**"Reconnecting With Hidden
Aspects of Self"**

*A descriptive phenomenological inquiry into the client experience of
reconnecting with hidden aspects of self within the context of
Integrative Psychotherapy*

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Abstract

This inquiry seeks to understand the client's intrapsychic experience of *reconnecting* with hidden aspects of self within the context of integrative psychotherapy. The study adopts a qualitative methodology allowing a deep, relationship-based inquiry that in its method and values is consistent with the philosophical principles of integrative psychotherapy. The Literature Review contextualizes the study within relevant research and demonstrates the importance of further inquiry into the process of *reconnecting* specifically from the client perspective. Seven one to one semi-structured interviews were conducted with self-selecting participants with the relevant experience; the participant descriptions were analyzed using Giorgi's Descriptive Phenomenological Method. The research findings, illustrated with participant descriptions, map out the psychological structure and psychotherapeutic process of the client experience of *reconnecting*. The findings identify the client's felt sense of "something important but not understood" which is accompanied by existentially powerful affect and the reactivation of behavioral systems governing attachment. In the discussion of findings, the importance of focusing and emotionally utilising the client's felt sense is critically discussed; the concept of regression is critiqued and a way to circumvent the binding power of shame is explored. An overall critique of this study is given and implications for clinical practice, training and future avenues for research is identified.

Section 1: Introduction

This dissertation represents the summit of a four-year psychotherapy training in integrative psychotherapy. It has been an opportunity to learn what makes for valid phenomenological inquiry in counselling and psychotherapy (Whittmore, Chase and Mandle 2001) and to better understand an experience that feels very important to me, to the seven research participants and to the principles and practise of integrative psychotherapy (Erskine 2013). My aim has been to understand the clients experience of *reconnecting* with hidden aspects of self; where

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'*reconnecting*' is understood as part of the process of 'integration' and 'relational contact' (Erskine and Trautmann 1996:316-328; Erskine 1998). My desire to 'understand' is not simply from a third person theoretical stance but from an experience near position; on this model, understanding is 'a kind of praxis' where the relationship between knower and the known is deeply transformational (Schwandt 1999:455; Stern 1998:307).

From the outset I was aware that my here and now personal experience of reconnecting with hidden aspects-of-self had the potential to impact on me as researcher, creating a sort of 'parallel process' to the phenomenon under investigation (Clarkson 2003:108). In a different way my professional experience with clients struggling to *reconnect* with aspect-of-self and my theoretical understanding of this phenomenon also had the potential to compromise my openness to the experience as described by the participants thus making a commitment to the principles of reflexivity vital to research validity (Etherington 2004; Wertz 2005).

As a researcher representing the interests and values of integrative psychotherapy my hope is to ignite an interest in understanding the client perspective, in this case of reconnecting with hidden aspects of self; as Rennie (1985) highlights in his research there is often much more going on under the surface in the clients subjective experience than is readily available to a listening therapist and this further underlines the importance of active 'relational inquiry' (Erskine 1998; 2013). Theoretically as an integrative psychotherapist I draw on the values of humanistic-existential counselling (Rowan 1983); the concepts and theories of object relations (Gomez 1997), child development (Stern 1985), neuroscience (Gerhardt 2004) and Erskine's integration of Gestalt / TA with its focus on relational needs (Erskine 1993). My literature review seeks to contextualize this study and identifies a critical lack of research into the client experience of self-integration within relevant integrative literature (Mearns and Dryden 1990:1-19; Cooper 2014). In subsequent sections I critically explore issues of underlying philosophy; the participants experience as clients using a method that allows for

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an experience near, in depth exploration of *reconnecting* and I present my research design and critically describe the procedures used for analyzing the data. After a critical exploration of relevant ethical considerations, I present my research findings, illustrating them with texture rich quotes from the participant's original descriptions. In the discussion of findings, the importance of 'focusing' and emotionally utilising the client's felt sense of "something important but not understood" is critically discussed; the concept of regression is critiqued and a way to circumvent the binding power of shame is explored. An overall critique of this study is given and implications for clinical practice, training and future avenues for research is identified.

Aim: my aim is to understand the client's lived experience of *reconnecting* with hidden aspects of self within the context of integrative psychotherapy.

Section 2: Literature Review

This review contextualizes this research within the field of 'relevant research', as Gilbert and Orlans (2011:232) write one of the challenges for the integrative researcher is the 'enormous coverage of relevant literature and related research'. To keep this review relevant and within the dissertation constraints I have focused on literature only insofar as it highlights *the client experience of reconnecting* with aspects of self even though questions are raised that take us beyond the scope of this inquiry.

The Search Process

I began by thinking about relevant literature read in my studies, I then consulted journals and conducted a search of databases including Psychinfo; Pubmed; Wiley Online Library; Taylor & Francis Online; PsyhcCentral; academia.edu; Google Scholar and Coventry University E-Resources using key concepts from my primary research question: 'client experience', 'reconnecting', 'hidden', 'aspects of self', 'inner child' and 'integrative psychotherapy'.

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Although I sought to navigate between 'sensitivity' and 'specificity' my search yielded an enormous amount of literature (Brettle 2008:4) and I decided to omit the term 'inner child' which had been useful in underlining to potential participants the developmental nature of this research.

General statement about the topic: like the term 'integration' (Clarkson 2003:xix) the verb '*reconnecting'* is a dynamic concept seeking to capture a certain phase in the 'intrapsychic' process of integration, the concept *'reconnecting'* logically presupposes connection prior to separation and re-connection. At the heart of this phase and experience of *reconnecting* is the client's experience of confronting, exploring and working through previously avoided thoughts and feelings (McLeod, in Mearns and Dryden 1990:12). Writing form a Client Centered perspective McLeod highlights how difficult it is to capture in words 'the sense of what this experience is like for the client' and how the client is feeling when experiencing 'material that is at or beyond the edge' of what is tolerable (McLeod, in Mearns and Dryden 1990:6-12). For the integrative psychotherapist psychological with its emphasis on empathy and attunement to the client's relational needs it is all the more important to have a deep psychological understanding of the client experience. For the integrative psychotherapist 'the process of making whole: taking disowned, unaware, unresolved aspects of the ego' (Erskine and Trautmann 1996:1) is fundamental to the therapeutic process and this raises important questions:

1. What is the client's experience of becoming aware of 'previously avoided thoughts and feelings?

2. How does the client feel at the point of *reconnecting* with aspects of self that have been disowned? What is the client's experience of engaging with self-experience that is 'at or beyond the edge'?

In reviewing relevant literature my aim is to begin throwing light on the above questions.

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The self and intrapsychic processes: it may be useful to define some key terms: within a relational developmental approach to integrative psychotherapy the concept of 'self', and a consideration of how the self develops in sickness and in health, is fundamental (Winnicott 1965; Kohut 1977; Stern 1985; Gomez 1997). The self is understood as fundamentally relational, as having 'parts' or 'aspects' and as being 'supraordinate' in that the emphasis is on the functioning of the parts within a cohesive whole (Rowe and Mac Isaac 1991:60). Erskine (2003) speaks of 'ego states', Chefetz and Bromberg of '"me" and "not-me" states (2004); Bromberg of 'self-states' (1996) and De Young of a 'sense of self' (2003). I have adopted the phrase 'aspects of self' because I think it descriptively evokes a phenomenon, a 'sense of self', without being literal or prescriptive (DeYoung 2003:103-132; Stern 1985). I use the terms 'intrapsychic' and 'interpsychic' relationally (Erskine and Trautmann 1996); the term 'intrapsychic' focuses on the individual's relational experience of them self (Erskine 1991:42; 1998). Although the client's experience of self is powerfully affected by their relationship with the therapist (interpsychic), and light will inevitably be shed on the therapist's role, it is primarily the client's intrapsychic experience of themselves which is the focus of this inquiry (McLeod, in Mearns and Dryden 1990:10).

Critical Review:

Question 1: What is the client's experience of becoming 'aware' of previously avoided thoughts and feelings? How can this avoiding be conceptualized?

