when I do hear them but I don't quite hear what they say. So I can think of clients that had quite a quick way of speaking and indistinct, and I think what... so I'm thinking of a client that had a way of speaking like that, that was very quick and often kind of sped through a word and went *[mumbles in demonstration]*, and I couldn't pick up on it, I wasn't sure what the client was referring to. And so in those cases, the actual process of that is to ask, "I'm sorry, I didn't quite hear what you said", but because that was the client's way of speaking all the time, I wasn't doing that every two minutes, I would listen for a bit and then check out my understanding. And so the immediate impact on me is something of, I suppose in the split second of discomfort, of like, "I wish I heard and I didn't have to keep asking", and then some curiosity about, "I wonder why they're doing that?" and why

they're speaking so quickly and why they're, and why particular words they might sort *[mumbles again]* over.

### **And did you bring that into the work?**

Yes, but not in a very, not in a sort of a way of, with this particular one that I'm thinking of, not in a way of, "You are...", "I've noticed that it's this particular kind of thing that you are speaking over", but just, you know, asking more generally, "Is that...?". I'm just trying to think of an example that's why I'm stumbling a bit *[pause]*, because I can't think of the exact words that, that's why I'm not sure. I can't think of the exact words that the client, the client spoke quickly all the time and I can't think of an exact word that they really, really went fast over. But, certainly, yeah, bringing into the work me not quite getting what they were saying and whether there was something there that was really hard for them to say. And I think that's really, it's a really fine thing to do. I mean, fine in a sense of being very careful, because it's so easy, with language, and with other things, for it, for the client to feel they've done something wrong, you know, that the way they speak, because it's so personal, is unintelligible or... so I'm quite careful about that. So not to just say, "You're speaking too quickly for me, slow down", I wouldn't say that. But I might say, "I just want to check out that I understood what you said then".

### **Do you think that it's possible that there could have been something in whatever it is that they came with that was impact... that was having an impact on this speaking incoherently, like, you know, I don't know, "Nobody ever listens anyway" or something like that that could have been key to the way that the client was presenting themselves?**

Yes. Mmm. I'm trying to think of a, because I've had quite a few clients that have spoken quickly, and I'm trying to think of an example where I can think of a particular example. Because I've got a vague sense, I'm just trying to bring it back into my mind, of a client who spoke very quickly and hardly paused for breath, and the sort of the pressured feeling of that, and that they needed to fill the space and what we did about that. Let me just try and go back into that and remember.

### **Needed to fill a space or needed to not let you in?**

Mmm, maybe both. And that sense of, "Nobody ever listens to me, so I've found somebody that will listen and I am going get everything, I'm going to say everything that I can as fast as I can". *[Pause whilst thinking]* And it's interesting, actually, that I know there's a client like that and I can't put the, my finger on that memory. Just that sense of not being able to get in and, yeah, feeling, let me just go into that, maybe it'll lead into other things. So when a client is talking very fast and very, you know, very pressured way where there's no space for me to say anything at all or be in that, that feeling of being, yeah, excluded, a bit frustrated.

### **Powerless, maybe?**

Yeah. Like, like my role is to say, is just to be there, just to be a listening ear and to say nothing. I mean, it's actually, I'm sure it's no coincidence that I can think of all those things in relation to a particular client and I can't think of the client, so that's interesting in itself.

**It is.**

Because that...

**Because he did a good job of shutting you out.**

Yeah, yeah. Erm... *[pause]*, yeah, I've got the client. Yeah, a client who had a very pressured way, of talking like that, really felt like she needed to fill the space with constant language, constant words, and hardly any room at all for me to get to say anything. Mmm. And my response to that, as I say, feeling shut out and pressured too. Like trying to find...

**Was it just the way she spoke or what she said, or both?**

Well, we've got particularly the way she spoke. The particular not pausing for breath and the sort of pressured way of like coming to the end of a particular thing, where we might just make a little pause, and it's straight on to the next thing. So, and that having a pressure on me because I'm looking for something where I could make some kind, or ask a question or something, and not being able to. And actually, and actually when... so, at one point, actually having to say, "I'm just going to ask you a question now", and actually having to break in, which I wouldn't normally do. Normally there's no need, there's just a natural exchange. But in this one actually having to, yeah, break into it to ask what was going on, and I did look with that client at that sense of her having a lot that she needed to say and maybe feeling under a lot of pressure, and trying, again, trying not to say, "I notice that you never pause to take a breath and that is very hard to say anything", but actually noticing that she seemed under a lot of pressure, and asking her if she felt under a lot of pressure too, to say everything very quickly.

**And what did she respond to that?**

That was something that she was aware of and that other, you know, was there in her life. In other situations I mean.

**Was the counselling time limited?**

Yes. Well, the number of sessions that we could offer was limited, yeah.

**So do you think there was some pressure there?**

Yeah, quite possibly, yeah, that she had to get this done and, you know, and also the times limited anyway, isn't it, because it's the fifty minutes. I mean, this was a client who liked to have... mmm, that's interesting... she liked to have a clock, because we have a clock that's sort of there, but she wanted one that she could just see, and, actually, what she said was, "That's because..." *[laughs]*, yeah, this



is all coming back to me now, "That's because I hate the idea of taking up too much time. So it's really important for me to see that there so I know when I shut up, when I be quiet and go". So, yeah, a real pressure to get everything, you know, "There's that clock, I've got until ten to, I'm going to have to fill it really, really pack it in". And there was a lot going on for that client, she had a lot of stuff going on that she wanted to talk about.

**Did you get a sense that she wanted any intervention from you?**

At first, my sense was no, that what she wanted me to do was to sit silently and listen. And that she didn't get a lot of that in her life, that she, actually, interestingly, she was often the one that listened, but that she didn't get a lot of opportunities where she got listened to. But that did change over time, and she slowed down, and there were opportunities and I definitely know there were ones where she was like, "Oh", when I'd said something and it was like erm..., and then there was like a pause and like, "That's, that...", yeah, and that, and definitely me feeling, over time, less pressured myself, because there was that sort of breathless feeling at first, in the first couple of sessions of erm... [pause] and I suppose that's interesting, because that's like me also feeling under pressure to say something, which I'm not, just sit there silently, and, actually, I did, much of the first couple of sessions.

**That's interesting you say that, about being under pressure to say something, now I've lost my train of thought, there was something about not being... ah, I know, you said that she, that you kind of got the sense that she didn't feel listened to, but I wonder how easy it was for you to actually listen when she was talking frenetically?**

Quite hard, actually, because part of my attention was diverted to, "I wonder if she's going to pause, and I will...", interesting, "...I will need to say something". So there was like, so the rhythm of that conversation was very pressured and fast and not restful at all to even, just to sit, because you'd think me just sitting and listening, well, there's nothing, you know, I can just listen, but you didn't feel like that, it felt like... like that.

**And I wonder how difficult or not it was for you to really hear because of the pressure that she was putting you under in terms of the way that she was speaking. Did you get a sense of that freneticness from what she was saying or was it just the way that she was talking?**

Both, because she did have a lot going on in her life, a lot of crises going on. And three or four different big things going on for her, so yeah, the freneticness was partly, her life was frenetic and very much, partly, that was very reflected in the way she spoke and how quickly she spoke and how sort of, you know, not pausing. So that whole, you know, she just, she expressed everything, she expressed pressure and she sat like this [demonstrates posture], and that's something that I sort of said, "I'm noticing that you're sitting like this", and that it looks exhausting, and that was interesting thing, because I said to her, "I wonder what it would feel like if you sat back and let the chair take some of the pressure", and she did this really interesting thing where she did this [demonstrates posture].

**Oh [laughs].**

And she looked like she was, she looked like over balanced, like it was like the most uncomfortable thing. And so we did a little bit of work on that, actually, just actually moving back in the chair, it's as if sort of, it looked like it was, "I've never done this before, what's this?", you know, like, "Whoah, am I going to fall?".

**Not trusting you?**

Yeah, no, and it being so unfamiliar that she would do that, because she was like, she sat down and she started as soon as I would meet her, and she would be talking in the corridor and then she'd sit down like that and on she would go. And so that feeling of, yeah, so me sort of feeling that as well, that sense of, no...

**Did you sit forward in the chair as well?**

No, I didn't, although I did, when I mentioned it to her I said, "So I'm just thinking about how I feel now", and it felt very tiring, really uncomfortable, and yet this was her, and she reflected that she often did that and she often sat like that. And, actually, we looked at, it looked like she was ready to go off to the next emergency and that's what, we sort of did a little bit of work on that, but it was like she was poised for flight, she was ready to be off and, you know, and be doing and dealing with things.

**You say about the chair, about the chair not containing her. Did you feel that your, I wonder how you felt about your kind of containment of her with this sitting on the edge of the seat ready to fly.**

So, at first I did feel very sort of, yeah, it was really hard to even feel that I was in her space at all, you know, that we were sharing the same space, I felt very pushed away in a way by that kind of talking and not, like there was no space made for me, and I couldn't make the space, because I was trying. But that hanged over time, so we did quite a bit of work, actually, on, we did a bit of work on relaxation, on sitting back, on feeling, you know, sort of feeling the sensation of what it feels like to sit back, and in those moments she said nothing, you know, quiet moments, and I think that's actually where it started to, you know, the dynamic was changing and where it started to be a conversation rather than a monologue. And, yeah, actually, I'm smiling to myself because she was, I really liked her and, yeah, I was just wondering in my mind, "I wonder what's going on with her now".

**What did you like about her?**

She had a lot of warmth, she had a lot of warmth and...

**So, despite the not letting you in initially, you could feel that warmth?**

I could, even when she was not letting me in.

### **Was that from what she was saying?**

Yeah, I think so. And also, like, even though her talk was very pressured, it wasn't flat. You know, I can imagine a client sort of almost robotic, so that kind of, "dr-dr-dr-dr-dr-dr", it wasn't like that, it was like pressured in the way that, I'm trying to think of a way of explaining it [*pause*], it was more like, if you imagine that something awful's just happened to you and you need to tell the story and you need to, you know, like how you might gabble after an awful thing?

**Hmm.**

So, say you've just seen a road accident or something, you say, "Oh my Gosh, blah, blah, blah, na, na, na" it was like that, it was, yeah, it had that kind of emotion, that kind of, "And then that, and then that, and then that", and it was, actually made me, it didn't entirely push me away, actually, on thinking about it, it made me feel for her, I felt for that person. But she had all those...

### **How did you feel?**

I felt compassion for her, that she was having to deal with all this stuff and she was doing her best and trying to deal with it kindly, and she was trying to be compassionate, it was such a lot of stuff that she was going through, yeah. It makes me feel a bit sad thinking...