Repression: Historically Freud conceptualized the experience of avoiding thoughts and feelings in the idea of 'repression'; in its most general sense Freud thought 'the *essence* of repression lies simply in turning something away and keeping it at a distance from the consciousness (LaPlanche and Pontalis 1988:390-394). Bowlby, critiquing the traditional

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Freudian metapsychology and writing from the British School of Object Relations describes how 'as a result of intense pain' caused by repeated and prolonged frustration of 'her urgent desire for love and care, the behavioral system(s) governing her attachment had become deactivated (Bowlby 1977:70-71). Bowlby sees repression as 'defensive exclusion' and like Erskine (2011a:1-2) understands the processes at play here as relational and related to the individual's experience of archaic and on-going 'relational needs'. Winnicott, also writing from the British School of Object Relations, identifies another category of hidden unconscious phenomenon which 'cannot be thought of as lost through what we know as the mechanisms of repression' but is nevertheless an identifiable psychic phenomenon within the person's experience (Winnicott 1965:38); this subtle but powerful experience belongs to developmentally early experiences referred to variously as 'implicit (procedural) knowledge' (Stern 1998:302); 'preverbal', 'never verbalized' unacknowledged', 'nonmemory', 'avoided verbalization', 'prereflective patterns' (Erskine 2007a). Research in neuroscience enhances our clinical understanding of how early relational experiences shape our brain, physiology and autonomic nervous system and how sensitive we are to 'trauma' in the earliest stages of our maturation (Schore 2003; Gerhardt 2004:32-55; Sinason 2002). Such research underlines the importance of thinking about how and when to work with clients on a bodily level in the process of *reconnecting* (Fosha 2008; Van der Kolk 1994).

Dissociation: another important way of conceptualizing how clients avoid painful thoughts and feelings is through the concept of 'dissociation'. Widely accepted as 'one of the most primitive defenses against pain' (Gerhardt 2004:162); the process of dissociating can be a normal, temporary response to psychic pain or severe, chronic and debilitating (Putnam 1997; DSM-IV-TR 2000:519-534). Dissociation is 'a complex psychophysiological process that alters the accessibility to memory, knowledge, integration, behavior and sense of self' (Carlson, Yates and Stroufe 2009). A key longitudinal study by Ogawa et al (1997)

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documented the development of 168 children from birth to nineteen and found correlation between relational trauma (especially under age two) and subsequent dissociative symptoms and disorders. Dissociative symptoms are seen to indicate a 'disruption' or 'arrest' in the development of the self *and* an on-going inability to integrate experiences of self which is fundamental to this inquiry (Carlson, Yates, Stroufe 2009; Nijenhuis et al 2004). The idea of a 'continuum of dissociation' seems useful for assessing the *degree* of dissociation experienced but does not necessarily help identify the "somewhere" the person has dissociated to (Putnam 1997:65; DeYoung 2004:125). Writing as a 'relational psychotherapist' De Young (2004:125) explores the contrast between a 'horizontal, associational, meaning-making' mind and a mind which is 'vertical, linear, drive-based'; in the latter case the experience of trauma is repressed "nowhere" rendering it inaccessible.

Question 2 (above) asks 'how does the client feel at the point of *reconnecting* with aspects-of-self that have been disowned? What is the client's experience of engaging with self-experience that is 'at or beyond the edge'?

Shame: the concept of shame is fundamental to understanding the client's experience of *reconnecting;* according to the psychologist Tomkins (1911-1991) shame can be thought of as an 'auxiliary' affect to 'interest' and 'enjoyment', the function of shame is to inhibit these affects after they have been activated (Tomkins 1962; Bradshaw 1988; Kaufman 1989:11-28). According to Erskine (1994) writing from a Transactional Analysis perspective, shame helps the individual avoid feeling vulnerable and powerless, affect associated with developmental immaturity and / or a loss of relational contact with a key attachment figure. Shame can also be understood 'as an expression of an unaware hope that the other person will take the responsibility for repairing the ruptured relationship' (Erskine 1994:86). Kaufman's 'developmental theory of shame, identity and the self' explores how feeling-

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pictures or 'governing scenes' connect up feeling-experiences with similar feeling-experiences resulting in the experience of 'amplified' affect (Kaufman 1989:159-168). Kaufman's 'governing scenes' are similar to Erikson's 'marked moments of representative happenings' and DeYoung's 'model scenes' (Erikson 1951:39; DeYoung 2003:129). According to Kaufman (1989:17) the experience of feeling-shame creates an inner 'bind' preventing communication with either self or other; likewise, Bradshaw (1988; 1990) writes of shame-bound feelings, needs and wants becoming split-off and repressed leaving the individual disconnected from essential parts of their 'True Self'.

Relevant literature so far casts light on how to understand the experience of having a sense of self that is hidden (repression and dissociation) and identifies how shame operates protectively and sometimes pathologically to protect the individual from experiencing feeling-memories or gestalts of relational rupture. In this next section I focus on literature exploring the therapeutic process of *reconnecting* from the perspective of regression; I start with Winnicott's (1965:140-152) seminal paper 'Ego Distortions in Terms of True and False Self' and critically explore the view of other theorists on regression before looking at Simonetta's account of the client's experience of *reconnecting.*

Regression: Winnicott's paper (1965:140-148) seeks to understand the etiology of the 'False Self'; the False Self's function is to defend and protect the 'True Self' from harm and / or to find a way for the True Self to start to live. Winnicott outlines a False Self continuum with a pathological False Self at one end; in health the False Self functions to negotiate compromise between the individual's organismic self and the demands of being-in-relationship (Winnicott 1965:143). Only the True Self can 'feel real' because this is the organismic source of a person's 'vitality', creativity and spontaneous self-expression (Winnicott 1965:148) a concept taken up by Stern (2010) and captured in the term 'physis'

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(Clarkson 2003:196-200; Erskine 2011b). There continues to be considerable debate over how best to treat a False Self personality-structure (Balint 1968; Little 2001; O'Reilly Knapp 2013); Winnicott writes about the need to begin treatment by establishing a relationship with the patients True Self, with the False Self as intermediary and warns that the process of analysis can only be completed if the analyst is ultimately able to get into direct relational contact with the patients True Self. This raises extremely complex and delicate issues: I agree with Price who underlines how 'the child in the patient is a complex creature; he is never simply the original child come to life again, but always an aspect of an aware and knowing adult' (Price 2008:30). According to Winnicott the analyst is required to temporarily but actively take on the 'caretaker' functions of the False Self so that the patient can have an uninterrupted re-experiencing of their True Self but how this process feels for the client is not explored and I think this area raises clinically significant questions (Winnicott 1965:151; Price 2008; Fosha 2008). Winnicott uses the simile of 'falling forever' and 'going to pieces' to describe how some client's feel when identifying with archaic aspects-of-self (Winnicott 1988:86); Adams, a clinical psychologist, seeks to understand the client's experience of 'falling for ever' using the concept of 'chronic shock'. Adams explores how the client's past relational experience of 'uncontained distress and failed dependency during childhood' is repeated and worked-through in the context of psychodynamic group therapy (Adams 2006:127-172). Adams highlights how 'the relinquishment of autistic defenses and subsequent integration of disowned affect states are overwhelming and painful' for the clients and for me she underlines how the depth of the therapists understanding at this point is critical to avoiding the 'negative therapeutic reactions' of premature termination and / or client re-traumatization (Clarkson 2003:101-2; Rothschild 2010).

Winnicott (1965:141) spoke about client's regressing as a phase in the transference relationship; in its most generic psychodynamic meaning regression points to the experience

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psychologically of 'returning from a point already reached to an earlier one' (LaPlanche and Pontalis 1988:386-388). Regression can be 'spontaneous', often seen in clients with borderline type processes, or therapeutically 'facilitated' or 'induced' often associated with clients who have more underlying schizoid type processes (Little 2001; Erskine 1999; Benjamin 2003); in my opinion what both presentations have in common is the experience, either conscious or repressed of developmentally early self-states that witness to the experience of unresolved trauma or neglect (Louire 1991). Balint, writing from within the British school of Object Relations distinguished between 'benign' and 'malignant' regression; in a malignant regression the client returns (*reconnects)* to a place of abandonment; this contrasts with a benign regression which sees the client returning (*reconnecting)* to a place of reparative relationship (Balint 1968:119-126). Spurling, writing from a psychoanalytic perspective, argues 'the concept of therapeutic regression' isn't needed because the phenomenon being described, the patient getting in touch with bodily or pre-symbolic experiences or feelings, doesn't 'seem very different from the normal things patients do in treatment' (Spurling 2008:2). Directing his argument at other analytic practitioners Spurling questions whether there is a need to work with 'a different kind of analytic sensitivity' or not. What Winnicott and other Object Relations theorist have in mind here are 'patients' who have a pathological-type fear of *reconnecting* with developmentally unresolved archaic experiences and therefore need the therapist to discover a way with the client that feels safe-enough for them to risk *reconnecting* (Winnicott 1965:140-153). Writing as a psychoanalyst Bollas 1987:247) speaks of therapeutic regression in a similar way to Winnicott as involving a specific use of the transference relationship where the analyst actively responds to the patient's primary relational needs; the patient is encouraged to rely on the analyst who takes on some of the patient's 'mature functions' so that the patient can feel safe-enough to reconnect with needs and emotions that are experienced by the patient as very scary indeed (Price 2008). On the other hand, Berke pictures regression as reverting

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or retreating 'to a developmentally earlier form of functioning – mentally, emotionally, socially or behaviorally. But it should be seen that when people regress, they do not necessarily do so in all these modalities' (Berke 2009:2). I think Berke's point about not necessarily regressing in 'all these modalities' is very important; in my opinion it is this versatility of the human psyche that can be exploited therapeutically to allow for safe *reconnecting* that manages the risk of re-traumatizing and emotional flooding (Bromberg 1996); I agree with DeYoung who underlines the importance of anchoring the client in the present and relating to them in a way that respects the person as a whole in the here-and-now (DeYoung 2003:118-132). The issue of therapeutic regression raises important questions around the use of touch and whether it is a 'serious boundary violation' or a positive, containing therapeutic intervention (Spurling 2008).