**I can see, yeah.**

... thinking about all she was going through and, yeah. And, actually, she even had to end because another disaster happened for her and, yeah, that made me feel very sad, and that's, I think, why I'm thinking, "I wonder what's going on for her now, if she's alright", yeah.

**We've just got ten minutes left to say that I would kind of alert us to that fact, because what I, because I don't want you to go away feeling that you've not said things that you wanted to say. So we don't have to use the whole ten minutes, it's entirely up to you, but I just wondered if there was anything that has come up for you that you wanted to say a bit more about or anything you want to come back to?**

No, I think it's been really interesting, it's really helped me to think through, you know, some of the things, some of the ways language impacts on me and the way it impacts on clients and the way my language impacts on clients and so on, that's been really useful and interesting. And it's brought, you know, it's really surprised me, it's brought clients to mind from a long time ago, and also, and I guess I've said this, but for me it's a very important part of language, in going back into that sense of the rhythm and the language, it does, there is a vilifying thing about language and you can get back into things with it. So, for example, that last client really got, it was very interesting to me that I kind of lost her, I couldn't think, I knew there was a client that I'd had that reaction to with the language, and I couldn't locate her. When I found her it was such a relief, and then I find myself, when I think and reflect on her language, feeling very warmly

towards her and that sadness as well and just hoping she's alright, and so how it's brought that back, you know, really quite strongly, yeah.

**It's interesting, because hearing you talk has taken me back to some clients as well, thinking about the way that they communicate, so it's kind of worked both ways.**

Yeah, yes, I think language is, it can be like, like that Proustian thing, it can be like a conveyor belt into something, and I think it's often, unfairly perhaps, I believe, accused of being, "Oh well, long words are the intellectualising stuff, they're distancing", and so on, but I don't think they have to be. They can be, they can be all those things, but also, like we've experienced today, they can be taking you into the feeling of something, very much, yeah.

**And, I guess, what comes out from clients very often, although some it confirms that, is the, very often it's the lack of intellectualising that actually gets to the feeling, the root of the feeling.**

Yeah, yeah, it is, and that's where a lot of healing comes from. And I don't think it's just that, "Oh well, you've got a feeling and the language". Unfortunately we have to add it on top, I think it can be part of that, and once, some of the ways that it can be is things that we've talk about today, is that language isn't just syllables, it's, all those other things are absolutely deeply part of it, so the tone, the register, the gestures, you know, all of those things are really part of it and are really useful to me as a therapist in terms of doing my best, anyway, to understand my clients and what's going on between us.

**My head just went to, I suppose it's like a singer, really, you know, you learn the words, you learn the music, it's when you put the two together and the performance, that, actually, it means something.**

Yeah, and we all know, don't we, we can listen to somebody sing and the tears are in your eyes and you know you're transported, and I think language can do that, can transport you. And it probably, I think, you know what, I think it does it every single time, it's a routine ordinary beautifulness, that transporting, it happens all the time, and we use whatever tools are available to us and whatever resources and language is, for sure, is part of that, I think, so yeah. Thank you.

**Well, thank you. I'm going to stop the tape.**

## Appendix 3

### Worked example of the analysis of the conversation with Charles

VN350053 C

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1. Okay so fire away, tell me a bit about working with language.
2. Okay, I mean language, spoken language, all sorts of different language in therapy, so
3. there's the most obvious language that's spoken and I think that's probably what
4. we're talking about.
5. Not necessarily, no.
6. Not necessarily? Because I think there's a lot of language that takes place that, a lot of
7. communication that takes place in different forms and language is very different. Just
8. as an aside to illustrate that right at the beginning I'm developing resources for
9. supporting Chinese students around their mental health, and I was working with our
10. Chinese advisor, with the Chinese advisor in the university, and she was saying that
11. people, Chinese people present their mental health distress non-verbally, very
12. differently, the way that they will look down and she said that their blink rate will
13. increase and they'll, you know they'll kind of look away and it was just very
14. interesting thinking about actually communication comes in different forms
15. Language for me is very important, it's our tool isn't it, it's the way in which we
16. make contact with, sustain relationship with, facilitate exploration, it's the way we do
17. our work. If we didn't have a mechanism of communication and pay attention to our
18. language then we either wouldn't be doing what we did very well or we wouldn't be
19. doing it at all. So I try to use a range of different things in kind of approaches using
20. language, obviously the most important and first consideration is trying to match
21. your communication style with that of your client. So I think that there's an
22. assessment or evaluation that takes place, I don't mean an assessment in a formal
23. way particularly but an evaluation that takes place. Some people would say that it's a
24. gut feeling or it's a kind of instinct of where your client is at, and I don't agree with
25. that because I think actually what we're doing is paying attention to lots of different
26. bits of communication and information that we have to bring into our awareness. So
27. really pitching right at the very beginning where your client is at and how they use
28. language, and I don't mean simply about replicating terms of phrases or words that
29. they use but kind of trying to get a sense of how they're structuring their world and
30. communicating it. Particularly with the range of clients that in the settings in which I
31. work I face. So differences in clients will be around age, so I do a lot of work with
32. young people 18-21 years of age and it's a university setting so we have a whole
33. range of ages coming through, social class as a kind of definer, it's not a term that I
34. normally feel comfortable with but I'm supervising somebody who's working, who's
35. looking at how social class influences the counselling relationship so it's kind of in
36. my mind at the moment. I think kind of people's experience of the world and how
37. their socioeconomic position has shaped that is probably a better way of looking at it,
38. so I'll see people who come from very poor, deprived backgrounds, I mean it
39. wouldn't be the first at university from people who come from much more affluent
40. backgrounds, who perhaps had a private education and their use of language will
41. differ quite significantly obviously.
42. Their use of language or the language they use?
43. Both yeah, the words they use, how they construct their sentences, how they
44. communicate but also the way in which language is used to be able to communicate
45. what it is they want to say, so at that level but at another level too. Differences across
46. culture you know, we've got 130 nationalities represented at the university currently,
47. predominantly Chinese, big Chinese population but you know, I mean a complete
48. international representation and you can't make simple differentiations on kind of
49. Eastern culture and Western culture, I mean it just falls apart. So people's use of
50. language, just their use of terms you know and what does that mean, so I find that
51. more challenging when I'm working with somebody from a different cultural context
52. who's using terms that I just don't get and so I'm needing to clarify quite a lot.
53. And you're using terms that they don't get as well yeah.
54. Absolutely, and I invite them to clarify and they do, and also of course those clients
55. for whom our whole Western construct of psychotherapy just doesn't work, you know
56. the 'I', the focusing on the 'I', the development of self just doesn't map onto their
57. world view and their view of themselves, they see self in relation to community and
58. family and systems. And then in areas that I'm particularly interested in that I think is
59. not researched very much is around gender, and so you know I think men use, this is a
60. generalisation but I think men generally use language very differently to women in
61. therapy and you know the kind of feeling orientated discourse in therapy can map
62. very well onto male clients but can also be a barrier to male clients. Certainly when I
63. have been a client when I've sought out therapy for myself I found it very difficult to
64. work with a therapist who's only interested in, "But how do you feel about that? How

Commented [SH1]: Cultural differences

Commented [SH2]: Client's frame of reference dictated by words and world

Commented [SH3]: Age dynamics and setting

Commented [SH4]: Culture - difference within nationalities

Commented [SH5]: Gender difference Cultural difference in understanding of therapy

65. do you feel about that? Because I kind of process it and access differently because  
 66. that's what I've been taught to do ever since I arrived. So yeah language is really  
 67. important, I really like using metaphor, I use it an awful lot, I joke with my clients  
 68. and they laugh at me because it's just like I can get through six or seven metaphors in  
 69. a session really quite easily, and will tell clients at the beginning, that you know this  
 70. is the way I like to work and if it's not, if you don't get it, it's not comfortable for  
 71. you then I'll.

72. And do you find that they don't get it? And how does that impact?

73. On the whole I find that they get it. There's a bigger struggle with international  
 74. students where the subtlety of the metaphor is lost and therefore it becomes nonsense  
 75. you know if the metaphor isn't holding a meaning then it's just become an abstract

Commented [SH6]: Metaphor gets lost with some other cultures - difference in metaphor

76. Is this with clients who are from very very different cultures or do you find that  
 77. with say other European countries, with students from those countries where  
 78. there's more of a common understanding of culture?

79. I find it across the board really, I think it's, one factor is often how the international  
 80. students, their confidence and competence in English as a second language and how  
 81. they're able to communicate in English and again having to judge I think fairly early  
 82. on how confident a client, when they're using English as a second language, is in  
 83. using English. Often they're very very good but increasingly not so.

Commented [SH7]: POWER

84. Do you use interpreters at all for those clients?

85. No I've not.

86. Have you ever worked with interpreters?

87. I've not, never worked with an interpreter which is interesting actually and I think  
 88. would bring all sorts of challenges and opportunities.

89. Oh it does, it does yeah.

90. Yeah, no I've never done that. I mean the assumption in the university setting is to be  
 91. studying at the university you have to be competent in English.

92. But then there's a mismatch there for accessing therapy in a language that's not  
 93. your first language.

94. Absolutely.

95. How difficult that is.

96. Absolutely, if I am studying maths I might have sufficient understanding to work  
 97. through mathematical concepts. If I'm trying to find a way of explaining that I feel  
 98. wretched and want to die then it might be really hard to find a way of communicating  
 99. that, so I find what I do with clients who use, who struggle with English is kind of  
 100. strip away the complexity of my language and try and focus just on a very  
 101. accessible meaning which generally works okay. My clients tell me it  
 102. generally works okay.

Commented [SH8]: Use analogy

Commented [SH9]: Power again

103. And does it work for you okay?

104. I find it really frustrating.

105. Yeah?

106. Yeah.

107. Why?

108. Because I feel like I'm doing therapy with a hand tied behind my back, it's  
 109. why I don't work with children, because I work with young people, I do some  
 110. work in a school setting as well so again the age and culture variation from  
 111. eleven year olds, that work is different again from the university. With  
 112. children younger than that I think I'd just get frustrated at not being able to do  
 113. the things that I enjoy doing [laughs].

Commented [SH10]: Power of client?