Simonetta: writing integratively from the perspective of Emotionally Focused Therapy (Greenberg and Paivio 1997) and drawing on the concepts of Transactional Analysis (Erskine 2003) Simonetta uses a fairytale format to symbolically capture one client's experience of the intrapsychic process of *reconnecting* with their True Self. Because the format of this paper is dense with symbolic meaning it makes unpacking its relevance difficult; what Simonetta (2008:5) captures is how the process of *reconnecting* and self-integration is a journey with many twists and turns involving 'focusing on the emotional nature of the client's experiences' by inquiring into their 'feelings, thoughts, actions, reactions and meanings'. Like Gerhardt (2004:5) argues, 'feelings come first' and as Damasio (1999) supports 'cognitions depend on emotions'. The journey of *reconnecting* and *self-integration* starts when 'Tara' begins to look for her forgotten self; she 'notices' a butterfly and feeling compelled to follow she finds a wise old woman who equips Tara's 'adult-aspect' to face the many tasks ahead, 'Tara listened with dread and trepidation to the old women' (Simonetta 2008:3). Tara's first task is to face her own inner resistance by using the 'tools' given to her

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by the 'wise women'; it is at this point that relationally focused therapy would highlight the inter-subjective nature of learning how to use the tools. As Tara starts the second task 'fear set in her heart' and she fights the monster of her 'critical inner-voice' or 'critical-parent aspect'. Simonetta captures the client's feelings of profound existential anxiety depicted as the fear of being 'swallowed up' by the fierce monster with many heads. In the four subsequent phases Tara finds different aspects-of-self; the neglected child, the child behind the mask, the injured child and the 'true self' beckoning her to pick her up. Simonetta manages to capture the experience of the client as they face inwards and work-through developmentally significant experiences that have left them hurting and / or existing in a void between inner and outer worlds; often referred to as the 'schizoid condition' this experience of living in a void of 'isolation, ambivalence and confusion' is explored by O'Reilly-Knapp from an integrative perspective (2001:44-54). What Simonetta, Greenberg, Pavivio, Gerhardt, Damasio, Stern, O'Reilly-Knapp as well as Johnson (1994) all agree on is that human experience, first in the form of emotion, creates our sense-of-self and inquiry into the client's experience, with a focus on emotions, is fundamental to the process of *reconnecting* with hidden aspects-of-self (Erskine 2007b).

Conclusion: although there is an abundance of relevant literature, I was not able to identify any research that takes a descriptive phenomenological approach to understanding the client's experience of *reconnecting* with hidden aspect-of-self from the client's first-person perspective; the closest I came was Simonetta's work which begins to explore the critical phase of the *reconnecting* process where emotions are hidden and hard to bring into focus or tolerate. This inquiry seeks to further understand the intrapsychic phenomenon of *reconnecting* by focusing on the client's lived experience.

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Section 3: Research Methodology

The aim of 'research' is to systematically study materials and sources in order to reach facts and / or establish new understanding (Barkeer, Pistring and Elliot 1994:10; Nelson-Jones 2001:6). A research methodology studies 'the big philosophical questions' of 'ontology', the study of *being* and 'epistemology' the study of what we can *know* which underpin the entire research process (McLeod 2001:ix; Caelli 2001:275). There are two main research methodologies 'quantative' and 'qualitative' incorporating irreconcilable philosophical assumptions; a 'quantitative' paradigm is shaped by the assumptions and values of modernism and holds a 'positivist' view of reality, truth and knowledge, only that which can be 'scientifically verified' or capable of logical or mathematical proof can be 'truly' said to exist (Willig 2001:3; Sanders and Liprtot 1994). This contrasts with a 'qualitative' paradigm which is underpinned by the attitude and values of post-modernism and a pluralistic attitude towards truth; 'truth' is thought of as fundamentally *subjective*, socially and culturally contextualized and linguistically constructed, in its most radical form this is called 'social constructivism', a more moderate position, known as 'critical realism', holds that there is a real world out there which to some extent we can know (Barker, Pistring and Elliot 1994:12). Many researchers have challenged the effectiveness of a quantitative approach for understanding the meaning of human experience, arguing a natural science method reduces people to objects (De Castro 2003:46). In contrast a qualitative methodology is designed to understand human experience and is consistent with my underlying philosophy as an integrative psychotherapist; working relationally as a researcher allows me access to another's experience and it is through relationship interpersonal reality is co-created (Stern 1977; Spinelli 2005). A qualitative methodology is exploratory and presumes no knowledge of the phenomenon under investigation whilst at the same time accepting prior experience and beliefs are inevitable. An inductive approach to inquiry is fundamental to a qualitative paradigm and integrative psychotherapy with both starting with observation which generates

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understanding (Creswell 1994:2).

There are many ways of doing qualitative research and this is consistent with the intrinsic pluralism of a qualitative paradigm; I used the following criteria to help choose a research method i) does it remain close to 'the client's experience' and ii) will the method work with my personal strengths and weaknesses as a researcher (McCleod 2001:6). I considered grounded theory, heuristic, hermeneutic and phenomenological methods and decided that a phenomenological method would allow me to 'stay close to the meaning in human experience' whilst at the same time provide a systematic path through the data-analysis process and in so doing help me to resist getting overwhelmed by the data (Osborne 1990). In a qualitative, phenomenological inquiry the role of the 'subject as knower' is fully incorporated into the research frame which underlines the challenge for me as researcher to maintain awareness of how my experience personally and professionally of the phenomenon under investigation has the potential to impact on the validity of this research; keeping a personal research diary, accessing outside academic supervision and personal therapy have greatly helped me to 'own' my own experience as a 'knower' (SPTI 2010; Etherington 2004). Aim: this research seeks to understand the client's experience of reconnecting with hidden aspects-of-self within the context of Integrative Psychotherapy.

Section 4: Method

Phenomenology is a research *attitude* with a variety of discrete methods to choose from (Finlay 2008); I considered the methods of Colaizzi (1978), Moustakas (1994) and Giorgi (2009) and chose Giorgi whose rigorous procedures and internal consistency appealed to me (Valle and Halling 1989). Underpinning a phenomenological approach is either the philosophy of Husserl (1859-1938) or Heidegger (1989-1976); Giorgi's 'Descriptive Phenomenological Method in Psychology' is a 'Modified Husserlian Approach' so I will give a

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brief explanation of the Husserlian philosophy behind this method although I am also aware of the influence of Merleau Ponty (1908-1961) on Giorgi's underlying philosophy (Giorgi 2009).

Husserl's philosophy: Husserl's aim was to defend 'philosophical knowledge' from post-modern skepticism and relativism (Giogi 2009:90; Spinelli 2005.5-34). Husserl adopts a 'critical realist' perspective: 'reality is both construed by the subject and mirrored from the object out-there thus eliminating the subject-object dualism (Sims-Schouton, Riley and Willig 2007). The transcendental phenomenal reduction is an attitude and a method with several parts to it starting with a 'natural' description of an experience by an individual. To apprehend the essential meaning of the lived-experience the inquirer:

1. Is as aware as possible of their past knowledge of the phenomenon; this known as 'bracketing'.

2. Suspends the question of whether the 'object' exists as presented to consciousness, this is known as 'epoché'.

3. Through applying the technique of 'free imaginative variation' the experiential qualities of the lived-phenomenon are separated into essential and variable qualities, for example the phenomenon 'colour' is *always* extended, it is impossible to imagine 'colour' without extension, therefore 'extension' is an essential quality of 'colour'.

Giorgi's Descriptive Phenomenological Method (Giorgi 2009): The key to this process is the ability to discern with accuracy the intentional object (the participant's descriptions) of the researcher's experience. Giorgi's method is as follows:

1. Adopt the correct 'phenomenological attitude'; focus on the psychological, keep the research question in mind.

2. Determine meaning units by reading through for a sense-of-the-whole and then

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separating the description into units;

3. Create a generalized structure for each description;

4. Transform the generalized data from each participant into one structure; the essential structure has two purposes: to identify the essential determinants and to show how each constituent element is related to one another and contributes to the process as a whole (Giorgi 2009).

5. Return to the original descriptions to interrogate for further meaning.

Critique: I found the competing visions about how to do phenomenological research complex; getting an adequate grasp of Husserl's philosophy was likewise challenging (Osborne 1990). Giorgi's Method was rigorous and in spite of its complexity and demands on the researcher I found it personally containing; Giorgi gives clear examples and explanations of how to do phenomenological research, but his method was time-consuming as he himself admits (Giorgi 2009:132). The concept of 'bracketing' is debated, some researchers see it as an attempt to be 'objective' but I agree with Finlay who underlines its importance as a technique for remaining open to the here-and-nowness of the phenomenon under investigation (Finlay 2008; Shosha 2012:32). Giorgi's method is principally a strategy for doing data-analysis; some researchers argue that for validity reasons it is necessary to adopt a phenomenological attitude throughout all the research stages, whilst other researchers use the principles of reflexivity to perform a similar task (Chan, Fung and Chein 2013; Etherington 2004); I have incorporated the principles behind bracketing during the entire research design. In terms of validity a high value is placed on presenting to the reader all aspects of the research process, but this is not practical in the constraints of this dissertation (Giorgi 2009). The distinction between 'description' and 'interpretation' raises many philosophical questions about the compatibility of critical realism and social constructionism. Each of the individual descriptions is richer in detail than the psychological

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structure derived from it; this makes it all the more important to use the generalized structure to interrogate the original descriptions, the entire process has to be integrated (Giorgi 2009:199).

Section 5: Research Design

The aim of this inquiry is to better understand the client's lived-experience of reconnecting with hidden aspects-of-self within the context of Integrative Psychotherapy. Adopting a descriptive-phenomenological method it was critical to craft a main and sub-questions that were open enough for participants to tell their story but focused enough to elicit texture-rich natural descriptions for data-analysis (Wertz 2005; Appendix II). In accordance with my training institutes' research protocol and congruent with the ethical principles of my profession, I only sought participants who were qualified or psychotherapists-in-training with access to personal therapy (SPTI 2010: BACP 2011). According to Giorgi (2009:198) at least three subjects are always required because it is important to have the variations in the raw data; the greater the amount of data from each subject, the fewer the number of subjects required. I interviewed seven participants, four female and three male; all participants were white-British and aged between 30-55 and there was a mix of home-of-origin class backgrounds; all participants were self-selecting responding to a poster advertised in training institutes and counselling services; as integrative-humanistic clients and therapist's the participants shared a common enough language to talk about their experience of *reconnecting* as client's (Appendix I). Following initial telephone contact, I sent full details of the project by way of a participant information sheet (Appendix III); having obtained informed consent (Appendix IV) I interviewed each participant face-to-face, using semi-structured interviews at an agreed location, interviews lasted no more than one hour and digitally recorded, externally transcribed and checked for accuracy and confidentiality by participants before data-analysis (Appendix V). All identifying information in the transcripts was

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anonymised and the participant's confidentiality was secured throughout the entire research process (Section 7: Ethical Considerations). I conducted a pilot interview which is included as part the research data; given the potential to stir-up memories and emotions of a potentially distressing nature the pilot allowed me to make sure the format of the interview was supportive and that the language and sentence structure of the questions facilitated texture-rich first-person descriptions that answered my research question. I checked the pilot with my external academic supervisor and no adjustments were needed (Appendix VI). Consistent with my underlying values as an integrative psychotherapist and with the phenomenological principles of 'bracketing' and 'reflexivity' I facilitated each interview so as to be as aware as possible of my own impact on the participant and their recollection of their experience of *reconnecting* with hidden aspects-of-self (Erskine 2013; Etherington 2004); I recorded my observations of self and other in the interviews in a personal diary.

Critique: I interviewed seven participants on reflection this gave me more data than was required and put unnecessary pressure on me as a researcher and I had to manage this potential risk to my self-care (BACP 2011). The research participants and I have considerable theoretical knowledge of the phenomenon under investigation, so it was especially important to shape the question and conduct the interview in a way that elicited as much 'natural' description of their experience as possible. The participant's descriptions were of a process that was historical this meant by necessity the descriptions were a remembrance of a phenomenon rather than an immediate account which further highlights the complexity behind the distinction between *description* and *interpretation* (Giorgi 2009). There were no unexpected problems or ethical dilemmas in this research design, and I sought to collaborate with participants in a way that is congruent with my values as an integrative practitioner.

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Section 6: Data Analysis

I completed each description analysis before moving onto the next (Giorgi's 2009:139-216); I adopted an 'inter-subjective attitude' to the data responding not merely as an individual but as a member of a professional community (Giorgi 2009:134; Bond 1993). I employed the following attitude and strategies:

A phenomenological attitude:

The main tool of analysis is the researcher: I continually reflected on my personal and professional experience and presuppositions of the phenomenon under investigation; I put aside the question of whether the descriptions actually happened in the way described; I focused on the psychological content of the participant's description and kept my research question to my mind's forefront.

Step1: grasping the whole meaning of the experience within its context: I listened to the digital recording; read through the entire transcript seeking to enter into the participant's lived-experience as a whole; converted the dialogue into one description and turned first-person into third-person pronouns. These strategies facilitated my connection with the participants lived-experience as a whole, reduced the risk of over-identified and promoted full immersion into participant descriptions (Giorgi 2009; De Castro 2003:47-50).

Step 2: identifying meaning units

I re-read the description, analyzing the data into 'units of meaning' by identifying where a shift of meaning took place. The meaning units are correlated with the attitude of the researcher and hold no theoretical weight, they are a practical necessity in the analysis of the whole; this was an intuitive but not arbitrary process and my existing skills as a therapist helped.

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Step 3: meaning unit transformations and free imaginative variation

Using 'free imaginative variation' I took each meaning unit and asked if the structure would stand or fall if this quality was removed; in this way I arrived at the essential meaning-structure of each situational meaning unit. If an important implicit psychological meaning was not explicitly stated but had a strong background presence I included it in a relevant meaning unit; according to Giorgi (2009) it is not only legitimate but necessary to draw from that ground.

Step 4: general unified structure

I re-read each individual generalized meaning-structure and assessed for consistency between them to allow for a single unified structure. Having checked the structures against the original data with my external academic supervisor we agreed that a single unified meaning-structure was possible; I then re-immersed myself in the descriptions and identified the essential themes across all the generalized structures. I then wrote a single account seeking to describe the design structure of the client's experience of *reconnecting* with hidden aspects-of-self within the context of integrative psychotherapy. I further checked this with my supervisor and then proceeded to illustrate each key theme with texture-rich illustrations from the participant's descriptions.

Step 5: return to the descriptions

I then utilized the unified structure re-reading the original descriptions to see how the overall generalized meaning structure generates new understanding of the participant's original account of their experience.

Critique of the procedures and strategies used for analyzing the data

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It is difficult to measure both the researcher's ability to adopt the 'correct phenomenological attitude' and how consistently this attitude is maintained throughout the steps and in particular during the interview/ data-collection process; this makes it difficult to assess validity. Turning first-person into third-person pronouns was time-consuming but given the length of time immersed in the descriptions it helped protect me from overly identification participants which was good self-care (BACP 2011).

Section 7: Ethical Considerations

Introduction: Drawing on the ethical values of integrative psychotherapy, the general ethical principles for counselling and psychotherapy (BACP 2011) and the SPTI ethical guidelines for research (SPTI 2010) I describe below the main ethical considerations I attended to (Erskine 2013). Ethical considerations fall roughly into three areas: 1) concern for people (the participants and me); 2) the integrity of the research endeavour and 3) accountability within the integrative research community. Prior to commencement I submitted and received ethical approval for this research project (SPTI 2013; Bond 1993).