114. So frustration not being able to access their language to some extent?

173. student that comes to mind at the moment who's been experiencing quite  
 174. severe anxiety for many many years and has had lots of therapy and has come  
 175. because she's just not functioning you know, she's falling behind on her  
 176. work, but she comes into the first session and she says to me, "Well I've had  
 177. this therapy and this therapy, and I've tried this technique and this technique  
 178. and this technique, so in terms of techniques I feel I've done everything and  
 179. I've tried them all and they're not working. And I know why I'm anxious, it's  
 180. because I had a panic attack because I had an asthma attack when a hamster  
 181. was bought for me when I was twelve and I had a reaction, that's why I'm  
 182. anxious. These are the strategies I've done but it's not working.

**183. "So fix me Charles!"**

184. "So fix me Charles!" And everything I said was, "I've tried that. No I've done  
 185. that, that really doesn't work for me. Oh no, no, no, that kind of breathing  
 186. technique isn't helpful for me." And so the language was used very much in a  
 187. defensive way because she was able to position herself as expert, expert  
 188. through experience and that was a real challenge because it was like, push  
 189. back, push back...

190. I was gonna say, her language was very, is like creating a challenge isn't  
 191. it.

192. Yeah.

193. This kind of, you know, "So what are you gonna do about it?" kind of  
 194. language.

195. Uh-huh. What I found was, and I said this very explicitly to her early on that  
 196. this is what I was going to do because I didn't want it to be gamesy, I like  
 197. working quite transparently with clients, and I said you know it felt to me as  
 198. if we could talk an awful lot but I wasn't sure what we'd be saying, and so  
 199. what I'd kind of like to try with her if she was okay with this is talk, but  
 200. sometimes I just kind of want to sit back and that might mean there'll be  
 201. some silence as well, and what would that be like for her? And actually that  
 202. became the mechanism by which, it was the use of the silence that actually  
 203. connected with her.

**204. So the silence was the language?**

205. Yeah, the silence became the language because she could fill the space really  
 206. easily. You know, a very bright woman, she could fill the space and just knock  
 207. me back, it was like tennis you know, *[makes sound of hitting a tennis ball]*  
 208. and she'd knock it back, and knock it back, and knock it back, see I've done a  
 209. metaphor already. But actually just sit there and say, "Well, Helen," that's not  
 210. her real name, "Okay Helen, I kind of hear what you've said there and what  
 211. you've said is about, what you said before was that your mum used to shout a  
 212. lot at you and sometimes she used to scream in your face, I think I just need to  
 213. sit with what that must be like to have someone scream in your face when  
 214. you're still quite small," and just stop and we'd have pauses sometimes.  
 215. pauses, stops of around five, ten minutes which is really unusual for my work  
 216. and you know every now and then in that space I'd just check in, "Kind of  
 217. just checking how you're doing Helen," and she would go somewhere and  
 218. actually those spaces, those stop points became shorter, and what she started  
 219. doing was talking about actually how frightening it was. So the language of  
 220. silence was the most potent because she'd never actually had to attend to that  
 221. sort of language before.

222. So it gave her this reflective space that by keeping talking she couldn't  
 223. allow herself almost? If her usual way of being was to keep on talking  
 224. then she wasn't giving herself any space, so it sounds like by allowing her  
 225. to change the language to silence she was allowing herself to sit with some  
 226. of those feelings.

227. I think so, because language had only ever been used unhelpfully for her. It  
 228. had either have been used as a mechanism of frightening and silencing her by  
 229. her mother, so that, a very aggressive, threatening language which as a little  
 230. girl was very frightening for her, or had been to see therapists, she'd been to  
 231. see cognitive behavioural therapists and this isn't a go at cognitive  
 232. behavioural therapy, she'd been...

233. It's alright, you can say what you like.

234. She'd been to see a cognitive behavioural therapist who had talked at her with  
235. strategies and she'd done that two or three times and, so her life had always  
236. been filled with language of one sort or the other so she'd become very expert  
237. at defending herself from the thing that had been the threat, she'd kind of  
238. used that and turned it into a mechanism of defending and it seemed to me that  
239. it would be really easy for me to do the same.

240. She was kind of inviting you to almost if she was talking all the time yeah.

241. She was yeah, yeah. "This is what I've done, so this is, I've done this and I've  
242. done this," and I did say at one point because I use humour an awful lot in  
243. therapy and I say, "It feels kind of, you've got the t-shirt, you know, you've  
244. got the t-shirt, I've done this, this doesn't work," and she laughed and then it  
245. was kind of, it was the first session after the first assessment session, I said I'd  
246. been thinking about, I didn't frame it in terms of use of language but I'd been  
247. thinking about what she talked about and how easy it would be for me to slip  
248. into telling her lots of things that she knew already that didn't work for her,  
249. and the question I wanted to reflect on is if she wasn't angry what she'd feel  
250. instead. "And what I want to do is just allow lots of time and space for you to  
251. think about that, at any time you can talk if you want to." So it kind of  
252. worked, it was amazing actually, within six sessions she wasn't fixed by the  
253. end of it, but...

254. Did she want to be fixed?

255. Yeah she did, I mean she started but then she finished...

256. Did she by the end?

257. No, well she wanted to feel better but she wasn't framing it in terms of being  
258. fixed. She was able to see it because we talked quite a bit about changes of  
259. continuum, we moved forward and back and any one of us are in that process  
260. you know, if you look at anxiety as a continuum, we're all on that you know,  
261. we're all on that, we move backwards and forward and it's about moving  
262. away from, seeing herself from a pathological frame into a relational frame  
263. including the relationship with herself which I think that was the bit that was  
264. significant for her. So language moved away from pathological.

265. Did you express this to her in words that this change as a continuum...

266. Yeah.

267. ...this, and she got that?

268. Yeah, yeah.

269. So there was a meeting there of a kind of mutual understanding?

270. Yeah.

271. That probably wouldn't have happened if she'd have carried on just  
272. talking at you?

273. Mm, absolutely.

274. And if you'd have reciprocated by talking back at her then you would  
275. have never have reached that point of understanding.

276. No, no it wouldn't and I don't think anything would have changed which was  
277. different, if I could just briefly talk about another client, is that alright?

278. Yeah, course, yeah.

279. Because he's somebody I'm seeing at the moment as an international student  
280. and he comes from Rwanda, and he came because, he's a Masters student and  
281. he came because he'd just arrived in the UK but didn't know anything about  
282. bonfire night and so he'd lived as a, he'd grown up as a child through the  
283. Rwandan genocide and so he'd witnessed the most horrendous things, he saw  
284. his whole family, members of his family being raped, he hid in a cupboard



285. and watch them raped and then watched them being butchered, so his trauma  
 286. is horrendous but he's actually managed his trauma really well, and he came  
 287. because he was, he thought there were people with guns coming to get him,  
 288. and so he hid under a bed for a couple of days and somebody knocked on the  
 289. door and found him and kind of coaxed him out and he came to see us, and it  
 290. was really interesting you know, maybe it was because I was anxious about  
 291. going to the trauma but I kind of filled you know, "What do you know about  
 292. anxiety?" "Oh I don't know anything about anxiety and trauma," so I kind of  
 293. talked at him and again I use language as, I think in hindsight as a mechanism  
 294. of defending myself, and in the last five minutes, always is isn't it, he said,  
 295. "That's been really useful," and, "Do you get a lot of people coming with this  
 296. sort of thing?" And I said, "Well we get, you know we see a lot of people  
 297. who've experienced trauma and different types of trauma, we obviously don't  
 298. see a lot of people who've had the particular type of trauma that you've had  
 299. and how awful it must have been to live through that experience," and the last  
 300. five minutes he broke down and started telling me things, all sorts of horrible  
 301. things which I won't go into, and it was at that point I thought, "This is what  
 302. this man needed to do," and yet I perhaps, at some level known that he  
 303. needed to do, so I'd filled the space up, he couldn't do it.

304. So maybe there's something there about your discomfort with that?

305. Oh definitely yeah, and how I used language as a mechanism of defending  
 306. myself but in the guise of it being facilitative for the client, which I'm sure I  
 307. was, I'm sure that information was useful.

308. But I'm just wondering about what your language was like in terms of, I  
 309. mean you said he was a Masters student so that kind of implies a certain  
 310. level of education, certain level of intellect I suppose and I wonder if you  
 311. use this very head language that you talked about with this client in a  
 312. way that maybe you wouldn't with other clients?

313. I think so, English is his third language, he's pretty good at English, although  
 314. he tells me he's not but actually he is pretty good, but he doesn't get the  
 315. subtleties of language and I think what I did was I'd kind of sensed that when  
 316. I, because I first met him in a drop-in, he came to a drop-in appointment which  
 317. is only fifteen, twenty minutes so we didn't get into detail then, but I think I  
 318. picked up, interestingly he'd asked to see me from the drop-in which we don't  
 319. normally encourage, but he'd done [?? 25.19], kind of we have a men's drop-  
 320. in and he came to the men's drop-in. And we talked a little bit actually about,  
 321. this last session, I've seen him three times now and we have talked quite a bit  
 322. about the trauma once I'd realised what I was doing, but this last session we  
 323. talked about gender and I talked about how he talked about the trauma and  
 324. that he did it in a very matter of fact way, it was almost like a news report,  
 325. what he was giving me, rather than positioning himself in it, he'd kind of  
 326. positioned himself as a third person and he was talking, he said, "We don't do  
 327. feelings in Rwanda, men have a very particular role in Rwanda and we're not  
 328. encouraged and we're scalded if we talk about feelings or if we do anything  
 329. that is seen as women's work, and I remember when I was ten doing the  
 330. washing up and being taken out by my grandfather and beaten because that's  
 331. not what a man does." And so he was talking about his very rigid kind of  
 332. gender role expectations that were imposed quite forcibly on females and  
 333. males when he was growing up and he says still now, and he was relating that  
 334. to then how he talks about it. I think that's partly true and I think that also  
 335. suits him because he was very embarrassed about getting upset, really  
 336. embarrassed, it was almost excruciating for him and I had to really kind of  
 337. work to reassure him that you know that was okay, and again I did that a little  
 338. bit with humour to try and just make it a bit more accessible. So I said you  
 339. know, "This is why we have lots of boxes of tissues delivered here," you  
 340. know, "I'll have more tissues than you will have tears," and he kind of  
 341. laughed at that a little bit.

342. I was gonna ask you if he got your humour yeah.

343. He did get that, he did get that but I find I have to change how I talk in quite a  
 344. stilted way, so I talk, how I say words, I say words very deliberately.

345. Is that more about your understanding or about his, that, is it about your  
 346. perception of his understanding or is it about your understanding?