1) Concern for People

According to the ethical principles of counselling and psychotherapy, practitioners have an ethical duty to honour the trust placed in them; respect the clients right to be self-governing; promote the client's well-being and avoid committing harm; to impartial treatment and to self-care (BACP 2011; UKCP 2009); although participants are not client's comparable ethical obligations obtain in the researcher-participant relationship.

Impartiality: my aim was to treat all participants equally responding appropriately to issues of age, gender, sexuality, social class, ethnicity and disability; I was aware that remembering the experience of *reconnecting* with hidden aspects-of-self might trigger feelings of shame

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and intense feeling-memory gestalts (Kaufman 1989) and I sought to work with each participant in a way that was mutual and respectful being mindful of any potential power dynamics the interview process may set up.

Confidentiality and anonymity: as with client's, participants have the right for their personal information to be held securely (Data Protection Act 1988) and for their anonymity to be safeguarded in the choice of interview location as well as in contracting with the transcriber and external academic supervisor (Appendices V and VI). All identifying participant information was removed from recordings and transcripts which were kept in a locked cabinet, their anonymity further protected by use of a code and ensuring that codes and other identifying information (like contracts) were kept separate from data (McLeod 1990; 2001). Once this dissertation has been awarded a final mark all data pertaining to participants will be destroyed.

Autonomy, beneficence and non-maleficence: my poster advertising for participants provided clear, accurate information about what being a research participant was likely to entail (Appendix I; SPTI 2010; BACP 2011). When enquiries were made, I had an initial phone conversation to ensure suitability, I then e-mailed a participant information sheet explaining their rights and providing contact-details of who to complain to if necessary (Appendix III); before signed informed consent I verbally went through the information sheet and gave the participant opportunity for questions.

Duty of care: there is an ethical obligation on the part of the researcher to anticipate and manage potential risk (SPTI 2010; McLeod 1994:167); this inquiry seeks to understand the participant's lived experience so I anticipated they may vividly *reconnect* with memory-gestalts of *reconnecting* with hidden aspects-of-self within the context of therapy and that

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they may also *reconnect* with *on-going* unresolved aspects of this phenomenon; for this reason it was a condition of becoming a participant to have on-going access to personal therapy (Appendix I, III and IV). I ensured an appropriate, safe and containing environment for the interview process so participants could share concrete, vivid, texture-rich detailed experiences as required by the research method. A short 'debriefing' period at the end of each interview was allowed (Giorgi 2009); only one client needed to pause regularly because of intense affect caused by remembering and I checked they felt appropriately grounded before they left. In keeping with my values as an integrative psychotherapist I also sought to demonstrate empathically my valuing of the participants experience and my appreciation of participation in this project (Erskine 2013). Agreement in advance gave me permission to contact them post-interview so that they could confirm accuracy of transcripts and identify amendments; each participant reviewed their transcript, but none chose to withdraw comments or consent, although we agreed they could do until 1st February 2014 when I began data analysis. I negotiated to subsequently share with them data-analysis updates in-so-far as it related to their 'descriptions' which is congruent with my ethical values as an integrative practitioner and the ethical principle of 'beneficence' (Erskine 2013; BACP 2011).

Self-Respect: I chose to research this phenomenon because it is an issue that is personally and professionally important to me; as an integrative psychotherapist I am aware of how unconscious dynamics (Mollon 1993;1996) become manifest by focusing on the phenomenon and I anticipated that the research process, which requires deep immersion into the participants descriptions, would impact me psychologically (Clarkson 2003; Bond 1993). In keeping with the principles of reflexive research and with the logic of 'bracketing' I kept a research-diary of my own on-going experience, accessed regular personal therapy and external academic supervision to safeguard my personal well-being and my integrity as

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a researcher (Etherington 2004).

2) Integrity of the Research Endeavour

'An ethic of trustworthiness and integrity requires that the researcher be open and accountable throughout the research process'; this principle is integral to the validity of any qualitative research (SPTI 2010; Whittmore, Chase and Mandle 2001). Working closely with my external academic supervisor (knowledgeable of research issues and integrative psychotherapeutic practice but external to my training institutes tutorial team) I validated the integrity of the research process and attend to any potential on-going risks and ethical dilemmas (SPTI 2010). In conducting a pilot interview I reviewed the experience with my supervisor; this allowed me to anticipate the impact of the interview format on potential participants.

3) Accountability and the integrative research community

As a psychotherapist and researcher my professional and personal conduct reflects on the integrity of the integrative research community and I have been mindful of my professional accountability; I have been careful to acknowledge any help given to me by other professionals and to reference other researchers work and not to claim as my own anything that is not my work (SPTI 2010).

Section 8: Research Findings

Three stages identify the core experience of *reconnecting* with hidden aspects-of-self within the context of Integrative Psychotherapy.

The Liminal Stage of reconnecting with hidden aspects-of-self is identifiable retrospectively:

- "I couldn't have conceived it in those terms then" (P1:152). Although they did not understand it participants were vaguely aware of something that felt important and

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began to feel curious: "I've always had a sense of there being some other part of me that I haven't yet understood" (P3:108)

- Either a triggering experience or a process of facilitation was identified: "I think it was a gradual build up and within that I am thinking of the child-parts of me; those came out because my dad got ill and well died" (P4:29) and "It was quite a sudden thing but it was a memory that came back to me" (P5:35) and "I didn't know what it was I wanted to connect with … an early sort of sense was in a dream" (P6:38-41) and "I went on this course and he asked us to draw … I managed to draw a person, which was me, and then this giant kind of black bag, big black sack that I was carrying over my shoulder … it felt like being weighed down by it" (P1:131-133)

- Intense psychological phenomenon accompanied the emerging awareness; strong affect, memories, images and cognitions: "The memory means a lot for me it was the first time that I can remember feeling that I need to look after me, I can only look after me, I need to be independent" (P5:47,48) and "It's like a sense of absolute certainty that if I didn't do something … I was never going to be happy" (P3:140-142).

The Emergent Stage the emergent stage of reconnecting with hidden aspects-of-self was characterized by the experience of strong affect, psychological needs and complex emotions and internal conflict:

- a pull towards connecting: "I would do a lot of wanting them to notice me … secretly, actually hoping that they would take me under their wing" (P1:183-185). "So I raised it with her, I don't think I was very explicit really but I got the impression that she doesn't really do touching" (P4:422-424).

- a holding back from connecting: "I was wary, a wariness and carefulness was a feature of my work with her. It was I suppose very hyper vigilant really and quite protected for quite a long time. So I felt quite conflicted" (P6:146-148) and "So I think

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by having it over there, tricking myself, the fuzziness, is almost like a very severed contact" (P7:324,325)

- a pull away from re-experiencing strong affect and emotions: "Really hard, secretive, shame, shameful, shaming infused kind of stuff …. So I went there I suppose knowing I had this part, but wanted to get rid of it, thinking it was wrong" (P1:189-192)

- a decision to avoid contact with self and other: "I'm not going to get attached or dependent on you because it's too much and too painful" (P1:62,163)

- a decision to keep the entire experience hidden from self and / or other(s): "I was just incredibly ashamed of it. So it was an impulse to deny it" (P1:169,170); "I really didn't want the therapist to see that" (P4:24,25); "I could see this picture of growing up and almost I realized how much I had purposefully forgotten" (P7:42,43).

Reconnecting Stage:

- The client felt regressed; emotions, memories, images and thoughts were associated with a traumatic period or periods in their life: "It was as if a door had been opened and I was confronted with somebody I'd not seen for years" (P7:61,62) and "It was quite a specific memory, which was incredibly emotive for me and actually drew me to regress slightly into that, the feelings of that time" (P5:36-38) and "it was one of the most vivid things I'd ever had of myself I think … like those dreams that are so realistic that you wake up and think, oh thank goodness that wasn't really true! It was like that and it happened in session" (P1:748;755-756).

- The client experienced elevated levels of anxiety when reconnecting: "he was talking to me and it was nice for a while until … all of a sudden I thought I'm uncomfortable with this … it was nice but almost, I thought, oooh this isn't right, I shouldn't" (P7:139-147) and "I felt very, very uncomfortable with her sitting there" (P3:389).

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- The client continued to feel conflicted: "it's so hard to get this person out there and actually being in conversation with the therapist … I know that's where I need to go, but I've got an awful lot invested in, you know, in trying to block that" (P3:316-365).

- 'Shame' and / or 'guilt' accompanied the experiences of feeling vulnerable and having their needs appropriately responded to by the therapist: "As soon as I started to get close to feeling vulnerable, child-like …. Either if I'm needing to be a bit submissive because of the power dynamic and I need to do as I'm told, and then I might have needs, that gets, triggers it, but it's in therapy I think it kicks off my shame" (P7:113-116) and "I wanted to hide …and again, felt utter shame and humiliation and just wanted the floor to open up" (P5:302-304).

- The client needed active help from the therapist to tolerate their affect and relational needs: "If I was really agitated and it was really painful … she would come and hold me … it would bring down my heart rate I suppose and my rate of breathing right down … the immediate feeling was of relief … just calm" (P1:350-356) and "It almost felt like the emotion was running away with itself and to have it reflected back by the therapist was enabling me to put a bit of containment around it, so I could see it and not feel overwhelmed again" (P5:289-291).

- The client needed active help from the therapist to make sense and validate their experience: "If I am kind of dismissive … my therapist kind of, she treats that as a real trauma, you know she will say, well you know, 'X' was the same size as you and you were clearly scared of it. And the fact that she says that just makes it valid" (P4:74-75;83-86).

- The client needed the therapist to fully understand the felt importance of their experience: "If a therapist has said to me, I can see that you rely on the visual side of life … will the therapist then begin to understand and then to encourage me to promote what there is?" (P2:488-492) and "it was a real counter to my watchfulness

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and carefulness, to find …. Someone who actually saw me like I was, you know, not like I was, I had to be. So there's a real, there was a real me, you know, part of me if you like!" (P6:250-253).

- The therapist needed to move towards the client: "Probably after about a year, she asked if she could sit next to me and would it be ok to hold my hand or hold me. And of course, that's what I'd wanted ever since I'd stepped into that office, without really realizing it. So, it was a massive moment" (P1:330-333) and "I think perhaps when those opportunities have been there in personal therapy, I haven't felt so confident …. And it hasn't been asked so directly" (P3:283,284) and "It's a real sense that she related to this part of me, this me, this younger me and was on my side and was sort of cheering" (P6:286,284) and "There wasn't a sort of normalizing of sex …. I think you need permission and encouragement in that place … maybe that was why it didn't get done" (P6:417;421-422;426) and "my therapist suggested I bring some photos of myself … she really wanted me to look at them with care and attention and slowly … looking at them in that context really made me think … it was really powerful" (P4:567-570).

Section 9: Discussion of Research Findings

Inquiry aims and findings:

The aim of this dissertation was to better understand the client's experience of *reconnecting* with different aspects-of-self within the context of integrative psychotherapy. Kahn (1991:28-33) used the metaphor of a 'sonata' to describe the design of our relationships and in a parallel way these findings describe the design of the experience of *reconnecting*. My findings present 'movements' therefore within the intrapsychic process of self-understanding; what integrative psychotherapists refer to as 'integration' (Erskine and Trautmann 1996) and what Simonetta (2008:5) referred to as

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'emotional processing'. In this section I will summarise these movements under five headings connecting them with my literature review; I will then critique the study as a whole and identify further areas for research. In keeping with an underlying qualitative methodology my interpretation and discussion of the findings represents my perspective and readers may see things differently.

Movements:

Movement 1: Hidden aspects-of-self initially present themselves to the client's consciousness in a subtle, emergent, nebulous way that is difficult for them to keep hold of and do anything with; there is a sense of something important but not understood which characterises this movement.

Movement 2: The next movement comes into play in relation to some type of stimulus such as a dream, memory, activity or incident; the keynote is that the 'stimulus' is accompanied by powerfully strong affect, images, memories and cognitions.

Movement 3: The felt importance and intensity of the individual's experience mobilizes them to seek help from another; they want help to maintain focus on this sense of something important but not understood.

Movement 4: The client experiences ambivalence and inner conflict as they feel caught in a profound existential dilemma of: i) longing for help, for someone to understand how important what they are feeling is and ii) an equally powerful fear of relational contact is acted out, produced by past procedural memories of neglect and abuse.

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Movement 5: *Reconnecting* with hidden aspects-of-self in the form of memories, images and thoughts is experienced as 'incredibly emotive' with elevated levels of existential-anxiety, shame and continuing inner-turmoil; dissociative and regressive symptomology feature highly. Without active relational intervention at this point the client is unable to tolerate the intense affect associated with *reconnecting*; the client needs the therapist to move towards them and connect with them and actively help them make sense of (contextualize) their (past and present) experience. Without the therapists active, timely intervention the client is unable to risk intrapsychic *reconnecting* and the 'working through' stalls or is aborted.

My findings also suggest that this process applies to each discrete aspect-of-self so that if the therapist is unable to focus on and inquire into that aspect the client is inhibited from bringing that aspect of themselves into consciousness or allow it to become manifest.

Findings compared with the literature review: I asked two questions in the literature review:

1) what is the client's experience of becoming aware of previously avoided feelings and how can this be conceptualised;

2) how does the client feel at the point of reconnecting; what is the clients experience of working at or beyond the edge of what they can tolerate.

The literature review explored how experiences become disconnected from conscious recall because they were either experiences that happened to us as a very young child or traumatic experiences we could not assimilate because of a lack of adult help (Bowlby 1977; Winnicott 1965; Stern 1998; Sinason 2002; Schore 2003; Gerhardt 2004). My

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findings describe from a first-person perspective how intense, unbearable emotional pain and turmoil create intrapsychic fragmentation which is experienced as confusion and a sense of being existentially alone; the enormity of the individual's situation is registered as this 'critically important' felt sense. From a relational perspective I would argue the client's felt-sense needs to be 'emotionally utilised' (Kahn 1991:31) by the therapist to help the client *reconnect* with their positive, health-promoting emotions and relational needs. Like 'Tara' noticing the 'butterfly' which symbolically leads Tara to reach out for relational contact and 'help', the client's felt-sense of something important which they cannot doubt or turn away is an expression of their 'physis' (Clarkson 2003:196-198), a basic relational motivation to reach out for help (Erskine 2011); I suggest helping the client to further notice, intensify and understand this archaic and powerful felt-sense of importance can facilitate *reconnecting* and has the power to sneakily disarm the many headed serpent of 'shame'. In Simonetta's (2008) terms it equips the adult; in De Young's (2003) terms it allows the therapist and client to remain anchored in the present and in agreement with Price (2008) it respects the 'complex creature' of the child in the adult. In this way my perspective differs from Winnicott's (1965:151) who strongly implies that it is possible and desirable therapeutically to make relational contact with the 'child' without the 'nurse' or 'false self'.

Following a critical understanding of repression, I explored the phenomenon of dissociation and spontaneous regression as two further ways people absent themselves from here-and-now experiences; my findings bring sharply into focus the client's whole body-sense of existential panic – what Adams (2006) calls 'chronic shock' – which is triggered at the thought of being in relational contact and not being in relational contact (Little 2001; O'Reilly Knapp 2001). This is the point when some clients become vulnerable to leaving therapy, either terminating or just cruising; it also carries the greatest risk of becoming re-traumatized. The question at this point is what precisely is

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the client reconnecting with: is it with traumatic feelings and memories or is it with their relational needs? I believe my findings suggest that there is therapeutic advantage in thinking of the *reconnecting* as being with the relational needs, with the client's felt sense of importance that was not noticed by the adults back then but is noticed by the client and the therapist together now. With Rothschild (2010) I agree that in a crucial sense the client has already 'made it' and trauma recovery does not need the client to become so associated or regressed into the traumatic details of memories in such a way as to become detached from their here-and-now knowing. This touches on a further debate around the use of physical touch in therapy as a way of helping client's to feel connect and not isolated; based on my findings and the theories of object relations, early infant developmental studies and neuroscience, I believe physical touch and holding used ethically (BACP 2011) can help the client feel connected relationally when they are existentially caught up in the affect of *reconnecting* with archaic needs and feelings; in this respect I disagree with Spurling (2008:530) who from his perspective sees physical contact between therapist and client as a 'serious boundary violation'. The view presented here is in keeping with the underlying principles of integrative psychotherapy (Erskine 2013).