347. My understanding...

Commented [SH13]: Defence of therapist through language

Commented [SH14]: Gender difference - culture

348. Of him, do you feel that, is there something there about you feeling that  
 349. you have to speak in that way because he won't understand but actually  
 350. he might understand, but your kind of hardwiring is to do that to make  
 351. you feel comfortable that you know he understands? That doesn't make  
 352. much sense but...

353. No I know what you mean, actually do you know I think I do it, what I'm  
 354. doing I think is mirroring how he talks, because that's, I think because  
 355. English is his third language he's very deliberate over his use of language,  
 356. and actually I think I'm mirroring that, I think he gets what I say and I  
 357. probably don't need to do it, I could probably talk to him just as I'm talking to  
 358. you and he'd be fine, but I kind of really talk very deliberately with pauses  
 359. between each word, and I talk slightly slower, Not quite as stilted as I'm  
 360. doing now but I'm just doing that to illustrate what I do. I do do that, if I'm  
 361. working with an international student who, well if I'm working with an  
 362. international student who I think isn't grasping the language that I'm using  
 363. because they don't understand, because they're asking me, "I don't know what  
 364. you mean, I don't understand," then I will do it. It's almost like, this is going  
 365. to sound really patronising what I'm going to say and I don't mean it to be  
 366. patronising, but it's like pitching it to an eleven year old.

Commented [SH15]: Formality of language - stilted - mirroring

367. But is there something there about reframing what you're saying so that  
 368. you're taking away all the clever, clever elitist psychotherapist stuff, or  
 369. rather than just being more deliberate actually finding a different way to  
 370. say things which would be useful for all of your clients?

371. Yeah, yeah I do think, my attempt isn't to patronise, my attempt isn't to talk  
 372. down my attempt is to distil my language down to its core meaning, I think  
 373. that's what I try to do and I was just thinking when I was talking, it's actually  
 374. what I do or what I did, or actually what I do still when responding to people  
 375. in crisis. So when people are in very flurried crisis you know, highly agitated  
 376. or very distressed I'll do the same, so what I'll do is distil it down into a very  
 377. calm, accentuated...

Commented [SH16]: Interesting word

378. It's just something about slowing it all down.

379. Yeah

380. And to slow them down I guess as well.

381. Yeah, so if you were in crisis I'd be saying, "Okay Suzy, what I want you to  
 382. do is look at me, and I want you to breathe, and I want you to just focus on  
 383. your breathing, and I want you to know that I'm sitting here," so I kind of go a  
 384. little bit quieter so they have to listen a little bit harder, and just slow it down  
 385. so there's just a little pause between each word and cut out all the crap  
 386. basically, all the fancy bits that make it sound clever, to help ground people.

387. Yeah, because I do think that's one of the things that we're all guilty of as  
 388. therapists, is a little bit, I'm not excessively but a little bit of kind of  
 389. showing off what we know you know which is not always helpful for the  
 390. client.

391. Yeah. Well I think we kind of try and create a mystique around what we do to  
 392. make it important and professional don't we?

Commented [SH17]: Language of therapist

393. And I guess that does work for some clients in terms of them building  
 394. trust, because if they trust a professional, they trust an expert although I  
 395. am always quick to point out that I'm not the expert on them, but there is  
 396. that kind of taking away some of that fear if they think that you're more  
 397. trustworthy because you speak in a language that is the language of your  
 398. profession, like a doctor.

399. Yeah, yeah. I think that's right. I think what they do want though is to have  
 400. trust in your expertise. So I think we struggle with it more generally speaking  
 401. than the client does, which isn't to say that I think we should be going into  
 402. sessions saying, "Right then Suzy, so I know what I'm doing, so I'm going to  
 403. tell you what," I'm not saying we do that but they're coming to us rather than  
 404. speaking to a mate or chatting to somebody at the bus stop, they're coming to  
 405. us because they're investing trust in our role, they're kind of making an  
 406. assumption that because we've done a training we all know what we're doing.

407. Yeah which is right, how it should be.

408. Yeah it should be, so I don't think, I think we should use our language in a  
409. way that doesn't create a barrier, doesn't cause confusion, isn't as ambiguous  
410. you know, I don't think that, I don't think we should be doing that, but I think  
411. we should use a language that provides the client with a sense of containment.

Commented [SH18]: Congruence -

412. Yeah, which kind of takes me back to metaphor which I've been thinking  
413. about and thinking whether you've ever found your use of metaphor or of  
414. humour come to that, a turn-off for a client and its actually broken some  
415. of the relationship, even if it's just temporarily.

416. Mhmm, mhmm.

417. And if you can tell me about any experiences like that?

418. Yeah yeah, I think so. Certainly I can think of using metaphor where the client  
419. just doesn't get it at all, and I think the fracture that can potentially bring  
420. into the relationship is that the client feels that they're stupid, or the client  
421. doesn't feel as if they should be working harder to understand me or that I  
422. might not be trustworthy you know, maybe that impacts on their trust and faith  
423. in me if I'm saying things that just don't make sense to them at all, if the  
424. metaphor is too abstract, is too far removed, is a poor metaphor, and I'm  
425. really guilty of poor metaphors, and some cracking metaphors but some really  
426. rubbish ones. And so what I think, I think what I try and do with that is, when  
427. I see that that's happened and the client will say, "I don't know what you  
428. mean," and what I'll, what I used to do was try and explain the metaphor  
429. which is really stupid because you might get to a point where the client  
430. understands what you're saying, but the whole point and meaning of the  
431. metaphor is, it's like explaining a joke isn't it. You know, "Well it's funny  
432. because duh-duh-duh-duh," and it's like, "Yeah okay," and I clocked  
433. onto the fact that that was really unhelpful. And so when I realised that the  
434. metaphor didn't work, what I would do, what I do is take ownership of the  
435. fact that the metaphor hasn't worked and make it my mistake, because it is my  
436. mistake, actually, to try and help the client not feel stupid. So I'll say  
437. something like, "Actually that was just real garbled nonsense wasn't it. What I  
438. mean is," and then just say it more explicitly, and then I will kind of step back  
439. from the metaphor with that client unless you know they introduce it  
440. themselves.

441. Do you ever find that a client introduces a metaphor that you don't get?  
442. But I'm thinking especially working with international students.

443. Yeah, that happens, yeah.

444. And where does that leave you?

445. [Pauses], where does that leave me? I generally don't worry about it as much,  
446. because I kind of think in the ebb and flow of the discussion what they're  
447. trying to say will ultimately make sense to me. What I don't do is say to them,  
448. "I don't understand what you mean by that," because I think that can be really  
449. shaming, and particularly for somebody who's using English as a second  
450. language. So what I'll do is normally let it, just let it go if I don't get it but I'll  
451. clock that there's something I didn't mean, and then what I'll do is ask for  
452. clarification about what they're generally saying rather than what the  
453. metaphor meant because then I think that's more accessible, so the metaphor  
454. was introduced, I kind of acknowledge it, we carry on talking, then I might  
455. say, "Can you tell me a bit more about what you mean by duh-duh-duh-  
456. duh?" Because I guess I'm struggling to understand what that means. I don't  
457. say after the metaphor, "Can I just, I don't know, that doesn't..."

458. "Don't know what you're talking about."

459. Yeah, "Doesn't make any sense to me."

460. What about if it's not about a metaphor? What about if it's the kind of  
461. the language of youth if you like that you don't understand or you know  
462. if it's probably not as prevalent working in the university but when  
463. you're working in secondary mental health, if it's actually the dialect, the  
464. way of speaking that, the kind of local colloquialisms that you don't get,

465. how does that impact for you on the process?

466. I find it can be quite facilitative actually because again I just, I just kind of say  
 467. it really, that I don't understand. So I work in [name of city] so you know when  
 468. was working in secondary mental health I obviously worked with a lot of  
 469. people who would be known as [colloquial term for people from city], and when you get a [...] who's  
 470. talking really fast and has a very thick scouse accent who may also be highly  
 471. distressed and their cognitive process is quite florid, they might have pressure  
 472. with speech and duh-duh-duh-duh-duh-duh-duh-duh, it's really hard but  
 473. I'll just kind of say, "I don't know what that meant," and, or, "I can't  
 474. understand what you're saying," and I'll say you know, "Because of your  
 475. scouse accent I can't understand what you're saying, say it slowly, say it  
 476. slowly to me," so I kind of make out that I'm the stupid one because actually  
 477. in that interaction I am because I'm not getting what they're saying and it's  
 478. not, it's my problem, not their problem, and I find that just being honest like  
 479. that, I've never ever, and I've been doing this nearly 30 years, I've never had  
 480. anyone say, "That's really not okay for you to ask me that," or, "How dare  
 481. you!" Or, "I feel really stupid now," or, because I think it's just held within  
 482. the relational dynamic, so I just, yeah that's okay, I tend not to trip over that  
 483. and more aware of when somebody's using English as a second language  
 484. because I think particularly students, particularly international students  
 485. because they're investing an awful lot of money in to their education or their  
 486. family is investing an awful lot of money into their education there's a lot  
 487. riding on it, so they're often working under enormous pressure of expectation  
 488. and it's really common isn't it for international students, "Am I getting the  
 489. words right? I hope you're understanding me, my English isn't very good is  
 490. it?" So I think there's an awful lot of shame that comes with that expectation  
 491. that you know, "I'm here to see you you know because of my mental health  
 492. and you know, you probably not gonna understand what I'm saying anyway  
 493. because I'm really incompetent."

494. Do you feel that pressure of expectation from them? Does it give you some  
 495. pressure of expectation if you're working in that setting?

496. There's some people who have invested thousands and thousands of pounds, I  
 497. mean tens of thousands of pounds as a, saw one who was doing medicine, and you  
 498. international student, you're talking £40,000 a year, it's just obscene, and you  
 499. know I, they come and they want fixing you know, they're very clear about  
 500. that, "This is the problem, can you fix it for me please?" And there is that, I  
 501. mean I will take to supervision you know, I feel as if I really want to sort this  
 502. out for them because so much rides on it. Because is this person fails as they  
 503. might well do, or has to withdraw or has to suspend, often isn't it you know,  
 504. people come and their families have no idea because they've not told their  
 505. families because it's just so awful. So it's not just them, it's them in context  
 506. and you have to support people in finding the language to tell families. I'll  
 507. sometimes do kind of role play with that you know, I'll kind of say, because  
 508. they'll say, "I just don't know what to say, I don't know what to say." "So  
 509. will it be helpful thinking about what you might say here? Maybe you want to  
 510. run some things past me?" And they'll say, "Okay," and we'll try and I kind  
 511. of tell them what I feel 'til they get to a point that they feel comfortable, but I  
 512. do yeah, kind of feel that. My god I've got to be good.

513. You said about getting the client to kind of rehearse what they're going to  
 514. say, do you ever get them to say it in their own language even though you  
 515. don't understand?

516. No. Do you know, I've never done that.

517. Because that's quite powerful.

518. Yeah, that's really really interesting, I've never ever done that, and I will.

519. There you go, I've taught you something!

520. See, if this turns out to be a useless interview for you, I've got something  
 521. really useful out of it. No I've never done that actually.

522. I found it really powerful.

523. Yeah.

524. I want, just check the time actually because I wanted to think about some  
 525. of the clients that you've worked with who are suicidal or are absolutely  
 526. in the depths of despair and how the language of that place really has an  
 527. impact or is different from you know somebody who's particularly  
 528. anxious at university or in that kind of, you know different kind of  
 529. setting.

530. Mhmm yeah. I think the challenge in working with somebody who you  
 531. suspect is very suicidal, is very distressed and you need to explore that with  
 532. them it's actually the opposite, the way of working with that for me I think is  
 533. the opposite of how I've just taught, so I've talked about very open dialogue  
 534. moving into metaphor to try and explain or illustrate perhaps more complex  
 535. ideas or to help something become more accessible, whereas with suicide I  
 536. think often suicide can begin with metaphor and the task of the therapist is to  
 537. bring it out of metaphor. So I did, a piece of my research that I did for my  
 538. doctorate was a discourse analysis between therapists and client in secondary  
 539. care, looking, sorry it was a critical discourse analysis, so I was looking at  
 540. how did the clients talk, what language did they use to talk about being  
 541. suicidal. We knew the clients were suicidal, these were videotaped  
 542. assessment sessions, and then in response to that how did the therapists talk,  
 543. and what were the implications for that in terms of therapeutic discourse and  
 544. also things like risk assessment, and it was really really interesting because  
 545. so we had clients from different cultures, male and female, they were all  
 546. female and above although I have replicated it with younger and exactly the  
 547. same findings were true, and what came out of, and of course there are  
 548. exceptions to this, but predominantly when you looked at the first point at  
 549. which the client introduced their suicidal thinking into the session they did it  
 550. through metaphor or some kind of image. It was almost as if, so I'm gonna  
 551. use a metaphor now, it's almost as if they had this awful thing that they were  
 552. holding and they kind of put it to the side but put it there so it was visible to  
 553. both, because the saying, "I want to die," or, "I want to kill myself," was just  
 554. too much too soon for them at the first point yeah. So all of these, I have over  
 555. 40 videos, and all of these clients except for one actually, all of them  
 556. presented their suicidal thinking at the first point of mentioning it as a  
 557. metaphor, so that raises a very important question then, how did their  
 558. therapists respond to that? Are these therapists, what experience, Masters level  
 559. qualified, very well qualified and across a different range of orientations, so  
 560. humanistic, psychodynamic and CBT. So I looked at the transcripts and  
 561. looked at what did the therapist say, how did they talk in response to this first  
 562. mentioning of suicide, and with the one exception every single therapist  
 563. regardless of age, regardless of gender, regardless of orientation, they all used  
 564. predominantly reflective responses. So therapists who up until that point had  
 565. been asking a lot of questions, the point of introduction of the metaphor  
 566. became entirely and predominantly reflective, simple paraphrases and short  
 567. pure reflections, and what that did, and that's all they did. And what that did  
 568. was immobilise the client in the metaphor, they got stuck in the metaphor and  
 569. consistently, and with only one exception, every single therapist, so the client  
 570. just to illustrate, the client might have said, "You know, sometimes it gets so  
 571. bad I feel like I just want to get out of the way." "So you feel you want to get  
 572. out of the way?" "Yeah, it just feels really awful," and that kind of pattern  
 573. would go for a little bit and then in one transcript the therapist said, "It really  
 574. sounds as if this business that you get in people's way is important for you."  
 575. And he said, "Well I feel that that's what's happening isn't it?" And she went  
 576. off and explored the notion that he gets in people's way. What he was  
 577. actually meaning was, because we knew this already, that he was thinking of  
 578. hanging himself because his brother had done that two years before. So the  
 579. consequence was the client's introduced the suicidal, their suicidal thinking as  
 580. metaphor, the therapist responded with reflective responses, the client became  
 581. stuck in that because all they were getting was their metaphor reflected back  
 582. at them, and if you take one part out of a metaphor it becomes meaningless.  
 583. The therapist got stuck because the discourse wasn't going anywhere and so  
 584. left it, so at the end of all of these sessions except one there had been no  
 585. discussion around suicide, none of these therapists knew that all of these  
 586. clients were suicidal.

587. Was there something about fear for the therapist?

588. Yeah, yeah. I mean in terms of my research this is the bit that I'm interested  
 589. in, it's like well what stopped these very experienced and actually very skilled  
 590. therapists from not asking the question by not bringing the metaphor out into  
 591. the explicit, taking the implicit to the explicit? And the research talks about

592. unacknowledged counter [?? 48.01] responses, so things like, "Oh the client  
 593. was too distressed for me to ask that question," or, "I didn't feel that the client  
 594. was suicidal, I thought that they meant something else," or, "Somebody else  
 595. will ask the question." [?? 48.19] so there's a whole list of things but it was  
 596. consistent and replicated with, with work with young people too and has been  
 597. replicated by another study that [?? 48.28].

598. That's quite frightening that that's going on.

599. Yeah, so one of the implications, one of the outcomes of my research was  
 600. about training counsellors that when you hear that metaphor your task  
 601. actually is about not sticking with the metaphor, but about saying to the client  
 602. quite explicitly something like, "You know when you say you want to get out  
 603. of people's way, are you saying that you're thinking of ending your life to get  
 604. out of people's way? Is the feeling here to kill yourself?" And name it, but  
 605. counsellors, psychiatrists, clinical psychologists, mental health workers,  
 606. nurses, Social Workers all replicated across, terrified of asking suicide  
 607. question.

608. You'd be pleased to hear that my training wasn't, we weren't terrified to  
 609. ask that question.

610. No, well and I'd worked several years in The Samaritans and we did six  
 611. weeks, six evenings of training and I felt better equipped to work with suicide  
 612. risk than I did from my social work and from my counsellor training but it's  
 613. predominant, if I had £1 for every time I heard a therapist saying to me, "But  
 614. wouldn't that put the thought into the client's mind?" I'd be really really rich  
 615. Suzy, I'd be loaded.

616. It's already in the client's mind!

617. So I think in terms of the use of language, I do think with people at risk and  
 618. with people who are highly distressed which goes back to what I was saying  
 619. before, I think there is something about not using metaphor but actually being  
 620. really clear, really explicit, really focused, cut out the crap, distil it down to its  
 621. core meaning and say it how it is.

622. Yeah. Do you get the response then from the client that they will say it  
 623. how it is if you're, if you're not showing fear I suppose as the therapist  
 624. does it make it okay then for the client to actually say how they feel in  
 625. your experience?

626. It does but it does over a little period of time. So my experience is that I've  
 627. never had a client struggle with me asking that question because if they're not  
 628. suicidal they're just, then they're not suicidal, they're not going to go, "Oh  
 629. well I wasn't but that's a really good idea." But what I find is and it's a bit  
 630. like bereavement work I think is that, so let's go with the example of like, I  
 631. don't know, [?? 50.55] you know, "Are you saying that you feel like ending  
 632. your life?" "Well I do feel a bit better if I was out of everyone's way." "So  
 633. being out of everyone's way is about ending your life? Have you thought  
 634. about how you'd do that? Have you thought about how you'd kill yourself?"  
 635. "Well not really but," you know and then you move on, so what I find is that  
 636. the client is in the metaphor, the client uses the metaphor, the meaning is in  
 637. the metaphor, you come and kind of puncture that a little bit with something  
 638. that's really quite explicit and the metaphor deflates a little bit, but the client  
 639. still sticks with it. And I think the task of the therapist is to not get drawn  
 640. back into the metaphor because it would be really easy, "Well it would be  
 641. better if I was out of everyone's way," it would be really easy for the therapist  
 642. to then go back into the metaphor and say, "Tell me a bit more about what  
 643. being in everyone's way is like for you," which is missing the point, and I  
 644. think so in working with risk, working with distress, high levels of distress, I  
 645. think it's really important that as a therapist you anchor your language in the  
 646. explicit and you stick there.

647. Yeah, this is a little aside but it's really interesting, it's just come into my  
 648. head, I've got a client at the moment who's talking about suicide and I  
 649. think I'm less scared of it than my supervisor is, I think he's more scared  
 650. than I am which is quite interesting, anyway, just [?? 52.23].

651. I train supervisors on working with risk and their level of terror is often quite  
 652. high and I'll, when I'm training therapists to work with risk I'll say you know,

653. "What you need to do now is go and talk to your supervisors and find out..."

654. "Who will be more terrified than you?"

655. "Who might well be more terrified than you," so yeah a kind of reverse you  
656. know, when you're working in a more explorative way you can move into the  
657. metaphor, when you're working in a more explorative way but that is about  
658. finding specific meaning, it's about moving out of the metaphor and  
659. grounding it in something very very clear.

Commented [SH19]: Grounding for client and therapist

660. So then your language would change as well as the client's?

661. Yeah.

662. Have you ever found that the client wants to keep moving back to the  
663. metaphor as a kind of bit of displacement activity [?? 53.17]?

664. Yeah, and if it continues what I would do is tell the client I've noticed that  
665. with the client, I would say, "You know as we're talking I notice that you  
666. keep, it's hard for you to talk about wanting to kill yourself, you kind of talk  
667. about it in another way," and try and explore what that might mean for them.

668. When they talk about suicide using metaphor, are the metaphors usually  
669. obvious to you or is there some confusion there for you sometimes?

670. Um /pauses/, I think there can be confusion sometimes because some of the  
671. metaphors can be very subtle.

Commented [SH20]: More on confusion of metaphor

672. Because what I was thinking about was almost this, from the client saying  
673. it but not saying it you know, fear of saying it out loud really which is  
674. obviously why they've got into the metaphor but it could be so  
675. convoluted that it pushes you away as well.

676. Do you know I think if in doubt I ask the question, I think that's kind of my  
677. bottom line. So if a client has introduced a metaphor which for me possibly  
678. might be pointing towards them wanting to end their life but there's  
679. something so convoluted about it, I think what I'd do, what I would do is to  
680. kind of almost say that, say, "You know it sounds like, there's an awful lot of  
681. what you've just said but I'm wanting to check out at the heart of it, are you  
682. telling me that you want to die? Are you telling me that you have feelings of  
683. wanting to die?" Because if they say, "No that's not what I'm saying," well  
684. then that's okay isn't it because I can say, "Okay so there was something in  
685. the metaphor that you used that I was misunderstanding, I wonder if you  
686. could go back to that then and you tell me what that kind of meant for you?"  
687. And if they say yes then we can talk about what that means for them and...