This inquiry seeks to understand the client's experience of *reconnecting* and I think it highlights both in findings and in terms of process just how important inquiry and the praxis of understanding is to the inter-subjective creation of new intrapsychic phenomenon; as Stern (1977; 1985), Winnicott (1965; 1988) and other relational theorists hold the psychological birth of the person is fundamentally relational; this connects up with the debate over social constructionism and critical realism and the findings suggest to me that intrapsychic phenomenon is both 'out there' and emergent 'between' people in relationship; in this way 'being' and 'knowing' become parts of a

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whole. In Section 2 I focused on Erskine's (2011; 2013) concept of relational needs and how he underlines the importance of inquiry into the client's phenomenal experience. I suggest that these findings demonstrate from the client's first-person perspective how critical the experience of being the focus of someone else's interest is to the client's progress therapeutically; paradoxically to connect relationally with the client's need to understand their experience of something important but mysterious about themselves, has the power to further neutralise shames binding nature which was preventing internal and external communication (Kaufman 1989;17). Tomkins (1962) depicted the job of shame as inhibiting the activation of the primary affects of 'interest' and 'enjoyment' after they have been activated; my findings suggest that clients can tolerate interest and enjoyment towards themselves by others and themselves when the focus is on their felt sense of something important but not understood.

Critique of the study overall:

I have sought to understand the phenomenon of *reconnecting* using different perspectives: from various theoretical perspectives (consistent with a relational developmental approach to integrative psychotherapy) and from the first-person perspective using descriptive phenomenological inquiry. This perspectival approach is consistent with postmodernism and its 'distrust of one truth' (Clarkson 2003:xv) and is fully consistent with a relational approach to inquiry (Erskine 1993). Methodologically I have argued that as a knower we can only know relative to a given perspective, and this is reflected in the descriptive phenomenological method I have used to understand the clients first-person lived experience of *reconnecting.* The inter-subjective nature of knowing has been likewise highlighted and the question of how critical-realism and social-constructivism sit together has been raised. I have sought to fully 'own' my personal and professional perspectives and my hope is that by openly accounting for the

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many decisions I have made during this inquiry the reader is appropriately placed to judge the validity of this research from their own perspective (Whittemore, Chase and Mandle 2001). A consistent underlying belief has been that research into this phenomenon is important, a value that is consistent with my values and the principles of integrative psychotherapy (Erskine 2013). Looked at from one perspective this may be construed as research bias however I would argue that I was actively open to the research participants having different values to mine even though I anticipated them sharing this value.

In conducting this research I am painfully aware of how my underlying processes of ambivalence around being seen and an outstanding need to complete working-through a 'phase of regression to dependency' has made this study even more convoluted than it perhaps needed to be; research tutors often chided me 'but where are you in all of this?' and although I can see the humorous side to this problem it highlights an important point which is that underlying shame processes and unresolved dependency needs can have a profound impact on a person's ability to function. Both the researcher and practitioner engaged in understanding the phenomenon of *reconnecting* is likely to be taken up in a powerful transferential undercurrent and this underlines 'a need for a personal experience of this depth work' (Price 2008:33). My hope is that I have been able to overcome my blind spots sufficiently by demonstrating my reflexivity; I hope I have been able to communicate to you how important the process of *reconnecting* feels to me, the participants who made this study possible and to the field of integrative research and practice. If I have been able to ignite your interest in further understanding this process and how it feels to live and work-through such an experience *from the client's perspective,* then I consider my research successful.

The limitations of this inquiry reflect the size boundaries of this dissertation; a more

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complete understanding of *reconnecting* within the larger process of self-integration would be beneficial. Looking at the phenomenon of *reconnecting* from the client's and the therapist's perspective could produce further understanding; to some degree this has been attempted by Morris, Turner and Rolfe (2007) in 'a collaborative inquiry between a person-centred therapist and a client: working with an emerging dissociated "self"'. To further extend our knowledge and understanding of *reconnecting* it may be useful to look in greater depth at what it is the clients are *reconnecting* with; to further explore how the process of *reconnecting* might reflect the nature and developmental stage of the unmet relational need or the type and time of the experienced trauma or neglect.

Implication of this study for practice and training:

I think the implications of this study for integrative practice lie in two connected areas; firstly it emphasises the importance of understanding what is meant by the 'intentional use of relationship' (Clarkson 2003:5) and secondly it highlights the need for good initial assessment including an assessment of the therapists own capacity and resources (Price 2008:34; Winnicott 1965:151) and an ability to identify which client's may be presenting with *reconnecting* issues. My hope is that practitioners will be able to use this map of the process of *reconnecting* with hidden aspects-of-self to better navigate and explain to clients the terrain ahead, what Erskine refers to as 'contracts' (1991:41).

Section 10: Conclusion

As a researcher representing the interests and values of integrative psychotherapy my hope is to ignite professional interest in understanding the client's perspective of reconnecting with hidden aspects-of-self within integrative psychotherapy. The research-findings identify the client's felt-sense of "something understood but not known" and I connect this felt-sense up with the therapeutic importance of relational-inquiry and understanding, arguing that this

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perspective presents a new focus for facilitating intrapsychic and interpsychic communication (Erskine 1998; 2013). Section's 2 and 9 critically explored the concept of regression and a way to i) circumvent the binding power of shame and ii) work with the child within the adult is explored. The strength of this inquiry lies in its overall philosophical and theoretical consistency which reflects in turn the researcher's personal and professional values and beliefs. The weakness of this inquiry lies principally in the constraints of this dissertation which prevents a more comprehensive examination of the process of self-integration as a whole which is inconsistent with the methodological focus of showing how the various parts relate to one another and to the whole. A further limitation of this inquiry is that its overall value to the praxis cannot be demonstrated because this would require a fuller presentation of the research process.

Integrative psychotherapy seeks to travel a difficult path balancing theoretically diverse values inherent in psychoanalytic psychotherapy and humanistic counselling; Wertz (2005:167; Laing 1959) points out that the original application of phenomenological research in psychology was to 'protest against dehumanisation in psychology' and this inquiry seeks to align itself with this 'protest' by recalibrating the research and clinical focus back onto the client's subjective experience. Personally, I have learned that we get more of what we focus on, and that understanding is an emergent process costing no less than everything.

"We shall not cease from exploration

And the end of all our exploring

Will be to arrive where we started

And know the place for the first time"

(Eliot, T.S. 1963:222)

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"Hide and Seek": Discovering Your 'Inner-Child' In Hiding

A phenomenological study of how adult clients experience the process of discovering their hiding inner-child in the context of Integrative (Humanistic) Psychotherapy

I am looking for qualified or trainee Psychotherapists who are Integrative or Humanistic trained who have had past experience of the phenomenon of discovering their hiding inner-child within the context of Integrative Psychotherapy. Participants must be in on-going personal therapy.

This research is part of my MSc in Integrative Psychotherapy at the Sherwood Psychotherapy Training Institute, Nottingham. My hope in doing this research is to make this difficult therapeutic process better understood. I will conduct semi-structured interviews. All data will be anonymised and stored in accordance with data protection legislation. If you are interested in taking part in this research and/or wish to explore your suitability for this study please contact me, **Catherine O'Riordan**, on **07875 816 205 / 01159 614 664** or email me: **phaedo1964@yahoo.co**.

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Appendix ii:
Participant Information Sheet

"Hide and Seek": Discovering Your Hiding 'Inner-Child'

A phenomenological study of how adult clients experience the process of discovering their hiding inner-child in the context of Integrative (Humanistic) Psychotherapy

The purpose of this sheet is to provide you with enough information about this research project to help you to make an informed decision about whether you would like to participate in it.

What is the study about?
I am conducting a small-scale research project exploring how adult clients experience discovering their hidden inner child within the context of Integrative Psychotherapy. My interest in this area has come from my own experience of this phenomenon as a client and also from my experience as a therapist. Research into this very specific experience from the client's perspective is scare and I believe it would be clinically helpful for Integrative Psychotherapists and other practitioners to have an in-depth appreciation of what it feels like for clients undergoing this experience within the context of therapy.

Who will be conducting the research?
My name is Catherine O'Riordan. I am a trainee Integrative Ppsychotherapists at The Sherwood Psychotherapy Training Institute, Nottingham. This research will be part of my 4th year MSc research year.

Who is taking part in the project?
I am inviting seven people to be part of the study all of who have had the experience of discovering their hiding inner-child within the context of being a client in Integrative Psychotherapy. Because of the ethical considerations all the participants are required to be therapist-in-training or qualified Integrative Psychotherapists. I am looking to attract co-researchers from a range of backgrounds and training organizations.

What will I have to do as a participant?
We will meet at a venue agreeable to you and I will ask you a set of questions. The interview will be recorded. The interview will be semi-structured. That means I will ask you set questions but there will also be space for you to talk and speak about your experience of 'discovering your hiding inner-child within the context of Integrative Psychotherapy' in a way that is natural to you.