688. What about people from other cultures who are suicidal, are you okay?  
689. You look really uncomfortable.

690. I am but don't worry about it.

691. Okay, what about people from other cultures who are suicidal, do you  
692. notice a difference about how they express themselves?

693. Um /pauses/, generally no, on balance. I think, I'm thinking about it, it's an  
694. interesting question. My initial response to that is no, I think that when there's  
695. something about shame for somebody the shame is there and it will exist  
696. across, it will be informed and shaped differently but I think that it will be a  
697. common denominator and I think if we're using language then I think the  
698. metaphors and image is often the kind of way in which we can pick up the  
699. sharp glass, they're gloves that we can put on to pick up the sharp glass to put  
700. there so no, not particularly. It was interesting because I was talking to the  
701. person, the Chinese advisor that is at the university, I was talking to her  
702. about, she was asking about the work we did, I was telling her, she says,  
703. "What kind of issues?" Because we're developing case scenarios, so we're  
704. developing the training for supervisors of post graduate Chinese students to  
705. support them around mental health because you know what the Chinese  
706. advisor was saying you know, through their upbringing mental health is a  
707. really, really, really, really bad road to go down, you just absolutely don't go  
708. down there, and at the university I work, you know like several universities  
709. now we have a university in China and it's very interesting because they have

710. a mental health advisory service and we couldn't figure out why people who  
 711. had been to their mental advisory service weren't coming to ours, and it  
 712. turned out that their mental health advisory service was basically saying,  
 713. "Pull yourself together and work harder." But she was saying you know you  
 714. have to get the absolute enormity of just walking through your door, and then  
 715. the enormity of basically saying, "I'm struggling," but the importance  
 716. actually of being able to still ask the questions really quite explicitly because  
 717. the explicit asking of the questions, not necessarily just around suicide, helps  
 718. kind of cut through some of that shame because you're not colluding with the  
 719. awfulness and the embarrassment of it.

**720. The University Counselling Service in Nottingham I believe have done  
 721. some work around mental health of Chinese students, is it Chinese? It  
 722. might be Vietnamese actually, but they've done a report on, I'm pretty  
 723. sure it's Chinese students accessing mental health services, just for your  
 724. information.**

725. Yeah interesting. Yeah I mean we're getting a lot more Chinese students  
 726. coming through the counselling service and the mental health advisory service  
 727. but I think it's simply because we have a lot more Chinese students. You  
 728. know our management school I think for most of the postgraduate  
 729. programmes, we have 98% Chinese students on those, we have huge  
 730. numbers.

**731. That's in [name of city] or here?**

732. In [city], huge Chinese community at the university. They have no contact  
 733. with the Chinese community in the city which is a very big established  
 734. community in [city], no contact at all.

**735. It's the same in [another city].**

736. Is it?

737. Yeah.

738. And they do everything for themselves you know, so they have a very big,  
 739. very active Chinese student community but everything I in-house and it's like  
 740. a closed shop, but we are seeing increasing numbers.

**741. But it's interesting isn't it because like closed shop is the thing that's  
 742. likely to bring these feelings of shame if they do, you know if they do have  
 743. suicidal thoughts.**

744. They step outside of that yeah.

**745. Yeah, and then maybe they're not able to have those conversations with  
 746. their friends and fellow countrymen or whatever.**

747. Yeah, because it's, you have the culture contained within this community. Just  
 748. an interesting thought I've just had, so this workshop we're developing, so I  
 749. did these two student scenarios, this is very about mental health, and the, so I  
 750. sent them out to the senior tutor who I'm liaising within the department and  
 751. also to the person who works in the university around Chinese advice for the  
 752. staff, she does a lot of interpreting and things like that as well as training, and  
 753. she came back, just before the meeting she sent back her thoughts on it and  
 754. the areas we could...

**755. Is she actually Chinese?**

756. Yeah, the areas that we could cover and it was really interesting because she  
 757. pointed out about eight areas that we thought would be really useful to cover  
 758. in response to the case studies and it was all about plagiarism and you know  
 759. unfair practice in academia, and there was one which was around, and when  
 760. people struggle, and she also said, this really made me laugh because I'm  
 761. developing an online resource for Chinese students around mental health, and  
 762. I said I'm gonna try and frame it as I did for working with male students in a  
 763. way because I ran a workshop for first year male students which in, the first  
 764. time around it was just something wretched, it was called something awful  
 765. like you know, 'conquering your misery', or something like that, it wasn't  
 766. quite like that but it might as well have been, but I called it 'Developing



767. Toolkit for Success, so I called it, and it went out on the electronic system  
 768. and recruited within ten minutes and had this massive waiting list, and what  
 769. was really interesting because all my language, I deliberately structured my  
 770. language around thinking, thinking and doing, that's what I did, and these  
 771. guys came in and there was about fourteen, fifteen of them and sat down, if  
 772. was an hour and a half so I had my stuff prepared, it was all going to be about  
 773. depression, anxiety, stuff like that but I wasn't naming it as that, God forbid  
 774. but do you know what? They all came in, I introduced, got them to run  
 775. around, not literally, but got, run round so they introduce themselves, and I  
 776. said you know if anyone wanted to start, I didn't say another word for the next  
 777. hour and a half, and they just went for it, and they all talked about their  
 778. feelings, and they talked about relationships, they talked about sexual  
 779. problems, they talked about not getting on with their flatmates, they talked  
 780. about how they felt and some of them felt really crap, and somebody said,  
 781. "Sometimes I feel like killing myself?" "Yeah I feel like that sometimes but  
 782. what I do is," and I just kind of sat and watched this group and it was really  
 783. interesting. If I'd used the language of mental health they wouldn't have  
 784. come, but paradoxically in using the language of 'toolkit' and 'success' they  
 785. came in.

786. Yeah, a kind of business-focused language.

787. And they didn't talk about that at all, they talked about mental health.

788. But you'd given them the in if you like to get into the room.

789. And they just did it, and so it just, you know that was just as an aside.

790. No but I think that's really important for this because there is something  
 791. about the different kinds of language for different settings in terms of  
 792. work settings and things like that, that you know if you use one set of  
 793. language, in therapy they use, no, so for example I mean is your role  
 794. here, you're teaching but then you go and are counsellor at Liverpool so  
 795. you have to kind of, and then your [other] role, you have to  
 796. compartmentalise almost the language that you use for the different  
 797. settings I guess.

798. Different language, a new language you have to learn. So you know as I say  
 799. I've been in the field, I mean you've been in the field donkey's years.

800. Oh I haven't been in donkey's years though, only a few but I've been in  
 801. [?? 01.40.00]...

802. Have you?

803. Yeah.

804. Well I've been in the field donkey's years and you know I feel like I've kind  
 805. of got my head around most things but I've never been a personal tutor, so  
 806. I've never, actually this is my first formal academic role because after I did  
 807. my PhD my supervisor, this was in 2005, and my supervisor said, "You really  
 808. want to become an academic now," and I said, "I'd rather be dead in a ditch  
 809. than do that," but actually I'm quite happy to be in the ditch now and this job  
 810. came up and it's like really exciting job, I thought, "Well yeah okay maybe  
 811. this is the time for me to do this." So I have all these, it's under the  
 812. professional doctorate here, so I have these new tutees that were just starting  
 813. because it's a new doctorate, so I'm just [?? 1.04.56] the tutorials and I've  
 814. never done that before, and you know they're kind of coming in, they're  
 815. therapists because it's counselling, psychotherapy, psychological trauma  
 816. doctorate, they're therapists though they're coming with a therapy language  
 817. but I'm not their therapist, I'm their tutor, but I'm also having to find that  
 818. pastoral language because it's very early on you know, they come from  
 819. different levels of experience. There's one guy I'm supervising, really really  
 820. great guy but he's quite young and he's got quite some good experience  
 821. behind him, he's done really well on his Masters, he wants to do this and talks  
 822. about you know how he's really struggling because he's got all, he's got this  
 823. job, this job and this job because he's struggling to make ends meet, and he's  
 824. got to find this time and there's this pastoral language that you have to  
 825. develop that isn't counselling, isn't assignment talk, is about him talk and it's  
 826. a whole new language, that's a tricky one.

Commented [SH21]: Different roles = different language

Section deleted to preserve confidentiality

827. Yeah, [?? 1.06.19] colleagues you would be positioned differently then  
828. wouldn't you.

829. Yeah so it is really confusing and it's confusing about the language, I'm  
830. not very good on standing on ceremony so actually I'm not that, my  
831. language isn't that different to be honest but it's a really good point you  
832. know, you have these different sets of language for different settings and  
833. for different positions that you're in within the different environments.

834. Yeah, and what people project onto you and expect from you. So as a  
835. therapist, language, there's an expectation of a discourse that's framed in a  
836. certain way, as an academic here it's framed in a certain way, when I'm doing  
837. supervision way it's framed in a certain way, and with the [other] role it's more  
838. framed in a different way again and so like you, I mean I generally like to  
839. kind of say it how it is, I don't really like to stand on ceremony. It sometimes  
840. gets me into trouble but I'd rather run that risk than...

Commented [SH22]: Expectation of different language

Section deleted

841. Just, I interrupted myself when I talked about the men's group, so using that  
842. idea of language what I said to the Chinese advisor was what I planned to do  
843. is do this kind of fairly short online session for Chinese students to help them  
844. think about their mental health but not frame it in terms of thinking about you  
845. know, your mental health and how to avoid depression and things that you can  
846. do for yourself, but kind of frame it in a, you know that kind of talk it for  
847. success type of discourse [laughs], she said, "No, no, no, that won't work."  
848. She says, "If you make it too miserable, they're not going to look at it because  
849. of all the stigma around mental health, but if you make it too positive they're  
850. just gonna see it as propaganda," and I laughed and I said, "Propaganda? That  
851. had not even occurred to me!" She said, so anything that is really happy and  
852. "This is going to be really good for you," and blah-de-blah, it's because of  
853. their cultural frame and they kind of stepped out of the cultural frame and they  
854. think about and critically evaluate it, no it will be propaganda."

Commented [SH23]: Framing the discourse through language

855. And you know the first word that came into my head when you said about  
856. if it's really happy, before you said 'happy' my thought was gung-ho and  
857. how ironic, but I could see that would be a problem because there is this  
858. kind of towing the line oppressed discourse.

859. Yeah there is, she says frame it in a kind of striving through adversity type of  
860. discourse because that fits culturally, because the Chinese culture is very  
861. much about you know, 'in spite of everything we will succeed' kind of  
862. discourse, so if you, she says you can be honest about the adversity, don't use  
863. it in pathological language, don't use it in diagnostic terms, so frame that in  
864. kind of everyday struggles but how you can work through and come through  
865. this adversity. And then I was saying to her, well there's a difficulty there  
866. because some people don't, some people get stuck in that you know, we don't  
867. all break out of our struggles and be better people and so we have to try and  
868. frame that, I just threw that in.

869. No but I think that's really important and culturally in terms of being  
870. culturally aware I guess, will you translate it into Mandarin or will you...

871. Yeah, so she'll translate it into Mandarin for us and there's probably one or  
872. two other languages that we can get it translated into for the kind of  
873. population that we're focusing at because we have quite a lot of students from  
874. Hong Kong who will be more Cantonese, so we'll go Mandarin, Cantonese  
875. and we'll kind of see what the uptake is on that. The university doesn't like  
876. that, the university doesn't like the translation because they hold onto, "They  
877. should be speaking English."

Commented [SH24]: Institutional restrictions - setting

878. But you know if it makes it more accessible.

879. I think to run with it as the English version but to have the Cantonese and  
880. Mandarin versions available...

881. Yeah as an equality and diversity practitioner, yeah I would stand by that but  
882. that kind of takes me back to this point that we talked about earlier about

883. using interpreters and whether there's any mileage for the university to  
884. allow that to happen in order for the students to get a better service for  
885. counseling.

886. Yeah, I think they would do, I don't think that they would query that other  
887. than...

888. Cost.

889. That terrible four letter word that you just said, I think they hold this line,  
890. whenever we've tried to do things in the past which we believe are much more  
891. inclusive, they do hold the line of, "No, we work on the assumption that if  
892. they're at the university they have a fluent use of language, a fluent use of  
893. English."

Commented [SH25]: Restricting for client

894. Well they may do to study but not necessarily...

895. Not, absolutely yes.

896. We have a different vice chancellor and we have a vice chancellor who has  
897. been very active in the field of equality and diversity and people are very  
898. excited that she's there, and she seems to be pretty hot on that. I actually think  
899. that we might have a cultural shift whereby we would make more progress  
900. with that, so certainly not adverse to doing that and I do think you're right  
901. when people are presenting with distress actually their second or third or  
902. sometimes fourth language which is English actually doesn't give them what  
903. they need to articulate

Commented [SH26]: Acknowledgment of difficulty  
find words when in distress

904. Although sometimes it works the other way in fact in my experience, I've  
905. had clients, I was working for nearly two years with a Spanish client and  
906. we had discussions about his language, he was a pharmacist so you know  
907. his English was good, but when he first came to me it wasn't fantastic but  
908. actually what he found was because he had to stop and think about what  
909. he was saying, in terms of the therapeutic process it worked really well  
910. that it wasn't in his language, but by the same token I've worked with lots  
911. of people with other languages as their first language and it's been really  
912. really difficult.

913. Sure, it's about the individual needs isn't it and asking an individual what  
914. would work for them and would it work better, and then finding somebody  
915. who can do it because I wouldn't use this advisor even though she works as,  
916. she works as an interpreter in the university but she doesn't get mental  
917. health...

918. No exactly, you need to get...

919. ...evidently.

920. ...specific people yeah, but I wondered how that would be for you as a  
921. therapist having to work with an interpreter never having done it before.

922. I'd be anxious about it but I'd be excited about it too. It would be, I mean I've  
923. spoken a lot with therapist who have used interpreters a lot and in the same  
924. way working with people who are profoundly hearing impaired and you're  
925. working with signers in therapy which I did once which is similar but different  
926. as well, because there's not the translation of language into another  
927. language...

928. Well there is actually...

929. Well yes, just let me finish.

930. I'm sorry [laughs].

931. Calm yourself there Suzy, there is but there's still the common denominator of  
932. it being English rather than, so it goes through the translator which translate  
933. it, who signs it and it goes through but there's the additional complexity I  
934. think with, potentially with words and phrases that might not easily translate.

935. No and actually if you speak to a deaf person they don't class, they don't

936. class BSL as English, they class it as a separate language and the  
 937. grammar structure and everything is different. I suppose what I suppose  
 938. is the challenge, and I don't know how up for the challenge you would be  
 939. is the thought that you've got a third person in the therapy room and so a  
 940. third person's interpretation of the language.

941. Yeah. Well would I be up for it? Yeah course I'd be up for it. Would I have  
 942. anxieties about it? Of course until I did it. Would I have to be mindful of that?  
 943. Yes of course I would be. Am I totally unfamiliar with the third person in the  
 944. room? No not at all because certainly in the secondary care services you  
 945. know, I did a lot of work with children and families for years therapeutically  
 946. as a Social Worker and you know, so I would often work with somebody in  
 947. the room to help facilitate as well, and now you know I have on my caseload,  
 948. and seem to have, I don't know how these things work out because we're  
 949. allocated randomly, but I have a lot of young men who are autistic and quite a  
 950. few of those like their mentor to come into the room with them, because what  
 951. they've established is a really good dialogic relationship with their mentor.  
 952. And so I mean this isn't, it doesn't happen all the time but it's not uncommon  
 953. in that client group for us to kind of contract for the mentor to be there, so the  
 954. mentor becomes, it's not translating but becomes a facilitator with the  
 955. language. Now sometimes that's a run through all, has run all through the  
 956. therapy, more often that has run for the first few sessions and then the client  
 957. says the mentor doesn't need to come in anymore because we've established  
 958. our dialogue. So the presence of the third person doesn't, that doesn't faze me  
 959. at all, the bit that I'm anxious about because it would be new to me is the, my  
 960. words being taken and doll-all-oo and presented with something and I'm  
 961. sitting there thinking, "I wonder if they're saying exactly what I've just said?"

962. It's about trust Charles.

963. It is about trust, of course it is and that's where the anxiety is.

964. Can I just go back to working with autistic students?

965. Yeah.

966. Wondering how, because I'm guessing for people with autism, metaphor  
 967. doesn't work.

968. No.

969. So I wonder how challenging that is to have a, to find a common language  
 970. if somebody has a very different way of thinking?

971. Yeah. It was in the early days, it was very very difficult and I went on some  
 972. training for that which was really helpful, and also made contact with, when  
 973. we did the counselling minded sessions we did a session on working with  
 974. people on the autistic spectrum and with Asperger's, and there was a woman  
 975. from Canada who wrote that session for us and I had a lot of correspondence  
 976. with her, and she was really useful as well. I actually really really enjoy it. I  
 977. do like, I really love working with metaphor but I do like cutting out the crap  
 978. as well, I do like the saying it how it is and, so yeah in the early days it was  
 979. anxiety provoking and I was uncertain and I think I stumbled a bit but I think  
 980. I'm alright in saying to clients, well I say to all my clients, that's how I  
 981. contract with clients you know, I contract them saying, "The way I work is  
 982. I'm never ever going to patronise you, I don't see my job as sitting here  
 983. saying nice things to you, what I will do is always be completely honest with  
 984. you but in a respectful way and that will sometimes mean challenging things  
 985. and maybe saying things that you might not wanna hear, but it might also be  
 986. saying things that are really positive that you might struggle to hear, and I can  
 987. absolutely guarantee that I'm gonna get it wrong but I don't mind about that  
 988. you know, and if I'm wrong then you'll tell me, and between us we'll work it  
 989. out." And that's how I contract with every client and they always go things  
 990. like, "Oh that God for that, the last therapist I saw just smiled and nodded her  
 991. head at me," or, "Nodded his head at me." Do you know? And it's just like,  
 992. that's not how I work, and I say, "Is that okay for you? Because it might be  
 993. that you do want something different," and you know all the clients have, I've  
 994. never had anyone saying, "I don't want that," they all want that and that's why  
 995. I work with, when I'm working with people who are autistic, I mean they're  
 996. at university so they're high functioning but actually are high functioning in  
 997. their field but are often struggling massively socially, emotionally, there's one

998. guy I've just finished working with who also comes from Pakistan, so we had  
 999. the kind of autistic aspect to work with, plus the culture, plus very strong  
 1000. male role model that he's been brought up with, he was very angry that his  
 1001. parents had divorced and he was living with his father and he felt suicidal at  
 1002. times, and he just really struggled to find the language for it, really hard. But  
 1003. actually he did work in metaphor, you said before that they often won't work  
 1004. in metaphor, he did work in metaphor and he often used Lego because he  
 1005. loved Lego, he'd go home and do fantastic things with Lego, and he would  
 1006. often talk about, "And if I built this in Lego what I would look like would  
 1007. be," and so he would actually use that. When he finished the session he bought  
 1008. me a Lego box, box of Lego. Have to say, he said to me, "I really like what  
 1009. we've done, you've been very good. I thought you were going to be crap but  
 1010. actually you've been very good so I've bought you a present," and I was  
 1011. thinking, excellent, bottle of wine, nice pen, here's this and it's a Lego box  
 1012. And I said, very incongruently I have to say, I said, "That's fantastic, I really  
 1013. appreciate that, thank you!" Because I couldn't have said to him, "Is that the  
 1014. best you can do? What about a nice bottle of red, hey?"

1015. Muslim presumably, from Pakistan?

1016. Yeah, yeah.

1017. Yeah, that was never gonna happen [laughs].

1018. No it was never gonna happen, I know, I know that but you know, strange  
 1019. things happen but you know because it was a metaphor and you know I took  
 1020. that, that he was giving me, I mean it was a new box of Lego, it wasn't his  
 1021. own obviously, he wasn't going to give me any of that but it was  
 1022. communication on so many different levels, it was a communication on  
 1023. gender it was, because it was a very intimate thing to give me because it was  
 1024. something that he cared for the most, it was a communication on an emotional  
 1025. level, it was a communication culturally because this is what he could give me  
 1026. and this is what were, I mean it was, it's in my draw and I've not made, I did  
 1027. have, I did discuss with my supervisor, what do I do with it? You know at one  
 1028. end I could wrap it up and give it to one of my nephews, on the other hand I  
 1029. could make the figure because if he comes back again, as he might, what  
 1030. would he be like if I've just stuck it in the draw, if I've given it away? Maybe  
 1031. I should make the figure and, because actually it was the second to last  
 1032. session he gave it me and I didn't know what to do, I didn't know whether  
 1033. should make the Lego figure.