How long is the interview? What will I be asked?
The interview will take about an hour. There will be time after the interview to just collect your-self.

Main Question: "Tell me about your experience of discovering your hiding inner-child within the context of Integrative Psychotherapy".
Sub-Questions:
- Can you remember how you first recognized the existence of your hiding inner-child? How did this experience emerge? Was it gradual or sudden? Was it when you were

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with your therapist or elsewhere?

- What about your relationship with your therapist helped or did not help you in this experience? Can you remember anything specifically?
- How did discovering your hiding inner-child make you feel? Were there any feelings, impulses, sensations, pictures, sounds, smells, memories, dreams, thoughts? Please describe you experience.
- Did any stories, films, lyrics, music, help you to give form to your hiding inner-child?
- Did you liken you hidden inner child to anything? What is your preferred way of talking about 'it'?
- Describe how this experience of discovering and contacting your hiding inner-child within the context of Integrative Psychotherapy developed.
- How did discovering your hiding inner-child affect you? Please describe any thoughts, impulses, questions, deliberations you had.

What does the research process look like?
- Initial contact and telephone conversation.
- 1-hour semi-structured interview at a location suitable to you.
- The interview will be recorded on a digital recorder and will be securely stored.
- Our interview will be transcribed by an professional transcriber with a signed confidentiality agreement.
- I will then analyze each of the co-researcher interviews, with a view to drawing out key themes in the experience of 'discovering your hiding inner-child within the context of Integrative Psychotherapy.
- You will have the opportunity to read your transcript and ask for editing.
- Excerpts from your transcript will appear in my final dissertation and will be published.
- With your consent I may contact you again by phone or e-mail to ask for clarification.
- You can withdraw your consent from the research at any time up to the point of my final draft.

Will my taking part in this research project be confidential?
Yes, I will respect your confidentiality in so far as is possible within the bounds of the research process.
- This means that your anonymity will be preserved and I will use codes to refer to your contributions and to digitally store your interview. Recorded interviews will be uploaded on to my computer and then transferred to a CD and anonymously labelled. At the end of my MSc I will ppermanently delete the original recording from my computer. Recordings and transcripts will be stored in a locked filing cabinet in my home. No identifying information about you will be stored in the same place as the interviews and/or transcripts.
- The interview will take place at a location that is suitable to you that preserves your anonymity.
- I will use an external academic supervisor and s/he will also sign a confidentiality agreement and I will continue to preserve your anonymity.
- I will employ a professional transcriber who will also sign a confidentiality contract.
- The SPTI Course Leader and Coventry examiners will have access to all recordings and transcriptions.
- The final research dissertation will include verbatim excerpts from your interview. It is my intention to publish the research dissertation.

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What are my rights as a Participant? What if I change my mind about participating in this research?

- You have the right to expect to be appropriately informed and consulted about the research process.
- You will be required to sign a consent form and to confirm that you have access to on-going therapy.
- You have the right to withdraw consent at any time, and for any reason, during the research process up to the date on which I start to analyze the transcripts (date). Any information that you have provided so far will be destroyed.
- You have the right to read the transcript and make any amendments or request that any pieces of information be removed.
- I am bound by the SPTI Ethical Research Guidelines and I am a Member of the BACP. You have the right to expect to be treated with upmost respect and professionalism. You also have the right make a formal complaint by contacting Lorna Goree or Lorraine Price (contact details below).

What are the risks of taking part in this research project?

- Remembering your experience of discovering your hiding inner-child within the context of Integrative Psychotherapy may stir up memories and feelings that are painful. You have the right to stop the interview at any point. Although the interview is not a counselling session I will seek to make the interview process safe and supportive.
- At the end of the interview there will be an opportunity for 'debriefing' . You will be able to discuss anything that has caused you distress during the interview.
- Being in on-going personal therapy is a requirement of your suitability as a co-researcher. This safeguard is to make sure you have access to more in depth support following the interview and through-out the research process.

What will happen to the results?

The final research dissertation will describe how it feels for clients to discover their hiding inner-child within the context of Integrative Psychotherapy. A copy of the dissertation will be kept in the Library at the Sherwood Institute. I hope to publish the dissertation in some form in a journal. My intention is to help Integrative Psychotherapists to work more sensitively, more efficiently and more effectively with clients when they are first discovering their hiding inner-child.

If you wish to participate in this research project or require any further information please contact me:

Ms Catherine O'Riordan
SPTI Researcher / MSc Student
phaedo1964@yahoo.co.uk
Mobile: 07875 816 205
Hone: 0115 9614 664

Contact details of my research supervisor and programme leader:

Ms Lorna Goree
Research Supervisor
Sherwood Psychotherapy Training Institute (SPTI)

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lorna.goree@hotmail.co.uk

Ms Lorraine Price
MSc Integrative Psychotherapy Programme Leader
Sherwood Psychotherapy Training Institute (SPTI)
lorraine.price@spti.net

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Appendix iii: Informed Consent Form

I agree to be a participant in a research study conducted by **Catherine O'Riordan**.

The research topic is about how adult clients experience discovering their hiding inner-child within the context of Integrative Psychotherapy.

I understand that this research will be carried out in accordance with the SPTI Ethical Guidelines for Research.

I have been appropriately informed and understand the purpose of this study. I am participating voluntarily and understand that I have the right to withdraw my consent prior to the date on which data analysis begins (date).

I understand that my anonymity will be respected at every stage of the study.

I understand that my interview will be recorded and professionally transcribed and that I will be given an opportunity to read the transcript and request that any information that I no longer wish to contribute be removed.

I give permission for anonymized excerpts from the taped transcript of my interview to be used in the final MSc dissertation and subsequent publication.

I understand I have a right to access personal information at any time during this research process.

I confirm that I currently have access to on-going personal therapy.

Participant's signature:
Participant's name (please print):   Date:

Researcher's signature:
Researcher's name (please print):   Date:

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Appendix iv: Research Questions

Main Question: Describe your experience as a client of discovering your hiding inner-child within the context of Integrative Psychotherapy?

Sub-Questions:
1. Can you remember how you first recognized the existence of your hiding inner-child? How did this experience emerge? Was it gradual or sudden? Was it when you were with your therapist or elsewhere?

2. What about your relationship with your therapist helped or did not help you in this experience? Can you remember anything specifically?

3. How did discovering your hiding inner-child make you feel? Were there any feelings, impulses, sensations, pictures, sounds, smells, memories, dreams, thoughts? Please describe you experience.

4. Did any stories, films, lyrics, music, help you to give form to your hiding inner-child?

5. Did you liken you hidden inner child to anything? What is your preferred way of talking about 'it'?

6. Describe how this experience of discovering and contacting your hiding inner-child within the context of Integrative Psychotherapy developed.

7. How did discovering your hiding inner-child affect you? Please describe any thoughts, impulses, questions, deliberations you had.

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Appendix v: Contract with Transcriber

I .... Agree to adhere to the codes of ethics on research of the Sherwood Psychotherapy Training Institute, the UKCP and the BACP in terms of ensuring the confidentiality and anonymity of co-researchers in transcribing audio-files for this research project.

In the transcription of the research interviews, I will remove all potentially identifying data (names of people, places, names of services, etc.) replacing them with ....

Transcription will be completed on a restricted access, password protected computer.

All audio files and transcribed documents will be transferred securely using an online file deposit system in order to ensure that the data cannot be accessed by third parties.

All recordings and copies of manuscripts will be returned to the researcher and no copies will be retained.

Signature: ....

Date: ....

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Appendix vi: Contract with External Academic Supervisor

I .... adhere to the codes of ethics on research of the Sherwood Psychotherapy Training Institute, the UKCP and the BACP in terms of ensuring the confidentiality and anonymity of participants in transcribing audio-files for this research project.

All potentially identifying data (names of people, places, names of services, etc.) will be replaced and the participants will be identified by a code ....

All digital data will be stored on a restricted access, password protected computer.

All audio files and transcribed documents will be transferred securely using an online file deposit system in order to ensure that the data cannot be accessed by third parties.

All data will be destroyed at the end of the supervision period.

Academic Supervisor Signature: ....

Date: ....

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Dedication

I dedicate this dissertation to my family who supported me so faithfully throughout my training, to the research participants without whom I couldn't have made this study and to all seeking to reconnect with hidden aspects of self.

Acknowledgements

I gratefully acknowledge the support I have received especially from my external academic supervisor, my tutor(s), transcriber, and my research peers who have helped me by making their dissertation available to me and supporting me along the way. I acknowledge the research participants without whom this inquiry could never have been achieved.

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