1034. Presents are always a minefield aren't they.

1035. Yeah yeah, but it was the metaphor, what I meant.

1036. Yeah, that's really powerful though, the language of Lego.

1037. Language of Lego yeah, yeah once I got over my disappointment it was, it was  
 1038. really powerful and actually really moving yeah because he just...

1039. Well he'd obviously made a connection with you that you know maybe  
 1040. you wouldn't have expected for somebody who was autistic.

1041. No absolutely not, and he was the guy who is, he asked very specifically for  
 1042. his mentor to come in, and so in the very first session you know we kind of  
 1043. talked and his mentor was coming quite a bit and I asked her how she was  
 1044. with this because he talked a lot to her about what was going on, but new stuff  
 1045. was coming out and I don't think he told her about his suicidal feelings so I  
 1046. was very mindful of supporting her, which I imagine in working with a  
 1047. translator you also have to be very mindful of the impact on the translator of  
 1048. what is actually passing through them and what gets stuck on the way.

1049. Yeah absolutely.

1050. Yeah.

Commented [SH27]: Meaning of gift - communication from client

AR

(6) <sup>culture</sup> different forms of language

(20) - adapting communication style  
- assessment

(28) Barata how client structures world through communication

(32) age + setting  
(-41)

(42) difference between use of language + language they use

(60) Gender

(74) metaphors both different cultures

(80) confidence of client in English  
competence

(100) Power

(96) use example

②  
108 Power of client - restricting the process  
- quote.

123 - own language is anchorage  
point - what about client  
- big mismatch.

158 anchor  
heart + head language  
professional

164 - setting / client group / power  
terminology

171 → 278 - use as a vignette  
excellent example.

290 ~~Therapist using language as defence~~  
~~against own anxiety~~  
(power of a different kind?)

2329 Gender + culture  
Men don't do feelings

355 formal language of not having  
English as first lang.

3

(372) Core meaning

(391) language of therapist  
(409) not creating barriers  
(power = mitigation)

(418) the problem with metaphors  
→ (440) quote

(467) → not understanding  
power.  
- shame

(518) my input

(537) interesting - language of clients  
with suicidal ideation - starts  
with metaphors - easier than saying  
words

(574) fear of therapists going there  
therapist reflects & client gets  
stuck in metaphor

(588) -metaphor- keeping from explicit



✓  
(655)

- moving out of metaphor  
to be more explicit  
- use metaphor for original  
exploration then ditch it

(4)

(670)

- confusion of metaphor

(691)

suicide in other cultures

(697)

- quote about sharp glass  
+ gloves

(703)

Discourse around mental health  
in China

(766)

Reframing to positive, business  
focussed language to attract  
Chinese students

(804)

Setting  
- different roles / different language

(883)

pitching language right for  
the purpose

(5)

(906) institutional language/expectations

(926) restricting for client

(932) - finding words when distressed

(1004) Artistic clients + metaphor

- saying it like it is

Box of Lego - means of communication

Appendix 4

Poster from BACP Conference – Nottingham 2015



# How does the meaning we make from language impact on establishing and maintaining the therapeutic relationship

Suzy Hansford

PhD Student, School of Healthcare, University of Leeds  
Private Practitioner

How do we find the right words to express what we mean?



Do other people find the same words?

What happens when we use different words?



This can lead to a **lack of understanding** or to **misunderstandings**

- How does this impact of the therapeutic relationship?
- Do we understand our clients?
- Do our clients understand us?

## Difference

Language difference can be as a result of age, gender, native language, culture, social class, education or region, amongst many other differences.

- Do counsellors and psychotherapists notice this?
- Does the client notice this? Can they express themselves as well as they would like to?
- Does the difference help or hinder attunement between client and therapist?

A client from Yorkshire?

See all, hear all, Say nowt.

Eat all, sup all, Pay nowt.

An' if th' iver does owt for nowt,

Allus do it for thissen

## The Study

The research study will be a series of interviews with therapists and clients to explore their experiences of language in the therapy room - if there is a mutual understanding or a mismatch.

It will examine the differences in language and the experience of both the client and the therapist in using metaphor.

Participants will be asked to tell their 'story' of language in therapy, to mirror the inherently narrative nature of therapy.

The study will also contain personal reflections researcher, about my own experiences as both therapist and client, linking this to my own passions for language and for therapy.

## Implications of the research

As well as the implications for skills development and understanding in counselling and psychotherapy, the study will also inform good practice for other areas of healthcare by sharing understanding of communication with patients.



The study is supervised by Professor Dawn Freshwater and Dr Greg Nolan

## **Appendix 5**

Confirmation of ethical approval from School of Healthcare Research Ethics Committee.

Faculty of Medicine and Health  
Research Office

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Worsley Building  
Clarendon Way  
Leeds LS2 9NL  
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UNIVERSITY OF LEEDS

14 September 2015

Suzy Hansford  
PhD Candidate  
School of Healthcare  
Faculty of Medicine and Health  
Baines Wing  
University of Leeds  
LEEDS LS2 9JT

Dear Suzy

**Ref no: SHREC/RP/523**

**Title: How does the meaning we make from language establish and maintain the therapeutic relationship in counselling and psychotherapy?**

Thank you for submitting your documentation for the above project. Following review by the School of Healthcare Research Ethics Committee (SHREC), I can confirm a favourable ethical opinion based on the documentation received at date of this letter.

<i>Document</i>	<i>Version</i>	<i>Date Submitted</i>
Ethical_Review_Form_V5 final - amended	5	23/07/2015
Draft outline of recruitment email	1	16/08/2015
Participant information leaflet - therapist V3	3	16/08/2015
Participant leaflet - clients V3	3	16/05/2015
Consent form v2	2	23/07/2015

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval. This includes recruitment methodology and all changes must be ethically approved prior to implementation. Please contact the Faculty Research Ethics Administrator for further information [FMHUniEthics@leeds.ac.uk](mailto:FMHUniEthics@leeds.ac.uk)

Ethical approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The SHREC takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

*Please note:* You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, and may be subject to an audit inspection. If your project is to be audited, you will be given at least 2 weeks notice.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

The committee wishes you every success with your project.

Yours sincerely

**Dr Kuldip Bharj, OBE**  
Chair, School of Healthcare Research Ethics Committee

## Appendix 6

### Participant information leaflet

School of Healthcare, University of Leeds

#### Participant Information Sheet – Research conversations (therapists)

Researcher: Suzy Hansford, PhD Candidate at University of Leeds and private practitioner as counsellor and psychotherapist

Academic supervisors: Professor Dawn Freshwater

Dr Greg Nolan

How does the meaning we make from language establish and maintain the therapeutic relationship in counselling and psychotherapy?

I would like you to take part in the above named study. Before you decide whether or not you wish to participate, please read the following information:

What is the purpose of the study?

I am passionate about exploring the ways in which we use language and I am also passionate about my work as a counsellor and psychotherapist. In that relationship I have often been curious about whether the client and I are making the same meaning from the words we are both using. As story-telling is the essence of therapy, how important is it that we do make the same meaning? Is the difference in interpretation a help or a hindrance in exploring the client's story together? What about metaphor? How are the unique ways in which we use metaphor understood by others? These are some of the things I am hoping to explore for this research study, with others who share my curiosity.

Difference of meaning-making may be determined by a number of factors, such as culture, age, social group or gender, and acknowledging the differences may open up a deeper understanding of the experiences of clients, both for therapist and client.

The study will seek to determine if **how** the diversity of meaning from language is a help or a hindrance to the therapeutic relationship.

Who is doing the study?

The research study is being carried out by Suzy Hansford as part of a PhD research project in the School of Healthcare at the University of Leeds. I am a counsellor and psychotherapist in private practice in Leeds. I have extensive experience of working in a variety of roles in settings where language has been a key element. The project is being supervised by Professor Dawn Freshwater and Dr Greg Nolan from the University of Leeds.

Who is being asked to participate?

Counsellors and psychotherapists who would like to explore the ways in which they communicate with clients and how these might be limited by the differences in meaning made from language. It is anticipated that there will be 5 or 6 participants required for the study. If there is interest in the project from more people than this, sampling will take place based on a number of demographic factors and a mix of theoretical approaches.

What will be involved in the study?

If you are also curious about language and relationship and wish to take part in this study I would be interested to hear from you. I can be contacted via the contact details below. You will be invited to a one-to-one conversation which will last about one and a half hours and will be video recorded. You will be asked to sign a consent form before the beginning of the conversation. The focus will be on the ways in which you and your clients use language in therapy, and your reflections on your shared understanding of language used, and also on the 'mismatches' that might occur from a lack of shared meaning. Your reflections may include consideration of clients where there is a first language difference, gender difference, age difference, or any other difference which may create language diversity.



I will transcribe the video recording and the transcript will be sent to you to review. You will be offered the opportunity to do this face-to-face at a second meeting or in writing if you prefer. In reviewing the transcript you will be asked specifically to reflect on your experience of the conversation and on the language you used.

Interviews will be held at the University of Leeds or at your own premises if that is more convenient.

What are the advantages and disadvantages of taking part in the study?

Your involvement with the project and the space to reflect on your own experiences of your practice will increase your awareness of what is happening with clients in the therapy room, offering an opportunity for personal and professional development. You will also be part of a valuable piece of research which will have implications in a variety of fields, as well as counselling and psychotherapy.

The possible disadvantage may be that reflecting on client work from a different perspective may cause triggers to your own personal experiences, which may be difficult.

What happens if I want to withdraw from the study?

You can withdraw from the study at any time up to the point that the conversations have been transcribed, without needing to give a reason. . After this point the data analysis will have started. Any data or information that you have supplied will be destroyed immediately.

Will the input I make to this study be kept confidential?

There will be no identifiable information kept with video recordings or transcripts. These will be kept separately and data will be coded using a method only known to me, and will be anonymised. All electronic data will be kept on a password protected computer. Access to data will be restricted to me and my academic supervisors. All video recordings will be destroyed on conclusion of the project.

Data will be handled in line with the legal requirements of the Data Protection Act 1998.

What will happen to the results of the study?

The findings from this research will be written up as a thesis for PhD degree at the University of Leeds. It will be presented at academic and professional conferences. It is intended that aspects of the study will be published in the form of academic and professional papers.

Ethical approval

Ethical approval has been granted by the University of Leeds, School of Healthcare Research Ethics Committee (SHREC) on 14 September 2015

Reference no: SHREC/RP/523

Contact details

Researcher: Suzy Hansford  
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The above can be contacted for any further information.